

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, 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.....	458,491	0	5,425	5,425	377,071	0	0	70,570	0	0
2. MEMBER MONTHS.....	1,372,600	0	16,099	16,099	1,130,314	0	0	210,088	0	0
3. Direct premium income.....	234.97	0.00	1,165.19	91.94	246.95	0.00	XXXXXXXX	110.21	XXXXXXXX	0.00
4. Net premium income.....	234.68	0.00	1,165.05	91.94	246.65	0.00	0.00	109.89	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	234.68	0.00	1,165.05	91.94	246.65	0.00	0.00	109.89	0.00	0.00
11. Hospital & medical.....	189.51	0.00	546.03	84.84	207.48	0.00	0.00	73.54	0.00	0.00
12. Net reinsurance recoveries.....	0.50	0.00	0.00	0.00	0.61	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	189.01	0.00	546.03	84.84	206.87	0.00	0.00	73.54	0.00	0.00
14. Claims adjustment expenses.....	3.42	0.00	34.41	0.00	3.44	0.00	0.00	1.22	0.00	0.00
15. General administrative expenses.....	31.97	0.00	98.89	0.00	32.80	0.00	0.00	24.83	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).....	224.41	0.00	679.34	84.84	243.12	0.00	0.00	99.59	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10.27	0.00	485.72	7.09	3.53	0.00	0.00	10.30	0.00	0.00
19. Net investment income earned.....	1.38	0.00	1.39	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.02	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	1.39	0.00	1.42	0.00	0.00	1.39	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).....	11.66	0.00	487.11	7.09	4.95	0.00	0.00	11.70	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	4.14	0.00	174.28	0.00	1.78	0.00	0.00	4.13	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	7.52	0.00	312.82	7.09	3.17	0.00	0.00	7.57	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,425	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			16,099	# of Member Months in C3-Pt D included in C3-Basic			

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

TEXAS HMO SUPPLEMENT

OF THE **Amerigroup Texas, 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.....	458,491	0	5,425	5,425	377,071	0	0	70,570	0	0
2. MEMBER MONTHS.....	1,372,600	0	16,099	16,099	1,130,314	0	0	210,088	0	0
3. Direct premium income.....	234.97	0.00	1,165.19	91.94	246.95	0.00	XXXXXXXX	110.21	XXXXXXXX	0.00
4. Net premium income.....	234.68	0.00	1,165.05	91.94	246.65	0.00	0.00	109.89	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	234.68	0.00	1,165.05	91.94	246.65	0.00	0.00	109.89	0.00	0.00
11. Hospital & medical.....	189.51	0.00	546.03	84.84	207.48	0.00	0.00	73.54	0.00	0.00
12. Net reinsurance recoveries.....	0.50	0.00	0.00	0.00	0.61	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	189.01	0.00	546.03	84.84	206.87	0.00	0.00	73.54	0.00	0.00
14. Claims adjustment expenses.....	3.42	0.00	34.41	0.00	3.44	0.00	0.00	1.22	0.00	0.00
15. General administrative expenses.....	31.97	0.00	98.89	0.00	32.80	0.00	0.00	24.83	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).....	224.41	0.00	679.34	84.84	243.12	0.00	0.00	99.59	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10.27	0.00	485.72	7.09	3.53	0.00	0.00	10.30	0.00	0.00
19. Net investment income earned.....	1.38	0.00	1.39	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.02	0.00	0.00	0.00	0.02	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	1.39	0.00	1.42	0.00	0.00	1.39	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).....	11.66	0.00	487.11	7.09	4.95	0.00	0.00	11.70	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	4.14	0.00	174.28	0.00	1.78	0.00	0.00	4.13	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	7.52	0.00	312.82	7.09	3.17	0.00	0.00	7.57	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,424	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			16,099	# 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.....	124,990	0	0	0	93,283	0	0	31,707	0	0
2. MEMBER MONTHS.....	371,970	0	0	0	278,152	0	0	93,818	0	0
3. Direct premium income.....	157.90	0.00	0.00	0.00	186.34	0.00	XXXXXXXX	73.56	XXXXXXXX	0.00
4. Net premium income.....	157.58	0.00	0.00	0.00	186.02	0.00	0.00	73.24	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	157.58	0.00	0.00	0.00	186.02	0.00	0.00	73.24	0.00	0.00
11. Hospital & medical.....	130.57	0.00	0.00	0.00	156.52	0.00	0.00	53.64	0.00	0.00
12. Net reinsurance recoveries.....	1.68	0.00	0.00	0.00	2.24	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	128.90	0.00	0.00	0.00	154.28	0.00	0.00	53.64	0.00	0.00
14. Claims adjustment expenses.....	2.16	0.00	0.00	0.00	2.59	0.00	0.00	0.89	0.00	0.00
15. General administrative expenses.....	22.31	0.00	0.00	0.00	23.72	0.00	0.00	18.13	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).....	153.37	0.00	0.00	0.00	180.60	0.00	0.00	72.66	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.20	0.00	0.00	0.00	5.42	0.00	0.00	0.58	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	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).....	5.60	0.00	0.00	0.00	6.82	0.00	0.00	1.98	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	1.97	0.00	0.00	0.00	2.40	0.00	0.00	0.70	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.62	0.00	0.00	0.00	4.41	0.00	0.00	1.28	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.....	124,990	0	0	0	93,283	0	0	31,707	0	0
2. MEMBER MONTHS.....	371,970	0	0	0	278,152	0	0	93,818	0	0
3. Direct premium income.....	157.90	0.00	0.00	0.00	186.34	0.00	XXXXXXXX	73.56	XXXXXXXX	0.00
4. Net premium income.....	157.58	0.00	0.00	0.00	186.02	0.00	0.00	73.24	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	157.58	0.00	0.00	0.00	186.02	0.00	0.00	73.24	0.00	0.00
11. Hospital & medical.....	130.57	0.00	0.00	0.00	156.52	0.00	0.00	53.64	0.00	0.00
12. Net reinsurance recoveries.....	1.68	0.00	0.00	0.00	2.24	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	128.90	0.00	0.00	0.00	154.28	0.00	0.00	53.64	0.00	0.00
14. Claims adjustment expenses.....	2.16	0.00	0.00	0.00	2.59	0.00	0.00	0.89	0.00	0.00
15. General administrative expenses.....	22.31	0.00	0.00	0.00	23.72	0.00	0.00	18.13	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).....	153.37	0.00	0.00	0.00	180.60	0.00	0.00	72.66	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.20	0.00	0.00	0.00	5.42	0.00	0.00	0.58	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	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).....	5.60	0.00	0.00	0.00	6.82	0.00	0.00	1.98	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	1.97	0.00	0.00	0.00	2.40	0.00	0.00	0.70	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.62	0.00	0.00	0.00	4.41	0.00	0.00	1.28	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

Ft Worth

(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.....	97,579	0	0	0	77,637	0	0	19,942	0	0
2. MEMBER MONTHS.....	294,291	0	0	0	234,752	0	0	59,539	0	0
3. Direct premium income.....	203.21	0.00	0.00	0.00	203.27	0.00	XXXXXXXX	203.00	XXXXXXXX	0.00
4. Net premium income.....	202.89	0.00	0.00	0.00	202.95	0.00	0.00	202.68	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	202.89	0.00	0.00	0.00	202.95	0.00	0.00	202.68	0.00	0.00
11. Hospital & medical.....	164.10	0.00	0.00	0.00	173.17	0.00	0.00	128.34	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).....	164.10	0.00	0.00	0.00	173.17	0.00	0.00	128.34	0.00	0.00
14. Claims adjustment expenses.....	2.72	0.00	0.00	0.00	2.87	0.00	0.00	2.13	0.00	0.00
15. General administrative expenses.....	29.66	0.00	0.00	0.00	27.62	0.00	0.00	37.73	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).....	196.48	0.00	0.00	0.00	203.66	0.00	0.00	168.20	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	6.41	0.00	0.00	0.00	(0.71)	0.00	0.00	34.49	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.09	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.49	0.00	0.00	0.00	1.51	0.00	0.00	1.39	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).....	7.90	0.00	0.00	0.00	0.80	0.00	0.00	35.88	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.89	0.00	0.00	0.00	0.41	0.00	0.00	12.65	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	5.01	0.00	0.00	0.00	0.39	0.00	0.00	23.23	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

Ft Worth

(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.....	97,579	0	0	0	77,637	0	0	19,942	0	0
2. MEMBER MONTHS.....	294,291	0	0	0	234,752	0	0	59,539	0	0
3. Direct premium income.....	203.21	0.00	0.00	0.00	203.27	0.00	XXXXXXXX	203.00	XXXXXXXX	0.00
4. Net premium income.....	202.89	0.00	0.00	0.00	202.95	0.00	0.00	202.68	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	202.89	0.00	0.00	0.00	202.95	0.00	0.00	202.68	0.00	0.00
11. Hospital & medical.....	164.10	0.00	0.00	0.00	173.17	0.00	0.00	128.34	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).....	164.10	0.00	0.00	0.00	173.17	0.00	0.00	128.34	0.00	0.00
14. Claims adjustment expenses.....	2.72	0.00	0.00	0.00	2.87	0.00	0.00	2.13	0.00	0.00
15. General administrative expenses.....	29.66	0.00	0.00	0.00	27.62	0.00	0.00	37.73	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).....	196.48	0.00	0.00	0.00	203.66	0.00	0.00	168.20	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	6.41	0.00	0.00	0.00	(0.71)	0.00	0.00	34.49	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.09	0.00	0.00	0.00	0.11	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.49	0.00	0.00	0.00	1.51	0.00	0.00	1.39	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).....	7.90	0.00	0.00	0.00	0.80	0.00	0.00	35.88	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.89	0.00	0.00	0.00	0.41	0.00	0.00	12.65	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	5.01	0.00	0.00	0.00	0.39	0.00	0.00	23.23	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

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.....	186,004	0	4,880	4,880	158,296	0	0	17,948	0	0
2. MEMBER MONTHS.....	558,972	0	14,572	14,572	475,964	0	0	53,864	0	0
3. Direct premium income.....	273.85	0.00	1,157.84	91.65	275.16	0.00	XXXXXXXX	72.40	XXXXXXXX	0.00
4. Net premium income.....	273.57	0.00	1,157.70	91.65	274.87	0.00	0.00	72.08	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	273.57	0.00	1,157.70	91.65	274.87	0.00	0.00	72.08	0.00	0.00
11. Hospital & medical.....	211.51	0.00	529.93	79.47	224.20	0.00	0.00	48.93	0.00	0.00
12. Net reinsurance recoveries.....	0.12	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	211.39	0.00	529.93	79.47	224.06	0.00	0.00	48.93	0.00	0.00
14. Claims adjustment expenses.....	4.11	0.00	33.24	0.00	3.72	0.00	0.00	0.81	0.00	0.00
15. General administrative expenses.....	35.61	0.00	105.75	0.00	36.12	0.00	0.00	21.75	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).....	251.11	0.00	668.93	79.47	263.90	0.00	0.00	71.49	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	22.46	0.00	488.77	12.18	10.98	0.00	0.00	0.59	0.00	0.00
19. Net investment income earned.....	1.35	0.00	1.39	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.35	0.00	1.39	0.00	1.39	0.00	0.00	1.39	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).....	23.82	0.00	490.17	12.18	12.36	0.00	0.00	1.98	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	8.42	0.00	177.16	0.00	4.38	0.00	0.00	0.70	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	15.40	0.00	313.00	12.18	7.98	0.00	0.00	1.28	0.00	0.00

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

4,880 # of Enrollees in C3-Pt D included in C3-Basic

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

14,572 # 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.....	186,004	0	4,880	4,880	158,296	0	0	17,948	0	0
2. MEMBER MONTHS.....	558,972	0	14,572	14,572	475,964	0	0	53,864	0	0
3. Direct premium income.....	273.85	0.00	1,157.84	91.65	275.16	0.00	XXXXXXXX	72.40	XXXXXXXX	0.00
4. Net premium income.....	273.57	0.00	1,157.70	91.65	274.87	0.00	0.00	72.08	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	273.57	0.00	1,157.70	91.65	274.87	0.00	0.00	72.08	0.00	0.00
11. Hospital & medical.....	211.51	0.00	529.93	79.47	224.20	0.00	0.00	48.93	0.00	0.00
12. Net reinsurance recoveries.....	0.12	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	211.39	0.00	529.93	79.47	224.06	0.00	0.00	48.93	0.00	0.00
14. Claims adjustment expenses.....	4.11	0.00	33.24	0.00	3.72	0.00	0.00	0.81	0.00	0.00
15. General administrative expenses.....	35.61	0.00	105.75	0.00	36.12	0.00	0.00	21.75	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).....	251.11	0.00	668.93	79.47	263.90	0.00	0.00	71.49	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	22.46	0.00	488.77	12.18	10.98	0.00	0.00	0.59	0.00	0.00
19. Net investment income earned.....	1.35	0.00	1.39	0.00	1.39	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.35	0.00	1.39	0.00	1.39	0.00	0.00	1.39	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).....	23.82	0.00	490.17	12.18	12.36	0.00	0.00	1.98	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	8.42	0.00	177.16	0.00	4.38	0.00	0.00	0.70	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	15.40	0.00	313.00	12.18	7.98	0.00	0.00	1.28	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 4,880 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 14,572 # 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.....	30,279	0	0	0	30,279	0	0	0	0	0
2. MEMBER MONTHS.....	88,507	0	0	0	88,507	0	0	0	0	0
3. Direct premium income.....	295.28	0.00	0.00	0.00	295.28	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	295.01	0.00	0.00	0.00	295.01	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	295.01	0.00	0.00	0.00	295.01	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	294.11	0.00	0.00	0.00	294.11	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).....	294.11	0.00	0.00	0.00	294.11	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.88	0.00	0.00	0.00	4.88	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	32.44	0.00	0.00	0.00	32.44	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).....	331.43	0.00	0.00	0.00	331.43	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(36.42)	0.00	0.00	0.00	(36.42)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.39	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).....	(35.03)	0.00	0.00	0.00	(35.03)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(12.35)	0.00	0.00	0.00	(12.35)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(22.68)	0.00	0.00	0.00	(22.68)	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

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.....	30,279	0	0	0	30,279	0	0	0	0	0
2. MEMBER MONTHS.....	88,507	0	0	0	88,507	0	0	0	0	0
3. Direct premium income.....	295.28	0.00	0.00	0.00	295.28	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	295.01	0.00	0.00	0.00	295.01	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	295.01	0.00	0.00	0.00	295.01	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	294.11	0.00	0.00	0.00	294.11	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).....	294.11	0.00	0.00	0.00	294.11	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.88	0.00	0.00	0.00	4.88	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	32.44	0.00	0.00	0.00	32.44	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).....	331.43	0.00	0.00	0.00	331.43	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(36.42)	0.00	0.00	0.00	(36.42)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.39	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.39	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).....	(35.03)	0.00	0.00	0.00	(35.03)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(12.35)	0.00	0.00	0.00	(12.35)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(22.68)	0.00	0.00	0.00	(22.68)	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: 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.....	9,783	0	0	0	8,810	0	0	973	0	0
2. MEMBER MONTHS.....	29,573	0	0	0	26,706	0	0	2,867	0	0
3. Direct premium income.....	329.51	0.00	0.00	0.00	354.90	0.00	XXXXXXXX	93.00	XXXXXXXX	0.00
4. Net premium income.....	329.20	0.00	0.00	0.00	354.59	0.00	0.00	92.68	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	329.20	0.00	0.00	0.00	354.59	0.00	0.00	92.68	0.00	0.00
11. Hospital & medical.....	287.41	0.00	0.00	0.00	313.00	0.00	0.00	48.98	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).....	287.41	0.00	0.00	0.00	313.00	0.00	0.00	48.98	0.00	0.00
14. Claims adjustment expenses.....	4.76	0.00	0.00	0.00	5.19	0.00	0.00	0.81	0.00	0.00
15. General administrative expenses.....	35.64	0.00	0.00	0.00	35.80	0.00	0.00	34.23	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).....	327.81	0.00	0.00	0.00	353.99	0.00	0.00	84.01	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1.38	0.00	0.00	0.00	0.60	0.00	0.00	8.66	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.40	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.40	0.00	0.00	1.39	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).....	2.78	0.00	0.00	0.00	1.99	0.00	0.00	10.05	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	1.00	0.00	0.00	0.00	0.73	0.00	0.00	3.55	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	1.78	0.00	0.00	0.00	1.27	0.00	0.00	6.51	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.....	9,783	0	0	0	8,810	0	0	973	0	0
2. MEMBER MONTHS.....	29,573	0	0	0	26,706	0	0	2,867	0	0
3. Direct premium income.....	329.51	0.00	0.00	0.00	354.90	0.00	XXXXXXXX	93.00	XXXXXXXX	0.00
4. Net premium income.....	329.20	0.00	0.00	0.00	354.59	0.00	0.00	92.68	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	329.20	0.00	0.00	0.00	354.59	0.00	0.00	92.68	0.00	0.00
11. Hospital & medical.....	287.41	0.00	0.00	0.00	313.00	0.00	0.00	48.98	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).....	287.41	0.00	0.00	0.00	313.00	0.00	0.00	48.98	0.00	0.00
14. Claims adjustment expenses.....	4.76	0.00	0.00	0.00	5.19	0.00	0.00	0.81	0.00	0.00
15. General administrative expenses.....	35.64	0.00	0.00	0.00	35.80	0.00	0.00	34.23	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).....	327.81	0.00	0.00	0.00	353.99	0.00	0.00	84.01	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1.38	0.00	0.00	0.00	0.60	0.00	0.00	8.66	0.00	0.00
19. Net investment income earned.....	1.39	0.00	0.00	0.00	1.40	0.00	0.00	1.39	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.39	0.00	0.00	0.00	1.40	0.00	0.00	1.39	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).....	2.78	0.00	0.00	0.00	1.99	0.00	0.00	10.05	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	1.00	0.00	0.00	0.00	0.73	0.00	0.00	3.55	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	1.78	0.00	0.00	0.00	1.27	0.00	0.00	6.51	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 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.....	9,856	0	545	545	8,766	0	0	0	0	0
2. MEMBER MONTHS.....	29,287	0	1,527	1,527	26,233	0	0	0	0	0
3. Direct premium income.....	513.31	0.00	1,235.34	94.71	495.65	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	513.19	0.00	1,235.20	94.71	495.53	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	513.19	0.00	1,235.20	94.71	495.53	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	358.75	0.00	699.65	136.17	351.86	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).....	358.75	0.00	699.65	136.17	351.86	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	7.60	0.00	45.59	0.00	5.83	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	103.48	0.00	33.40	0.00	113.58	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).....	469.83	0.00	778.65	136.17	471.28	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	43.36	0.00	456.55	(41.46)	24.25	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.32	0.00	1.38	0.00	1.39	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.32	0.00	1.38	0.00	1.39	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).....	44.68	0.00	457.93	(41.46)	25.64	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	15.78	0.00	146.83	0.00	9.07	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	28.90	0.00	311.10	(41.46)	16.57	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 545 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 1,527 # 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.....	9,856	0	545	545	8,766	0	0	0	0	0
2. MEMBER MONTHS.....	29,287	0	1,527	1,527	26,233	0	0	0	0	0
3. Direct premium income.....	513.31	0.00	1,235.34	94.71	495.65	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	513.19	0.00	1,235.20	94.71	495.53	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	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).....	513.19	0.00	1,235.20	94.71	495.53	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	358.75	0.00	699.65	136.17	351.86	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).....	358.75	0.00	699.65	136.17	351.86	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	7.60	0.00	45.59	0.00	5.83	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	103.48	0.00	33.40	0.00	113.58	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).....	469.83	0.00	778.65	136.17	471.28	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	43.36	0.00	456.55	(41.46)	24.25	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.32	0.00	1.38	0.00	1.39	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.32	0.00	1.38	0.00	1.39	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).....	44.68	0.00	457.93	(41.46)	25.64	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	15.78	0.00	146.83	0.00	9.07	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	28.90	0.00	311.10	(41.46)	16.57	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 545 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 1,527 # of Member Months in C3-Pt D included in C3-Basic

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