

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.....	211,062	160,462	4,675	0	34,478	0	0	11,447	0	0
2. MEMBER MONTHS.....	629,321	481,106	13,988	0	100,451	0	0	33,776	0	0
3. Direct premium income.....	353.47	328.55	954.30	0.00	480.18	0.00	XXXXXXXX	82.79	XXXXXXXX	0.00
4. Net premium income.....	353.47	328.55	954.30	0.00	480.18	0.00	0.00	82.79	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.10	0.13	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).....	353.57	328.68	954.30	0.00	480.18	0.00	0.00	82.79	0.00	0.00
11. Hospital & medical.....	314.08	297.81	709.55	0.00	419.09	0.00	0.00	69.86	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).....	314.08	297.81	709.55	0.00	419.09	0.00	0.00	69.86	0.00	0.00
14. Claims adjustment expenses.....	6.28	5.96	14.19	0.00	8.38	0.00	0.00	1.40	0.00	0.00
15. General administrative expenses.....	38.97	39.38	58.33	0.00	44.07	0.00	0.00	10.03	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.10	0.13	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	359.44	343.27	782.07	0.00	471.55	0.00	0.00	81.28	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(5.87)	(14.59)	172.22	0.00	8.64	0.00	0.00	1.50	0.00	0.00
19. Net investment income earned.....	2.77	2.51	7.14	0.00	4.12	0.00	0.00	0.64	0.00	0.00
20. Net realized capital gains/losses.....	1.72	1.76	5.42	0.00	1.48	0.00	0.00	0.41	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.49	4.26	12.56	0.00	5.60	0.00	0.00	1.06	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).....	(1.38)	(10.33)	184.78	0.00	14.24	0.00	0.00	2.56	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.05)	(1.02)	(3.03)	0.00	(1.22)	0.00	0.00	(0.25)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(0.32)	(9.31)	187.81	0.00	15.47	0.00	0.00	2.81	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(108)	(Examples of non-taxable enrollees are State of Texas enrollees and Federal employees.)			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,695				0	# of Member Months in C3-Pt D included in C3-Basic			

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

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.....	211,062	160,462	4,675	0	34,478	0	0	11,447	0	0
2. MEMBER MONTHS.....	1,264,704	978,095	28,148	0	192,405	0	0	66,056	0	0
3. Direct premium income.....	340.69	327.69	991.00	0.00	400.20	0.00	XXXXXXXX	82.64	XXXXXXXX	0.00
4. Net premium income.....	340.69	327.69	991.00	0.00	400.20	0.00	0.00	82.64	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.05	0.07	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).....	340.74	327.76	991.00	0.00	400.20	0.00	0.00	82.64	0.00	0.00
11. Hospital & medical.....	297.56	289.78	708.88	0.00	358.67	0.00	0.00	59.50	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).....	297.56	289.78	708.88	0.00	358.67	0.00	0.00	59.50	0.00	0.00
14. Claims adjustment expenses.....	5.95	5.80	14.18	0.00	7.17	0.00	0.00	1.19	0.00	0.00
15. General administrative expenses.....	38.31	39.84	65.63	0.00	36.18	0.00	0.00	10.31	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.05	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	341.87	335.47	788.69	0.00	402.03	0.00	0.00	71.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1.13)	(7.71)	202.31	0.00	(1.83)	0.00	0.00	11.63	0.00	0.00
19. Net investment income earned.....	3.38	3.25	9.83	0.00	3.97	0.00	0.00	0.82	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.02)	(0.05)	0.00	(0.02)	0.00	0.00	(0.00)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.36	3.24	9.79	0.00	3.95	0.00	0.00	0.82	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).....	2.23	(4.47)	212.10	0.00	2.12	0.00	0.00	12.45	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.61)	(0.58)	(1.77)	0.00	(0.71)	0.00	0.00	(0.15)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	2.84	(3.89)	213.86	0.00	2.84	0.00	0.00	12.60	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,199	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3-Pt D included in C3-Basic				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		74,055	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.....	74,955	74,509	446	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	224,168	222,843	1,325	0	0	0	0	0	0	0
3. Direct premium income.....	346.35	343.02	905.60	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	346.35	343.02	905.60	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.18	0.18	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).....	346.52	343.20	905.60	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	329.08	326.02	843.36	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).....	329.08	326.02	843.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.58	6.52	16.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	40.87	40.81	52.04	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).....	376.53	373.35	912.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(30.01)	(30.15)	(6.66)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.63	2.60	6.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.89	1.87	5.03	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.51	4.47	11.86	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).....	(25.50)	(25.68)	5.19	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.08)	(1.07)	(2.85)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(24.42)	(24.61)	8.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (83) (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 17,601 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.....	74,955	74,509	446	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	459,133	456,496	2,637	0	0	0	0	0	0	0
3. Direct premium income.....	345.83	342.40	940.73	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	345.83	342.40	940.73	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.10	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).....	345.94	342.50	940.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	314.88	312.41	742.09	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).....	314.88	312.41	742.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.30	6.25	14.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.55	41.44	60.92	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).....	362.72	360.09	817.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(16.79)	(17.59)	122.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.43	3.40	9.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.02)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.42	3.38	9.29	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).....	(13.37)	(14.21)	132.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.62)	(0.61)	(1.68)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(12.75)	(13.60)	133.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,848 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 35,678 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.....	50,867	24,615	2,324	0	18,137	0	0	5,791	0	0
2. MEMBER MONTHS.....	150,217	73,516	6,934	0	52,805	0	0	16,962	0	0
3. Direct premium income.....	353.82	300.56	1,028.69	0.00	427.62	0.00	XXXXXXXX	78.99	XXXXXXXX	0.00
4. Net premium income.....	353.82	300.56	1,028.69	0.00	427.62	0.00	0.00	78.99	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.02	0.05	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).....	353.84	300.61	1,028.69	0.00	427.62	0.00	0.00	78.99	0.00	0.00
11. Hospital & medical.....	287.17	249.16	788.51	0.00	348.62	0.00	0.00	55.68	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).....	287.17	249.16	788.51	0.00	348.62	0.00	0.00	55.68	0.00	0.00
14. Claims adjustment expenses.....	5.74	4.98	15.77	0.00	6.97	0.00	0.00	1.11	0.00	0.00
15. General administrative expenses.....	35.82	36.49	62.47	0.00	39.75	0.00	0.00	9.79	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.42	0.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	329.15	291.49	866.74	0.00	395.34	0.00	0.00	66.58	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	24.68	9.12	161.95	0.00	32.28	0.00	0.00	12.40	0.00	0.00
19. Net investment income earned.....	2.85	2.32	7.73	0.00	3.66	0.00	0.00	0.62	0.00	0.00
20. Net realized capital gains/losses.....	1.54	1.54	5.76	0.00	1.35	0.00	0.00	0.39	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.39	3.86	13.49	0.00	5.01	0.00	0.00	1.00	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).....	29.07	12.98	175.44	0.00	37.29	0.00	0.00	13.41	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.01)	(0.92)	(3.25)	0.00	(1.10)	0.00	0.00	(0.24)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	30.08	13.89	178.69	0.00	38.38	0.00	0.00	13.64	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (24) (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,581 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.....	50,867	24,615	2,324	0	18,137	0	0	5,791	0	0
2. MEMBER MONTHS.....	295,031	147,469	13,646	0	100,902	0	0	33,014	0	0
3. Direct premium income.....	330.88	297.69	1,085.07	0.00	359.86	0.00	XXXXXXXX	78.80	XXXXXXXX	0.00
4. Net premium income.....	330.88	297.69	1,085.07	0.00	359.86	0.00	0.00	78.80	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.00)	(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).....	330.87	297.68	1,085.07	0.00	359.86	0.00	0.00	78.80	0.00	0.00
11. Hospital & medical.....	273.12	240.84	815.97	0.00	319.44	0.00	0.00	51.36	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).....	273.12	240.84	815.97	0.00	319.44	0.00	0.00	51.36	0.00	0.00
14. Claims adjustment expenses.....	5.46	4.82	16.32	0.00	6.39	0.00	0.00	1.03	0.00	0.00
15. General administrative expenses.....	33.86	36.63	71.07	0.00	32.60	0.00	0.00	9.94	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.21	0.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	312.65	282.71	903.35	0.00	358.43	0.00	0.00	62.33	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	18.22	14.97	181.71	0.00	1.43	0.00	0.00	16.47	0.00	0.00
19. Net investment income earned.....	3.28	2.95	10.77	0.00	3.57	0.00	0.00	0.78	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.01)	(0.05)	0.00	(0.02)	0.00	0.00	(0.00)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.27	2.94	10.72	0.00	3.55	0.00	0.00	0.78	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).....	21.49	17.91	192.43	0.00	4.99	0.00	0.00	17.25	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.59)	(0.53)	(1.94)	0.00	(0.64)	0.00	0.00	(0.14)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	22.08	18.44	194.36	0.00	5.63	0.00	0.00	17.39	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,187 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 25,322 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.....	11,444	11,391	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	34,129	33,967	162	0	0	0	0	0	0	0
3. Direct premium income.....	338.97	336.77	799.95	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	338.97	336.77	799.95	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	(0.04)	(0.04)	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).....	338.92	336.73	799.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	284.84	283.64	536.38	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).....	284.84	283.64	536.38	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.70	5.67	10.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	40.83	40.78	49.70	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).....	331.36	330.10	596.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	7.56	6.63	203.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.61	2.59	5.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.76	1.74	5.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.36	4.33	10.79	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).....	11.93	10.96	213.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.04)	(1.03)	(2.65)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	12.96	11.99	216.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... (1) (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,513 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.....	11,444	11,391	53	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	67,747	67,446	301	0	0	0	0	0	0	0
3. Direct premium income.....	340.70	337.99	946.73	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	340.70	337.99	946.73	0.00	0.00	0.00	0.00	0.00	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).....	340.69	337.98	946.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	293.01	291.69	588.98	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).....	293.01	291.69	588.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.86	5.83	11.78	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.32	41.22	64.47	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).....	340.19	338.74	665.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	0.50	(0.76)	281.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.38	3.35	9.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.02)	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.36	3.34	9.35	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).....	3.86	2.58	290.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.61)	(0.60)	(1.69)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	4.47	3.18	292.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		2,164	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		13,055	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.....	578	511	67	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,734	1,530	204	0	0	0	0	0	0	0
3. Direct premium income.....	344.28	274.92	864.42	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	344.28	274.92	864.42	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.07	0.08	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).....	344.34	275.00	864.42	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	137.20	128.93	199.20	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).....	137.20	128.93	199.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	2.74	2.58	3.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	38.48	35.35	61.94	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).....	178.42	166.86	265.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	165.92	108.14	599.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.63	2.10	6.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.83	1.46	4.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.46	3.56	11.22	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).....	170.38	111.70	610.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.06)	(0.85)	(2.68)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	171.45	112.55	613.19	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.....	578	511	67	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	3,537	3,075	462	0	0	0	0	0	0	0
3. Direct premium income.....	340.98	276.00	773.51	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	340.98	276.00	773.51	0.00	0.00	0.00	0.00	0.00	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).....	340.97	275.98	773.51	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	247.58	226.65	386.87	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).....	247.58	226.65	386.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.95	4.53	7.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	36.59	33.89	54.56	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).....	289.12	265.07	449.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	51.85	10.91	324.34	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.38	2.74	7.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.01)	(0.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.37	2.73	7.64	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).....	55.22	13.64	331.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.61)	(0.49)	(1.38)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	55.83	14.13	333.36	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.....	8,888	8,853	35	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,643	26,534	109	0	0	0	0	0	0	0
3. Direct premium income.....	261.62	260.27	589.98	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	261.62	260.27	589.98	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.21	0.21	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).....	261.82	260.48	589.98	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	230.81	225.30	1,571.54	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).....	230.81	225.30	1,571.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.62	4.51	31.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.33	31.41	12.58	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).....	266.76	261.22	1,615.55	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4.93)	(0.74)	(1,025.57)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.97	1.96	3.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.46	1.44	4.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.43	3.41	8.36	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).....	(1.51)	2.67	(1,017.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.82)	(0.82)	(2.13)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(0.68)	3.49	(1,015.08)	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.....	8,888	8,853	35	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	55,739	55,526	213	0	0	0	0	0	0	0
3. Direct premium income.....	258.73	256.91	732.71	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	258.73	256.91	732.71	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.08	0.08	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).....	258.81	256.99	732.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	228.70	224.64	1,288.01	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).....	228.70	224.64	1,288.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.57	4.49	25.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.29	31.29	33.25	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).....	264.57	260.42	1,347.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(5.76)	(3.42)	(614.31)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.57	2.55	7.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	(0.01)	(0.01)	(0.03)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.56	2.54	7.23	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).....	(3.20)	(0.89)	(607.07)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.46)	(0.46)	(1.31)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(2.74)	(0.43)	(605.77)	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

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2009**

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.....	64,330	40,583	1,750	0	16,341	0	0	5,656	0	0
2. MEMBER MONTHS.....	192,430	122,716	5,254	0	47,646	0	0	16,814	0	0
3. Direct premium income.....	376.88	332.21	884.20	0.00	538.44	0.00	XXXXXXXX	86.62	XXXXXXXX	0.00
4. Net premium income.....	376.88	332.21	884.20	0.00	538.44	0.00	0.00	86.62	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.07	0.11	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).....	376.95	332.32	884.20	0.00	538.44	0.00	0.00	86.62	0.00	0.00
11. Hospital & medical.....	335.94	297.42	578.87	0.00	497.20	0.00	0.00	84.16	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).....	335.94	297.42	578.87	0.00	497.20	0.00	0.00	84.16	0.00	0.00
14. Claims adjustment expenses.....	6.72	5.95	11.58	0.00	9.94	0.00	0.00	1.68	0.00	0.00
15. General administrative expenses.....	39.95	39.89	55.54	0.00	48.86	0.00	0.00	10.27	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).....	382.61	343.26	645.99	0.00	556.00	0.00	0.00	96.11	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(5.65)	(10.94)	238.21	0.00	(17.56)	0.00	0.00	(9.49)	0.00	0.00
19. Net investment income earned.....	3.00	2.54	6.57	0.00	4.64	0.00	0.00	0.67	0.00	0.00
20. Net realized capital gains/losses.....	1.71	1.77	5.12	0.00	1.63	0.00	0.00	0.43	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.71	4.30	11.69	0.00	6.27	0.00	0.00	1.11	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).....	(0.94)	(6.64)	249.91	0.00	(11.29)	0.00	0.00	(8.38)	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.09)	(1.03)	(2.83)	0.00	(1.36)	0.00	0.00	(0.26)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	0.15	(5.61)	252.74	0.00	(9.93)	0.00	0.00	(8.12)	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.....	64,330	40,583	1,750	0	16,341	0	0	5,656	0	0
2. MEMBER MONTHS.....	383,517	248,083	10,889	0	91,503	0	0	33,042	0	0
3. Direct premium income.....	353.98	332.16	900.79	0.00	444.67	0.00	XXXXXXXX	86.47	XXXXXXXX	0.00
4. Net premium income.....	353.98	332.16	900.79	0.00	444.67	0.00	0.00	86.47	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.04	0.07	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).....	354.03	332.23	900.79	0.00	444.67	0.00	0.00	86.47	0.00	0.00
11. Hospital & medical.....	306.89	292.06	572.28	0.00	401.92	0.00	0.00	67.63	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).....	306.89	292.06	572.28	0.00	401.92	0.00	0.00	67.63	0.00	0.00
14. Claims adjustment expenses.....	6.14	5.84	11.45	0.00	8.04	0.00	0.00	1.35	0.00	0.00
15. General administrative expenses.....	38.37	40.41	61.10	0.00	40.14	0.00	0.00	10.69	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).....	351.40	338.31	644.83	0.00	450.10	0.00	0.00	79.67	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2.62	(6.08)	255.96	0.00	(5.43)	0.00	0.00	6.80	0.00	0.00
19. Net investment income earned.....	3.51	3.30	8.94	0.00	4.41	0.00	0.00	0.86	0.00	0.00
20. Net realized capital gains/losses.....	(0.02)	(0.02)	(0.04)	0.00	(0.02)	0.00	0.00	(0.00)	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.50	3.28	8.90	0.00	4.39	0.00	0.00	0.85	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).....	6.12	(2.80)	264.86	0.00	(1.04)	0.00	0.00	7.66	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.63)	(0.59)	(1.61)	0.00	(0.79)	0.00	0.00	(0.15)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	6.75	(2.21)	266.46	0.00	(0.25)	0.00	0.00	7.81	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