

TEXAS HMO SUPPLEMENT
OF THE **United Dental Care of 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.....	88,449	88,449	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	266,573	266,573	0	0	0	0	0	0	0	0
3. Direct premium income.....	2,257,033	2,257,033	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,257,033	2,257,033	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	8,756	8,756	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	2,265,789	2,265,789	0	0	0	0	0	0	0	0
11. Hospital & medical.....	1,307,634	1,307,634	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,307,634	1,307,634	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	15,264	15,264	0	0	0	0	0	0	0	0
15. General administrative expenses.....	777,284	777,284	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,100,182	2,100,182	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	165,607	165,607	0	0	0	0	0	0	0	0
19. Net investment income earned.....	31,156	31,156	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	31,156	31,156	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	196,763	196,763	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	65,804	65,804	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	130,959	130,959	0	0	0	0	0	0	0	0
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

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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.....	88,449	88,449	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	535,827	535,827	0	0	0	0	0	0	0	0
3. Direct premium income.....	4,571,796	4,571,796	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	4,571,796	4,571,796	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	(40,465)	(40,465)	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	4,531,331	4,531,331	0	0	0	0	0	0	0	0
11. Hospital & medical.....	2,428,350	2,428,350	0	0	0	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,428,350	2,428,350	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	31,616	31,616	0	0	0	0	0	0	0	0
15. General administrative expenses.....	1,550,245	1,550,245	0	0	0	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	4,010,211	4,010,211	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	521,120	521,120	0	0	0	0	0	0	0	0
19. Net investment income earned.....	60,211	60,211	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	60,211	60,211	0	0	0	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	581,331	581,331	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	195,494	195,494	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	385,837	385,837	0	0	0	0	0	0	0	0
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