

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.....	212,006	158,296	4,755	0	37,401	0	0	11,554	0	0
2. MEMBER MONTHS.....	634,073	475,777	14,207	0	109,276	0	0	34,813	0	0
3. Direct premium income.....	334.31	333.13	877.41	0.00	349.84	0.00	XXXXXXXX	80.02	XXXXXXXX	0.00
4. Net premium income.....	334.31	333.13	877.41	0.00	349.84	0.00	0.00	80.02	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.20	0.00	0.00	0.00	1.18	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).....	334.52	333.15	877.41	0.00	351.01	0.00	0.00	80.02	0.00	0.00
11. Hospital & medical.....	283.00	284.73	723.50	0.00	295.14	0.00	0.00	41.46	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).....	283.00	284.73	723.50	0.00	295.14	0.00	0.00	41.46	0.00	0.00
14. Claims adjustment expenses.....	5.66	5.69	14.47	0.00	5.90	0.00	0.00	0.83	0.00	0.00
15. General administrative expenses.....	38.46	41.18	58.18	0.00	32.99	0.00	0.00	10.43	0.00	0.00
16. Increase in reserves for A&H contracts.....	1.94	2.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	329.06	334.19	796.15	0.00	334.04	0.00	0.00	52.71	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	5.46	(1.04)	81.26	0.00	16.98	0.00	0.00	27.30	0.00	0.00
19. Net investment income earned.....	3.03	3.02	7.90	0.00	3.18	0.00	0.00	0.73	0.00	0.00
20. Net realized capital gains/losses.....	1.06	1.06	2.98	0.00	1.11	0.00	0.00	0.25	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.10	4.08	10.88	0.00	4.29	0.00	0.00	0.98	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).....	9.56	3.04	92.15	0.00	21.27	0.00	0.00	28.28	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.74	0.53	59.31	0.00	3.98	0.00	0.00	5.93	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	6.82	2.50	32.84	0.00	17.29	0.00	0.00	22.34	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		(82)	(Examples of non-taxable enrollees are State			0	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		36,463	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 **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.....	212,006	158,296	4,755	0	37,401	0	0	11,554	0	0
2. MEMBER MONTHS.....	1,898,777	1,453,872	42,355	0	301,681	0	0	100,869	0	0
3. Direct premium income.....	338.56	329.47	952.90	0.00	381.95	0.00	XXXXXXXX	81.73	XXXXXXXX	0.00
4. Net premium income.....	338.56	329.47	952.90	0.00	381.95	0.00	0.00	81.73	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.04	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.....	0.07	0.00	0.00	0.00	0.43	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).....	338.66	329.52	952.90	0.00	382.38	0.00	0.00	81.73	0.00	0.00
11. Hospital & medical.....	292.69	288.12	713.78	0.00	335.66	0.00	0.00	53.27	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).....	292.69	288.12	713.78	0.00	335.66	0.00	0.00	53.27	0.00	0.00
14. Claims adjustment expenses.....	5.85	5.76	14.28	0.00	6.71	0.00	0.00	1.07	0.00	0.00
15. General administrative expenses.....	38.36	40.28	63.13	0.00	35.03	0.00	0.00	10.35	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.68	0.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	337.59	335.05	791.19	0.00	377.40	0.00	0.00	64.69	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1.07	(5.53)	161.71	0.00	4.98	0.00	0.00	17.04	0.00	0.00
19. Net investment income earned.....	3.26	3.18	9.18	0.00	3.69	0.00	0.00	0.79	0.00	0.00
20. Net realized capital gains/losses.....	0.35	0.34	0.97	0.00	0.39	0.00	0.00	0.08	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.61	3.51	10.15	0.00	4.07	0.00	0.00	0.87	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	4.68	(2.02)	171.86	0.00	9.06	0.00	0.00	17.91	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	0.51	(0.22)	18.72	0.00	0.99	0.00	0.00	1.95	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	4.17	(1.80)	153.14	0.00	8.07	0.00	0.00	15.96	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		12,117	(Examples of non-taxable enrollees are State			0 # of Enrollees in C3-Pt D included in C3-Basic				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		110,518	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.....	75,023	74,539	484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	224,175	222,751	1,424	0	0	0	0	0	0	0
3. Direct premium income.....	350.67	346.86	947.52	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	350.67	346.86	947.52	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).....	350.68	346.87	947.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	306.67	303.69	772.37	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).....	306.67	303.69	772.37	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.13	6.07	15.45	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	42.86	42.73	62.75	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).....	355.66	352.50	850.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(4.98)	(5.63)	96.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.18	3.15	8.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.11	1.10	2.82	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.29	4.25	11.47	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).....	(0.69)	(1.38)	108.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.79)	(2.07)	41.58	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	1.11	0.69	66.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,799 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 17,452 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.....	75,023	74,539	484	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	683,308	679,247	4,061	0	0	0	0	0	0	0
3. Direct premium income.....	347.42	343.86	943.11	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	347.42	343.86	943.11	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	0.07	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).....	347.49	343.93	943.11	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	312.19	309.55	752.71	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).....	312.19	309.55	752.71	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	6.24	6.19	15.05	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.98	41.86	61.56	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).....	360.41	357.60	829.32	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(12.91)	(13.67)	113.79	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.35	3.32	9.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.35	0.35	0.96	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.70	3.67	10.05	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).....	(9.21)	(10.00)	123.84	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(1.00)	(1.09)	13.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(8.21)	(8.91)	110.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 5,799 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 53,130 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.....	51,439	23,832	2,367	0	19,373	0	0	5,867	0	0
2. MEMBER MONTHS.....	154,340	72,090	7,084	0	57,517	0	0	17,649	0	0
3. Direct premium income.....	318.92	305.25	970.46	0.00	330.28	0.00	XXXXXXXX	76.25	XXXXXXXX	0.00
4. Net premium income.....	318.92	305.25	970.46	0.00	330.28	0.00	0.00	76.25	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.....	0.42	0.00	0.00	0.00	1.12	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).....	319.36	305.29	970.46	0.00	331.40	0.00	0.00	76.25	0.00	0.00
11. Hospital & medical.....	253.53	252.31	760.46	0.00	257.63	0.00	0.00	41.70	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).....	253.53	252.31	760.46	0.00	257.63	0.00	0.00	41.70	0.00	0.00
14. Claims adjustment expenses.....	5.07	5.05	15.21	0.00	5.15	0.00	0.00	0.83	0.00	0.00
15. General administrative expenses.....	33.58	37.91	65.09	0.00	31.54	0.00	0.00	9.89	0.00	0.00
16. Increase in reserves for A&H contracts.....	7.98	17.08	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	300.16	312.34	840.76	0.00	294.32	0.00	0.00	52.43	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	19.20	(7.05)	129.69	0.00	37.07	0.00	0.00	23.82	0.00	0.00
19. Net investment income earned.....	2.90	2.77	8.76	0.00	3.01	0.00	0.00	0.69	0.00	0.00
20. Net realized capital gains/losses.....	1.00	0.96	3.21	0.00	1.01	0.00	0.00	0.23	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.90	3.73	11.97	0.00	4.02	0.00	0.00	0.93	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).....	23.10	(3.32)	141.66	0.00	41.10	0.00	0.00	24.75	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	8.12	4.72	59.53	0.00	6.56	0.00	0.00	6.47	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	14.98	(8.03)	82.13	0.00	34.54	0.00	0.00	18.28	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,178 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 12,553 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.....	51,439	23,832	2,367	0	19,373	0	0	5,867	0	0
2. MEMBER MONTHS.....	449,371	219,559	20,730	0	158,419	0	0	50,663	0	0
3. Direct premium income.....	326.77	300.17	1,045.90	0.00	349.12	0.00	XXXXXXXX	77.91	XXXXXXXX	0.00
4. Net premium income.....	326.77	300.17	1,045.90	0.00	349.12	0.00	0.00	77.91	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.....	0.14	0.00	0.00	0.00	0.41	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).....	326.92	300.18	1,045.90	0.00	349.53	0.00	0.00	77.91	0.00	0.00
11. Hospital & medical.....	266.39	244.60	797.00	0.00	297.00	0.00	0.00	48.00	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).....	266.39	244.60	797.00	0.00	297.00	0.00	0.00	48.00	0.00	0.00
14. Claims adjustment expenses.....	5.33	4.89	15.94	0.00	5.94	0.00	0.00	0.96	0.00	0.00
15. General administrative expenses.....	33.76	37.05	69.02	0.00	32.21	0.00	0.00	9.93	0.00	0.00
16. Increase in reserves for A&H contracts.....	2.88	5.89	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	308.36	292.44	881.97	0.00	335.15	0.00	0.00	58.88	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	18.56	7.74	163.94	0.00	14.37	0.00	0.00	19.03	0.00	0.00
19. Net investment income earned.....	3.15	2.89	10.08	0.00	3.37	0.00	0.00	0.75	0.00	0.00
20. Net realized capital gains/losses.....	0.33	0.31	1.07	0.00	0.36	0.00	0.00	0.08	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.48	3.20	11.15	0.00	3.72	0.00	0.00	0.83	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).....	22.04	10.94	175.08	0.00	18.10	0.00	0.00	19.86	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.40	1.19	19.07	0.00	1.97	0.00	0.00	2.16	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	19.64	9.75	156.01	0.00	16.13	0.00	0.00	17.70	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 4,178 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 37,875 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.....	11,301	11,247	54	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	33,941	33,779	162	0	0	0	0	0	0	0
3. Direct premium income.....	344.59	344.41	383.40	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	344.59	344.41	383.40	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.02	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	344.61	344.43	383.40	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	295.65	294.81	470.56	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).....	295.65	294.81	470.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.91	5.90	9.41	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	42.46	42.56	22.97	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).....	344.03	343.26	502.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	0.59	1.16	(119.53)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.13	3.13	3.20	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.08	1.07	2.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.21	4.20	5.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	4.79	5.36	(114.06)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.57	2.35	49.57	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	2.22	3.01	(163.64)	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,140 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 6,458 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.....	11,301	11,247	54	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	101,688	101,225	463	0	0	0	0	0	0	0
3. Direct premium income.....	342.00	340.13	749.62	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	342.00	340.13	749.62	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	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).....	342.00	340.13	749.62	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	293.89	292.73	547.54	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).....	293.89	292.73	547.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.88	5.85	10.95	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	41.70	41.67	49.95	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).....	341.47	340.25	608.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	0.53	(0.12)	141.18	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.30	3.28	7.23	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.35	0.35	0.76	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.65	3.63	7.99	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	4.17	3.51	149.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	0.45	0.38	16.25	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.72	3.13	132.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 2,140 (Examples of non-taxable enrollees are State

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 19,513 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

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.....	575	511	64	0	0	0	0	0	0	
2. MEMBER MONTHS.....	1,713	1,523	190	0	0	0	0	0	0	
3. Direct premium income.....	347.02	283.41	856.88	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	347.02	283.41	856.88	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.30	0.33	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).....	347.32	283.75	856.88	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	261.60	202.97	731.59	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).....	261.60	202.97	731.59	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.23	4.06	14.63	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	38.12	35.86	56.29	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).....	304.96	242.88	802.52	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	42.36	40.87	54.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.15	2.58	7.73	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	1.10	0.88	2.87	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.25	3.46	10.61	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).....	46.62	44.33	64.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	18.75	8.82	98.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	27.87	35.51	(33.38)	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.....	575	511	64	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,250	4,598	652	0	0	0	0	0	0	0
3. Direct premium income.....	342.95	278.45	797.80	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	342.95	278.45	797.80	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.09	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	343.04	278.56	797.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	252.15	218.80	487.33	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).....	252.15	218.80	487.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	5.04	4.38	9.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	37.09	34.54	55.06	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).....	294.29	257.72	552.14	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	48.76	20.83	245.66	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	3.31	2.69	7.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.35	0.28	0.81	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.66	2.97	8.50	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).....	52.41	23.80	254.17	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	5.71	2.59	27.68	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	46.70	21.21	226.48	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.....	8,945	8,911	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	26,599	26,493	106	0	0	0	0	0	0	0
3. Direct premium income.....	267.72	265.92	715.97	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	267.72	265.92	715.97	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).....	267.73	265.93	715.97	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	204.43	203.38	467.28	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).....	204.43	203.38	467.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.09	4.07	9.35	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	33.42	33.35	49.84	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).....	241.94	240.80	526.47	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	25.79	25.13	189.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.43	2.41	6.49	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.85	0.84	2.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.28	3.26	8.78	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).....	29.07	28.39	198.28	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	3.40	3.85	(108.65)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	25.67	24.54	306.93	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.....	8,945	8,911	34	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	82,338	82,019	319	0	0	0	0	0	0	0
3. Direct premium income.....	261.63	259.82	727.15	0.00	0.00	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	261.63	259.82	727.15	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.06	0.06	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	261.69	259.88	727.15	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	220.86	217.77	1,015.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	220.86	217.77	1,015.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	4.42	4.36	20.31	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	31.98	31.95	38.76	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).....	257.26	254.08	1,074.36	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.43	5.80	(347.21)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.52	2.51	7.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.27	0.26	0.74	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	2.79	2.77	7.75	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).....	7.22	8.57	(339.46)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	0.79	0.93	(36.97)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	6.44	7.64	(302.49)	0.00	0.00	0.00	0.00	0.00	0.00	0.00

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

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

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

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

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

TEXAS HMO SUPPLEMENT

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Dallas

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	64,723	39,256	1,752	0	18,028	0	0	5,687	0	0
2. MEMBER MONTHS.....	193,305	119,141	5,241	0	51,759	0	0	17,164	0	0
3. Direct premium income.....	334.85	336.71	751.87	0.00	371.57	0.00	XXXXXXXX	83.88	XXXXXXXX	0.00
4. Net premium income.....	334.85	336.71	751.87	0.00	371.57	0.00	0.00	83.88	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.01	0.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.33	0.00	0.00	0.00	1.24	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).....	335.20	336.73	751.87	0.00	372.82	0.00	0.00	83.88	0.00	0.00
11. Hospital & medical.....	287.85	285.16	672.96	0.00	336.83	0.00	0.00	41.20	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).....	287.85	285.16	672.96	0.00	336.83	0.00	0.00	41.20	0.00	0.00
14. Claims adjustment expenses.....	5.76	5.70	13.46	0.00	6.74	0.00	0.00	0.82	0.00	0.00
15. General administrative expenses.....	37.26	41.68	48.93	0.00	34.60	0.00	0.00	10.98	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).....	330.86	332.54	735.35	0.00	378.18	0.00	0.00	53.01	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.34	4.19	16.53	0.00	(5.36)	0.00	0.00	30.88	0.00	0.00
19. Net investment income earned.....	3.03	3.05	6.72	0.00	3.37	0.00	0.00	0.76	0.00	0.00
20. Net realized capital gains/losses.....	1.09	1.08	2.76	0.00	1.22	0.00	0.00	0.26	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	4.12	4.13	9.48	0.00	4.59	0.00	0.00	1.02	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).....	8.46	8.32	26.00	0.00	(0.77)	0.00	0.00	31.90	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	3.50	1.50	66.11	0.00	1.12	0.00	0.00	5.38	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	4.96	6.81	(40.11)	0.00	(1.89)	0.00	0.00	26.52	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.....	64,723	39,256	1,752	0	18,028	0	0	5,687	0	0
2. MEMBER MONTHS.....	576,822	367,224	16,130	0	143,262	0	0	50,206	0	0
3. Direct premium income.....	347.57	333.64	852.40	0.00	418.26	0.00	XXXXXXXX	85.59	XXXXXXXX	0.00
4. Net premium income.....	347.57	333.64	852.40	0.00	418.26	0.00	0.00	85.59	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.03	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.....	0.11	0.00	0.00	0.00	0.45	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).....	347.72	333.69	852.40	0.00	418.71	0.00	0.00	85.59	0.00	0.00
11. Hospital & medical.....	300.51	289.82	605.00	0.00	378.41	0.00	0.00	58.59	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).....	300.51	289.82	605.00	0.00	378.41	0.00	0.00	58.59	0.00	0.00
14. Claims adjustment expenses.....	6.01	5.80	12.10	0.00	7.57	0.00	0.00	1.17	0.00	0.00
15. General administrative expenses.....	38.00	40.82	57.15	0.00	38.14	0.00	0.00	10.79	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).....	344.52	336.44	674.24	0.00	424.11	0.00	0.00	70.55	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	3.20	(2.75)	178.16	0.00	(5.40)	0.00	0.00	15.03	0.00	0.00
19. Net investment income earned.....	3.35	3.22	8.22	0.00	4.04	0.00	0.00	0.82	0.00	0.00
20. Net realized capital gains/losses.....	0.35	0.34	0.87	0.00	0.43	0.00	0.00	0.09	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3.71	3.56	9.08	0.00	4.46	0.00	0.00	0.91	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).....	6.90	0.81	187.25	0.00	(0.94)	0.00	0.00	15.95	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	0.75	0.09	20.40	0.00	(0.10)	0.00	0.00	1.74	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	6.15	0.72	166.85	0.00	(0.84)	0.00	0.00	14.21	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