

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.....	86,495	86,495	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	263,160	263,160	0	0	0	0	0	0	0	0
3. Direct premium income.....	2,210,498	2,210,498	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	2,210,498	2,210,498	0	0	0	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	22,469	22,469	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).....	2,232,967	2,232,967	0	0	0	0	0	0	0	0
11. Hospital & medical.....	1,237,237	1,237,237	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).....	1,237,237	1,237,237	0	0	0	0	0	0	0	0
14. Claims adjustment expenses.....	14,677	14,677	0	0	0	0	0	0	0	0
15. General administrative expenses.....	765,334	765,334	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).....	2,017,248	2,017,248	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	215,719	215,719	0	0	0	0	0	0	0	0
19. Net investment income earned.....	30,780	30,780	0	0	0	0	0	0	0	0
20. Net realized capital gains/losses.....	827	827	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	31,607	31,607	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).....	247,326	247,326	0	0	0	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	80,697	80,697	0	0	0	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	166,629	166,629	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.....	86,495	86,495	0	0	0	0	0	0	0	0	
2. MEMBER MONTHS.....	798,987	798,987	0	0	0	0	0	0	0	0	
3. Direct premium income.....	6,782,294	6,782,294	0	0	0	0	XXXXXXXX	0	XXXXXXXX	0	
4. Net premium income.....	6,782,294	6,782,294	0	0	0	0	0	0	XXXXXXXX	0	
5. Change in unearned premium reserve & reserve for rate credits.....	(17,996)	(17,996)	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).....	6,764,298	6,764,298	0	0	0	0	0	0	0	0	
11. Hospital & medical.....	3,665,587	3,665,587	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).....	3,665,587	3,665,587	0	0	0	0	0	0	0	0	
14. Claims adjustment expenses.....	46,293	46,293	0	0	0	0	0	0	0	0	
15. General administrative expenses.....	2,315,579	2,315,579	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).....	6,027,459	6,027,459	0	0	0	0	0	0	0	0	
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	736,839	736,839	0	0	0	0	0	0	0	0	
19. Net investment income earned.....	90,991	90,991	0	0	0	0	0	0	0	0	
20. Net realized capital gains/losses.....	827	827	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	91,818	91,818	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).....	828,657	828,657	0	0	0	0	0	0	0	0	
24. Extraordinary items & federal & foreign income taxes incurred.....	276,191	276,191	0	0	0	0	0	0	0	0	
25. NET INCOME/LOSS (L30 less L31).....	552,466	552,466	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