

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	504,137	0	5,808	5,808	418,103	0	0	74,418	0	0
2. MEMBER MONTHS.....	1,504,713	0	17,070	17,070	1,247,891	0	0	222,682	0	0
3. Direct premium income.....	211.59	0.00	1,143.38	103.29	222.43	0.00	XXXXXXXX	87.70	XXXXXXXX	0.00
4. Net premium income.....	211.30	0.00	1,143.24	103.29	222.14	0.00	0.00	87.38	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).....	211.30	0.00	1,143.24	103.29	222.14	0.00	0.00	87.38	0.00	0.00
11. Hospital & medical.....	175.68	0.00	528.39	281.47	188.12	0.00	0.00	70.80	0.00	0.00
12. Net reinsurance recoveries.....	0.91	0.00	0.00	0.00	1.20	0.00	0.00	(0.61)	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	174.77	0.00	528.39	281.47	186.91	0.00	0.00	71.41	0.00	0.00
14. Claims adjustment expenses.....	9.75	0.00	55.22	0.00	10.30	0.00	0.00	3.95	0.00	0.00
15. General administrative expenses.....	19.74	0.00	76.73	0.00	19.86	0.00	0.00	16.16	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).....	204.25	0.00	660.33	281.47	217.08	0.00	0.00	91.52	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	7.04	0.00	482.91	(178.18)	5.06	0.00	0.00	(4.15)	0.00	0.00
19. Net investment income earned.....	0.89	0.00	0.90	0.00	0.90	0.00	0.00	0.90	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.90	0.00	0.90	0.00	0.91	0.00	0.00	0.91	0.00	0.00
22. Aggregate write-in for other expenses.....	(0.12)	0.00	0.00	0.00	(0.15)	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	7.82	0.00	483.82	(178.18)	5.83	0.00	0.00	(3.24)	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.62	0.00	105.83	0.00	1.92	0.00	0.00	(1.17)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	5.20	0.00	377.99	(178.18)	3.91	0.00	0.00	(2.08)	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,808	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			17,070	# of Member Months in C3-Pt D included in C3-Basic			

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

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION ION / 2. DIVISION **CONSOLIDATED**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	504,137	0	5,808	5,808	418,103	0	0	74,418	0	0
2. MEMBER MONTHS.....	4,292,874	0	49,744	49,744	3,544,768	0	0	648,618	0	0
3. Direct premium income.....	224.34	0.00	1,164.34	92.03	236.10	0.00	XXXXXXXX	98.12	XXXXXXXX	0.00
4. Net premium income.....	224.05	0.00	1,164.20	92.03	235.81	0.00	0.00	97.79	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).....	224.05	0.00	1,164.20	92.03	235.81	0.00	0.00	97.79	0.00	0.00
11. Hospital & medical.....	182.12	0.00	556.23	156.21	196.95	0.00	0.00	74.40	0.00	0.00
12. Net reinsurance recoveries.....	0.43	0.00	0.00	0.00	0.55	0.00	0.00	(0.21)	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	181.70	0.00	556.23	156.21	196.39	0.00	0.00	74.61	0.00	0.00
14. Claims adjustment expenses.....	5.89	0.00	40.73	0.00	6.13	0.00	0.00	2.32	0.00	0.00
15. General administrative expenses.....	27.91	0.00	95.04	0.00	28.81	0.00	0.00	20.02	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).....	215.50	0.00	692.01	156.21	231.33	0.00	0.00	96.96	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	8.55	0.00	472.20	(64.18)	4.47	0.00	0.00	0.84	0.00	0.00
19. Net investment income earned.....	1.20	0.00	1.21	0.00	1.21	0.00	0.00	1.21	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.21	0.00	1.22	0.00	1.22	0.00	0.00	1.22	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).....	9.76	0.00	473.42	(64.18)	5.70	0.00	0.00	2.06	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	3.47	0.00	144.91	0.00	2.03	0.00	0.00	0.73	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	6.29	0.00	328.51	(64.18)	3.66	0.00	0.00	1.33	0.00	0.00
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,808	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			49,744	# 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.....	153,327	0	0	0	119,496	0	0	33,831	0	0
2. MEMBER MONTHS.....	459,000	0	0	0	357,416	0	0	101,584	0	0
3. Direct premium income.....	135.54	0.00	0.00	0.00	153.10	0.00	XXXXXXXX	73.78	XXXXXXXX	0.00
4. Net premium income.....	135.24	0.00	0.00	0.00	152.80	0.00	0.00	73.45	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).....	135.24	0.00	0.00	0.00	152.80	0.00	0.00	73.45	0.00	0.00
11. Hospital & medical.....	112.16	0.00	0.00	0.00	132.04	0.00	0.00	42.23	0.00	0.00
12. Net reinsurance recoveries.....	0.93	0.00	0.00	0.00	1.57	0.00	0.00	(1.34)	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	111.24	0.00	0.00	0.00	130.47	0.00	0.00	43.58	0.00	0.00
14. Claims adjustment expenses.....	6.04	0.00	0.00	0.00	7.01	0.00	0.00	2.62	0.00	0.00
15. General administrative expenses.....	13.46	0.00	0.00	0.00	12.42	0.00	0.00	17.15	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).....	130.74	0.00	0.00	0.00	149.89	0.00	0.00	63.35	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.50	0.00	0.00	0.00	2.91	0.00	0.00	10.10	0.00	0.00
19. Net investment income earned.....	0.90	0.00	0.00	0.00	0.90	0.00	0.00	0.90	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.91	0.00	0.00	0.00	0.91	0.00	0.00	0.91	0.00	0.00
22. Aggregate write-in for other expenses.....	(0.27)	0.00	0.00	0.00	(0.34)	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5.14	0.00	0.00	0.00	3.47	0.00	0.00	11.01	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	1.79	0.00	0.00	0.00	1.20	0.00	0.00	3.88	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.35	0.00	0.00	0.00	2.28	0.00	0.00	7.13	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.....	153,327	0	0	0	119,496	0	0	33,831	0	0
2. MEMBER MONTHS.....	1,245,894	0	0	0	951,882	0	0	294,012	0	0
3. Direct premium income.....	147.53	0.00	0.00	0.00	169.82	0.00	XXXXXXXX	75.38	XXXXXXXX	0.00
4. Net premium income.....	147.22	0.00	0.00	0.00	169.51	0.00	0.00	75.05	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).....	147.22	0.00	0.00	0.00	169.51	0.00	0.00	75.05	0.00	0.00
11. Hospital & medical.....	119.68	0.00	0.00	0.00	140.53	0.00	0.00	52.18	0.00	0.00
12. Net reinsurance recoveries.....	0.77	0.00	0.00	0.00	1.15	0.00	0.00	(0.46)	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	118.91	0.00	0.00	0.00	139.38	0.00	0.00	52.64	0.00	0.00
14. Claims adjustment expenses.....	3.73	0.00	0.00	0.00	4.38	0.00	0.00	1.62	0.00	0.00
15. General administrative expenses.....	19.67	0.00	0.00	0.00	20.72	0.00	0.00	16.26	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).....	142.31	0.00	0.00	0.00	164.48	0.00	0.00	70.52	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.91	0.00	0.00	0.00	5.03	0.00	0.00	4.53	0.00	0.00
19. Net investment income earned.....	1.20	0.00	0.00	0.00	1.20	0.00	0.00	1.21	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.21	0.00	0.00	0.00	1.21	0.00	0.00	1.22	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).....	6.13	0.00	0.00	0.00	6.24	0.00	0.00	5.75	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.17	0.00	0.00	0.00	2.21	0.00	0.00	2.04	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.96	0.00	0.00	0.00	4.03	0.00	0.00	3.72	0.00	0.00

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ft Worth**

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	111,081	0	0	0	90,103	0	0	20,978	0	0
2. MEMBER MONTHS.....	333,861	0	0	0	271,953	0	0	61,908	0	0
3. Direct premium income.....	160.99	0.00	0.00	0.00	168.07	0.00	XXXXXXXX	129.91	XXXXXXXX	0.00
4. Net premium income.....	160.68	0.00	0.00	0.00	167.76	0.00	0.00	129.58	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).....	160.68	0.00	0.00	0.00	167.76	0.00	0.00	129.58	0.00	0.00
11. Hospital & medical.....	134.85	0.00	0.00	0.00	135.88	0.00	0.00	130.31	0.00	0.00
12. Net reinsurance recoveries.....	0.66	0.00	0.00	0.00	0.81	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	134.19	0.00	0.00	0.00	135.07	0.00	0.00	130.31	0.00	0.00
14. Claims adjustment expenses.....	7.46	0.00	0.00	0.00	7.59	0.00	0.00	6.91	0.00	0.00
15. General administrative expenses.....	19.09	0.00	0.00	0.00	20.69	0.00	0.00	12.05	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).....	160.74	0.00	0.00	0.00	163.35	0.00	0.00	149.28	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(0.06)	0.00	0.00	0.00	4.41	0.00	0.00	(19.69)	0.00	0.00
19. Net investment income earned.....	0.92	0.00	0.00	0.00	0.92	0.00	0.00	0.90	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.93	0.00	0.00	0.00	0.93	0.00	0.00	0.91	0.00	0.00
22. Aggregate write-in for other expenses.....	(0.18)	0.00	0.00	0.00	(0.22)	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	0.69	0.00	0.00	0.00	5.12	0.00	0.00	(18.79)	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(0.22)	0.00	0.00	0.00	1.26	0.00	0.00	(6.72)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	0.91	0.00	0.00	0.00	3.86	0.00	0.00	(12.07)	0.00	0.00

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

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

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

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

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ft Worth**

(Location)

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

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	111,081	0	0	0	90,103	0	0	20,978	0	0
2. MEMBER MONTHS.....	938,366	0	0	0	757,802	0	0	180,564	0	0
3. Direct premium income.....	182.52	0.00	0.00	0.00	187.84	0.00	XXXXXXXX	160.21	XXXXXXXX	0.00
4. Net premium income.....	182.21	0.00	0.00	0.00	187.53	0.00	0.00	159.89	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	182.21	0.00	0.00	0.00	187.53	0.00	0.00	159.89	0.00	0.00
11. Hospital & medical.....	145.04	0.00	0.00	0.00	149.45	0.00	0.00	126.55	0.00	0.00
12. Net reinsurance recoveries.....	0.24	0.00	0.00	0.00	0.29	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	144.81	0.00	0.00	0.00	149.16	0.00	0.00	126.55	0.00	0.00
14. Claims adjustment expenses.....	4.52	0.00	0.00	0.00	4.65	0.00	0.00	3.94	0.00	0.00
15. General administrative expenses.....	28.30	0.00	0.00	0.00	29.13	0.00	0.00	24.82	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).....	177.62	0.00	0.00	0.00	182.94	0.00	0.00	155.31	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4.58	0.00	0.00	0.00	4.58	0.00	0.00	4.57	0.00	0.00
19. Net investment income earned.....	1.21	0.00	0.00	0.00	1.21	0.00	0.00	1.21	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.23	0.00	0.00	0.00	1.23	0.00	0.00	1.22	0.00	0.00
22. Aggregate write-in for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5.81	0.00	0.00	0.00	5.81	0.00	0.00	5.80	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	2.07	0.00	0.00	0.00	2.07	0.00	0.00	2.05	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	3.74	0.00	0.00	0.00	3.74	0.00	0.00	3.74	0.00	0.00

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	183,550	0	5,026	5,026	154,842	0	0	18,656	0	0
2. MEMBER MONTHS.....	546,140	0	15,007	15,007	459,839	0	0	56,287	0	0
3. Direct premium income.....	273.60	0.00	1,157.50	87.39	276.13	0.00	XXXXXXXX	66.92	XXXXXXXX	0.00
4. Net premium income.....	273.32	0.00	1,157.37	87.39	275.84	0.00	0.00	66.59	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-in for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-in for other revenue (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	273.32	0.00	1,157.37	87.39	275.84	0.00	0.00	66.59	0.00	0.00
11. Hospital & medical.....	225.23	0.00	527.05	309.34	233.13	0.00	0.00	57.85	0.00	0.00
12. Net reinsurance recoveries.....	1.28	0.00	0.00	0.00	1.51	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	223.96	0.00	527.05	309.34	231.61	0.00	0.00	57.85	0.00	0.00
14. Claims adjustment expenses.....	8.75	0.00	(84.94)	0.00	12.78	0.00	0.00	3.15	0.00	0.00
15. General administrative expenses.....	28.63	0.00	213.00	0.00	24.74	0.00	0.00	18.85	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).....	261.34	0.00	655.11	309.34	269.13	0.00	0.00	79.85	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	11.98	0.00	502.25	(221.96)	6.71	0.00	0.00	(13.26)	0.00	0.00
19. Net investment income earned.....	0.87	0.00	0.90	0.00	0.90	0.00	0.00	0.90	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.88	0.00	0.91	0.00	0.91	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).....	12.86	0.00	503.16	(221.96)	7.61	0.00	0.00	(12.36)	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	4.42	0.00	97.13	0.00	2.61	0.00	0.00	(4.34)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	8.45	0.00	406.03	(221.96)	5.01	0.00	0.00	(8.02)	0.00	0.00

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

5,026 # of Enrollees in C3-Pt D included in C3-Basic

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

15,007 # 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.....	183,550	0	5,026	5,026	154,842	0	0	18,656	0	0
2. MEMBER MONTHS.....	1,637,038	0	44,402	44,402	1,382,841	0	0	165,393	0	0
3. Direct premium income.....	276.91	0.00	1,158.19	89.67	279.22	0.00	XXXXXXXX	71.25	XXXXXXXX	0.00
4. Net premium income.....	276.63	0.00	1,158.05	89.67	278.93	0.00	0.00	70.93	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).....	276.63	0.00	1,158.05	89.67	278.93	0.00	0.00	70.93	0.00	0.00
11. Hospital & medical.....	220.13	0.00	541.29	161.48	231.06	0.00	0.00	58.19	0.00	0.00
12. Net reinsurance recoveries.....	0.30	0.00	0.00	0.00	0.35	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	219.83	0.00	541.29	161.48	230.71	0.00	0.00	58.19	0.00	0.00
14. Claims adjustment expenses.....	7.35	0.00	40.17	0.00	7.20	0.00	0.00	1.81	0.00	0.00
15. General administrative expenses.....	31.35	0.00	93.05	0.00	31.60	0.00	0.00	21.14	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).....	258.53	0.00	674.51	161.48	269.51	0.00	0.00	81.14	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	18.09	0.00	483.54	(71.81)	9.42	0.00	0.00	(10.21)	0.00	0.00
19. Net investment income earned.....	1.18	0.00	1.21	0.00	1.21	0.00	0.00	1.21	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.19	0.00	1.23	0.00	1.23	0.00	0.00	1.23	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).....	19.29	0.00	484.77	(71.81)	10.65	0.00	0.00	(8.99)	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	6.86	0.00	146.23	0.00	3.80	0.00	0.00	(3.18)	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	12.43	0.00	338.54	(71.81)	6.84	0.00	0.00	(5.80)	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 5,026 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 44,402 # 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.....	35,656	0	0	0	35,656	0	0	0	0	0
2. MEMBER MONTHS.....	104,722	0	0	0	104,722	0	0	0	0	0
3. Direct premium income.....	284.55	0.00	0.00	0.00	284.55	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	284.30	0.00	0.00	0.00	284.30	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).....	284.30	0.00	0.00	0.00	284.30	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	261.01	0.00	0.00	0.00	261.01	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.22	0.00	0.00	0.00	0.22	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	260.79	0.00	0.00	0.00	260.79	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	14.55	0.00	0.00	0.00	14.55	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	19.89	0.00	0.00	0.00	19.89	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).....	295.23	0.00	0.00	0.00	295.23	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(10.93)	0.00	0.00	0.00	(10.93)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	0.90	0.00	0.00	0.00	0.90	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.91	0.00	0.00	0.00	0.91	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).....	(10.02)	0.00	0.00	0.00	(10.02)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(3.37)	0.00	0.00	0.00	(3.37)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(6.65)	0.00	0.00	0.00	(6.65)	0.00	0.00	0.00	0.00	0.00

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

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

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

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

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Austin**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	35,656	0	0	0	35,656	0	0	0	0	0
2. MEMBER MONTHS.....	292,316	0	0	0	292,316	0	0	0	0	0
3. Direct premium income.....	288.73	0.00	0.00	0.00	288.73	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	288.46	0.00	0.00	0.00	288.46	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).....	288.46	0.00	0.00	0.00	288.46	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	285.86	0.00	0.00	0.00	285.86	0.00	0.00	0.00	0.00	0.00
12. Net reinsurance recoveries.....	0.55	0.00	0.00	0.00	0.55	0.00	0.00	0.00	0.00	0.00
13. TOTAL MEDICAL & HOSP (L11 less L12).....	285.31	0.00	0.00	0.00	285.31	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	8.90	0.00	0.00	0.00	8.90	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	26.97	0.00	0.00	0.00	26.97	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).....	321.19	0.00	0.00	0.00	321.19	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(32.73)	0.00	0.00	0.00	(32.73)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.20	0.00	0.00	0.00	1.20	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.22	0.00	0.00	0.00	1.22	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).....	(31.51)	0.00	0.00	0.00	(31.51)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	(11.16)	0.00	0.00	0.00	(11.16)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	(20.35)	0.00	0.00	0.00	(20.35)	0.00	0.00	0.00	0.00	0.00

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

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 0 # of Member Months in C3-Pt D included in C3-Basic

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,897	0	0	0	8,944	0	0	953	0	0
2. MEMBER MONTHS.....	29,677	0	0	0	26,774	0	0	2,903	0	0
3. Direct premium income.....	242.31	0.00	0.00	0.00	260.14	0.00	XXXXXXXX	77.84	XXXXXXXX	0.00
4. Net premium income.....	241.99	0.00	0.00	0.00	259.82	0.00	0.00	77.51	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).....	241.99	0.00	0.00	0.00	259.82	0.00	0.00	77.51	0.00	0.00
11. Hospital & medical.....	193.55	0.00	0.00	0.00	208.85	0.00	0.00	52.40	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).....	193.55	0.00	0.00	0.00	208.85	0.00	0.00	52.40	0.00	0.00
14. Claims adjustment expenses.....	11.62	0.00	0.00	0.00	12.58	0.00	0.00	2.83	0.00	0.00
15. General administrative expenses.....	20.83	0.00	0.00	0.00	21.24	0.00	0.00	17.02	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).....	226.00	0.00	0.00	0.00	242.67	0.00	0.00	72.25	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	15.99	0.00	0.00	0.00	17.15	0.00	0.00	5.26	0.00	0.00
19. Net investment income earned.....	0.90	0.00	0.00	0.00	0.90	0.00	0.00	0.90	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.91	0.00	0.00	0.00	0.91	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).....	16.89	0.00	0.00	0.00	18.06	0.00	0.00	6.17	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	5.73	0.00	0.00	0.00	6.13	0.00	0.00	2.12	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	11.16	0.00	0.00	0.00	11.93	0.00	0.00	4.05	0.00	0.00

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

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

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

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

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

**TEXAS HMO SUPPLEMENT**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,897	0	0	0	8,944	0	0	953	0	0
2. MEMBER MONTHS.....	88,589	0	0	0	79,940	0	0	8,649	0	0
3. Direct premium income.....	286.36	0.00	0.00	0.00	307.76	0.00	XXXXXXXX	88.62	XXXXXXXX	0.00
4. Net premium income.....	286.04	0.00	0.00	0.00	307.44	0.00	0.00	88.30	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).....	286.04	0.00	0.00	0.00	307.44	0.00	0.00	88.30	0.00	0.00
11. Hospital & medical.....	221.64	0.00	0.00	0.00	240.07	0.00	0.00	51.31	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).....	221.64	0.00	0.00	0.00	240.07	0.00	0.00	51.31	0.00	0.00
14. Claims adjustment expenses.....	6.90	0.00	0.00	0.00	7.48	0.00	0.00	1.60	0.00	0.00
15. General administrative expenses.....	42.94	0.00	0.00	0.00	44.70	0.00	0.00	26.69	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).....	271.49	0.00	0.00	0.00	292.25	0.00	0.00	79.60	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	14.55	0.00	0.00	0.00	15.18	0.00	0.00	8.70	0.00	0.00
19. Net investment income earned.....	1.22	0.00	0.00	0.00	1.22	0.00	0.00	1.21	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.01	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.23	0.00	0.00	0.00	1.23	0.00	0.00	1.23	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).....	15.78	0.00	0.00	0.00	16.41	0.00	0.00	9.93	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	5.61	0.00	0.00	0.00	5.84	0.00	0.00	3.52	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	10.17	0.00	0.00	0.00	10.57	0.00	0.00	6.41	0.00	0.00

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

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

**TEXAS HMO SUPPLEMENT**  
 OF THE **Alpha Dental Programs, Inc.**  
 (Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION San Antonio  
 (Location)

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

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,626	0	782	782	9,062	0	0	0	0	0
2. MEMBER MONTHS.....	31,313	0	2,063	2,063	27,187	0	0	0	0	0
3. Direct premium income.....	511.00	0.00	1,040.65	218.94	492.97	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	510.89	0.00	1,040.52	218.94	492.85	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).....	510.89	0.00	1,040.52	218.94	492.85	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	375.25	0.00	538.12	78.67	385.40	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).....	375.25	0.00	538.12	78.67	385.40	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	20.42	0.00	45.38	0.00	20.07	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	29.71	0.00	114.81	0.00	25.50	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).....	425.38	0.00	698.31	78.67	430.98	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	85.51	0.00	342.21	140.27	61.88	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	0.84	0.00	0.89	0.00	0.90	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	0.85	0.00	0.90	0.00	0.91	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).....	86.36	0.00	343.11	140.27	62.78	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	30.97	0.00	169.16	0.00	22.83	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	55.39	0.00	173.95	140.27	39.95	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 782 # of Enrollees in C3-Pt D included in C3-Basic  
 NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 2,063 # 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.....	10,626	0	782	782	9,062	0	0	0	0	0
2. MEMBER MONTHS.....	90,671	0	5,342	5,342	79,987	0	0	0	0	0
3. Direct premium income.....	495.34	0.00	1,215.47	111.62	472.88	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	495.23	0.00	1,215.33	111.62	472.75	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).....	495.23	0.00	1,215.33	111.62	472.75	0.00	0.00	0.00	0.00	0.00
11. Hospital & medical.....	364.70	0.00	680.48	112.44	360.46	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).....	364.70	0.00	680.48	112.44	360.46	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	12.57	0.00	45.33	0.00	11.22	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	63.49	0.00	111.64	0.00	64.51	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).....	440.76	0.00	837.45	112.44	436.19	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	54.47	0.00	377.88	(0.81)	36.56	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.14	0.00	1.19	0.00	1.21	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/losses.....	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1.15	0.00	1.20	0.00	1.23	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).....	55.62	0.00	379.08	(0.81)	37.79	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal & foreign income taxes incurred.....	19.68	0.00	133.94	0.00	13.37	0.00	0.00	0.00	0.00	0.00
25. NET INCOME/LOSS (L30 less L31).....	35.94	0.00	245.14	(0.81)	24.42	0.00	0.00	0.00	0.00	0.00

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State  782  # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)  5,342  # of Member Months in C3-Pt D included in C3-Basic

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