

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	96,443	96,443	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	289,924	289,924	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	9.01	9.01	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
4. Net Premium Income.....	9.01	9.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Change in unearned premium reserve and reserve for rate credits.....	(0.15)	(0.15)	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	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
8. Agg write-in for Other Health Related Revenues.....	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Aggregate write-ins for other non-health revenues.....	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).....	8.85	8.85	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11. Hospital & Medical Benefits.....	4.29	4.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12. Net Reins Recoveries Incurred.....	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).....	4.29	4.29	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14. Claims Adjustment Expenses.....	0.04	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
15. General Administrative Expenses.....	3.06	3.06	0.00	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).....	7.39	7.39	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1.46	1.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19. Net Investments Gains / (Losses).....	0.10	0.10	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1.56	1.56	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
22. Federal and foreign income taxes incurred.....	0.54	0.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. NET INCOME/(LOSS) (L21 less L22).....	1.02	1.02	0.00	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			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

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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. OTHER
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3. Direct Premium Income.....	9.01	9.01	0.00	0.00	0.00	0.00	0.00	XXXXXXXX	0.00	0.00
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6. Fee-for-Service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00
7. Risk Revenue.....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	0.00
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NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				