

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

OF THE **Alpha Dental Programs, 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.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 173,408     | 173,408  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 523,512     | 523,512  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 6,202,483   | 6,202,483  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 6,202,483   | 6,202,483  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | (23,864)    | (23,864)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | (62,580)    | (62,580)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 77,625      | 77,625   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 6,193,664   | 6,193,664  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 3,678,739   | 3,678,739  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 3,678,739   | 3,678,739  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (11,000)    | (11,000)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 1,031,799   | 1,031,799  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 16. Increase in Reserves for A&H contracts.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....                       | 4,699,538   | 4,699,538  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 1,494,126   | 1,494,126  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 40,344      | 40,344   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | (9,796)     | (9,796)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 1,524,674   | 1,524,674  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 533,461     | 533,461  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 991,213     | 991,213  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 59.3%       | 59.3%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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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OF THE **Alpha Dental Programs, 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.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 173,408     | 173,408  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 2,318,242   | 2,318,242  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 25,131,281  | 25,131,281   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 25,131,281  | 25,131,281   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 373,453     | 373,453  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 77,625      | 77,625   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 25,582,359  | 25,582,359   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 14,659,773  | 14,659,773   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 14,659,773  | 14,659,773   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (63,934)    | (63,934)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 4,516,378   | 4,516,378  | 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).....                       | 19,112,217  | 19,112,217   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 6,470,142   | 6,470,142  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 112,082     | 112,082  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | (9,796)     | (9,796)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 6,572,428   | 6,572,428  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 2,300,175   | 2,300,175  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 4,272,253   | 4,272,253  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 58.3%       | 58.3%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Texas**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 162,356    | 0                                  | 0          | 0                           | 0                   | 162,356             | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 138,004    | 0                                  | 0          | 0                           | 0                   | 138,004             | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 1,884,701  | 0                                  | 0          | 0                           | 0                   | 1,884,701           | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 60,239     | 0                                  | 0          | 0                           | 0                   | 60,239              | 0  | 0                            | 0                          | 0           |
| 9. Total   | 60,239     | 0                                  | 0          | 0                           | 0                   | 60,239              | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 19,434,292 | 0                                  | 0          | 0                           | 0                   | 19,434,292          | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 19,807,609 | 0                                  | 0          | 0                           | 0                   | 19,807,609          | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 10,650,370 | 0                                  | 0          | 0                           | 0                   | 10,650,370          | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 10,633,770 | 0                                  | 0          | 0                           | 0                   | 10,633,770          | 0  | 0                            | 0                          | 0           |

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Texas**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 138,004     | 138,004  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 417,046     | 417,046  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 4,746,549   | 4,746,549  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 4,746,549   | 4,746,549  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | (24,292)    | (24,292)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | (41,535)    | (41,535)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 52,995      | 52,995   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 4,733,717   | 4,733,717  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 2,646,826   | 2,646,826  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 2,646,826   | 2,646,826  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (13,000)    | (13,000)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 785,744     | 785,744  | 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).....                       | 3,419,570   | 3,419,570  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 1,314,147   | 1,314,147  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | (183,820)   | (183,820)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 1,130,327   | 1,130,327  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 325,607     | 325,607  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 804,720     | 804,720  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 55.8%       | 55.8%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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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OF THE **Alpha Dental Programs, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Texas**

(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 138,004     | 138,004  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 1,884,701   | 1,884,701  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 19,381,297  | 19,381,297   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 19,381,297  | 19,381,297   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 373,317     | 373,317  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 52,995      | 52,995   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 19,807,609  | 19,807,609   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 10,633,770  | 10,633,770   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 10,633,770  | 10,633,770   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (53,000)    | (53,000)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 3,543,202   | 3,543,202  | 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).....                       | 14,123,972  | 14,123,972   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 5,683,637   | 5,683,637  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | (112,082)   | (112,082)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 5,571,555   | 5,571,555  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 1,880,037   | 1,880,037  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 3,691,518   | 3,691,518  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 54.9%       | 54.9%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Maryland**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 15,305     | 0                                  | 0          | 0                           | 0                   | 15,305              | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 14,316     | 0                                  | 0          | 0                           | 0                   | 14,316              | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 174,411    | 0                                  | 0          | 0                           | 0                   | 174,411             | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 5,229      | 0                                  | 0          | 0                           | 0                   | 5,229               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 5,229      | 0                                  | 0          | 0                           | 0                   | 5,229               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 1,538,046  | 0                                  | 0          | 0                           | 0                   | 1,538,046           | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 1,267,638  | 0                                  | 0          | 0                           | 0                   | 1,267,638           | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 1,343,038  | 0                                  | 0          | 0                           | 0                   | 1,343,038           | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Maryland**

(Location)

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

Indicate Reporting Period: Current Quarter X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 14,372      | 14,372   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 43,231      | 43,231   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 359,280     | 359,280  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 359,280     | 359,280  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 24,283      | 24,283   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | (21,045)    | (21,045)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 24,630      | 24,630   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 387,148     | 387,148  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 347,027     | 347,027  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 347,027     | 347,027  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 2,300       | 2,300  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 88,152      | 88,152   | 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).....                       | 437,479     | 437,479  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | (50,331)    | (50,331)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | (50,331)    | (50,331)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | (40,192)    | (40,192)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (10,139)    | (10,139)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 96.6%       | 96.6%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Maryland**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 14,372      | 14,372   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 174,411     | 174,411  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 1,496,004   | 1,496,004  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 1,496,004   | 1,496,004  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 17,412      | 17,412   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 24,630      | 24,630   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 1,538,046   | 1,538,046  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 1,343,038   | 1,343,038  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 1,343,038   | 1,343,038  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 734         | 734  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 326,516     | 326,516  | 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).....                       | 1,670,288   | 1,670,288  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | (132,242)   | (132,242)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | (132,242)   | (132,242)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | (68,861)    | (68,861)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (63,381)    | (63,381)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 89.8%       | 89.8%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Kentucky**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 592        | 0                                  | 0          | 0                           | 0                   | 592                 | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 614        | 0                                  | 0          | 0                           | 0                   | 614                 | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 7,696      | 0                                  | 0          | 0                           | 0                   | 7,696               | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 470        | 0                                  | 0          | 0                           | 0                   | 470                 | 0  | 0                            | 0                          | 0           |
| 9. Total   | 470        | 0                                  | 0          | 0                           | 0                   | 470                 | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 155,636    | 0                                  | 0          | 0                           | 0                   | 155,636             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 155,636    | 0                                  | 0          | 0                           | 0                   | 155,636             | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 53,292     | 0                                  | 0          | 0                           | 0                   | 53,292              | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 53,592     | 0                                  | 0          | 0                           | 0                   | 53,592              | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Kentucky**  
(Location)

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

Indicate Reporting Period: Current Quarter X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 614         | 614  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 1,863       | 1,863  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 36,607      | 36,607   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 36,607      | 36,607   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 36,607      | 36,607   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 10,844      | 10,844   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 10,844      | 10,844   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 200         | 200  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 6,416       | 6,416  | 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).....                       | 17,460      | 17,460   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 19,147      | 19,147   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 19,147      | 19,147   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 5,557       | 5,557  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 13,590      | 13,590   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 29.6%       | 29.6%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Kentucky**  
(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 614         | 614  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 7,696       | 7,696  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 155,636     | 155,636  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 155,636     | 155,636  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 155,636     | 155,636  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 53,592      | 53,592   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 53,592      | 53,592   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 204         | 204  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 33,527      | 33,527   | 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).....                       | 87,323      | 87,323   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 68,313      | 68,313   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 68,313      | 68,313   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 22,765      | 22,765   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 45,548      | 45,548   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 34.4%       | 34.4%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Missouri**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 718        | 0                                  | 0          | 0                           | 0                   | 718                 | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 802        | 0                                  | 0          | 0                           | 0                   | 802                 | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 10,061     | 0                                  | 0          | 0                           | 0                   | 10,061              | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 205        | 0                                  | 0          | 0                           | 0                   | 205                 | 0  | 0                            | 0                          | 0           |
| 9. Total   | 205        | 0                                  | 0          | 0                           | 0                   | 205                 | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 206,065    | 0                                  | 0          | 0                           | 0                   | 206,065             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 206,065    | 0                                  | 0          | 0                           | 0                   | 206,065             | 0  | 0                            | 0                          | 0           |
| Property/Casualty<br>16. Premiums Earned                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 93,062     | 0                                  | 0          | 0                           | 0                   | 93,062              | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 94,562     | 0                                  | 0          | 0                           | 0                   | 94,562              | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Missouri**  
(Location)

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

Indicate Reporting Period: Current Quarter X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 802         | 802  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 2,367       | 2,367  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 48,618      | 48,618   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 48,618      | 48,618   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 48,618      | 48,618   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 23,193      | 23,193   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 23,193      | 23,193   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (500)       | (500)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 6,645       | 6,645  | 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).....                       | 29,338      | 29,338   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 19,280      | 19,280   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 19,280      | 19,280   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 5,014       | 5,014  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 14,266      | 14,266   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 47.7%       | 47.7%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Missouri**  
(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 802         | 802  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 10,061      | 10,061   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 206,065     | 206,065  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 206,065     | 206,065  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 206,065     | 206,065  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 94,562      | 94,562   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 94,562      | 94,562   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (528)       | (528)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 27,777      | 27,777   | 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).....                       | 121,811     | 121,811  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 84,254      | 84,254   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 84,254      | 84,254   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 27,755      | 27,755   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 56,499      | 56,499   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 45.9%       | 45.9%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **New Jersey**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 10,773     | 0                                  | 0          | 0                           | 0                   | 10,773              | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 10,454     | 0                                  | 0          | 0                           | 0                   | 10,454              | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 130,179    | 0                                  | 0          | 0                           | 0                   | 130,179             | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 5,277      | 0                                  | 0          | 0                           | 0                   | 5,277               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 5,277      | 0                                  | 0          | 0                           | 0                   | 5,277               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 1,917,919  | 0                                  | 0          | 0                           | 0                   | 1,917,919           | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 1,900,643  | 0                                  | 0          | 0                           | 0                   | 1,900,643           | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 2,088,238  | 0                                  | 0          | 0                           | 0                   | 2,088,238           | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 1,521,138  | 0                                  | 0          | 0                           | 0                   | 1,521,138           | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**New Jersey**

(Location)

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

Indicate Reporting Period: Current Quarter  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 10,454      | 10,454   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 31,443      | 31,443   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 513,795     | 513,795  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 513,795     | 513,795  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | (23,855)    | (23,855)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 489,940     | 489,940  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 391,836     | 391,836  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 391,836     | 391,836  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 1,700       | 1,700  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 75,944      | 75,944   | 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).....                       | 469,480     | 469,480  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 20,460      | 20,460   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 20,460      | 20,460   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 200,639     | 200,639  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (180,179)   | (180,179)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 76.3%       | 76.3%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**New Jersey**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 10,454      | 10,454   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 130,179     | 130,179  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 1,917,919   | 1,917,919  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 1,917,919   | 1,917,919  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | (17,276)    | (17,276)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 1,900,643   | 1,900,643  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 1,521,138   | 1,521,138  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 1,521,138   | 1,521,138  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (2,172)     | (2,172)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 284,948     | 284,948  | 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).....                       | 1,803,914   | 1,803,914  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 96,729      | 96,729   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 96,729      | 96,729   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 227,333     | 227,333  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (130,604)   | (130,604)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 79.3%       | 79.3%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Ohio**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 2,678      | 0                                  | 0          | 0                           | 0                   | 2,678               | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 2,499      | 0                                  | 0          | 0                           | 0                   | 2,499               | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 29,493     | 0                                  | 0          | 0                           | 0                   | 29,493              | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 1,129      | 0                                  | 0          | 0                           | 0                   | 1,129               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 1,129      | 0                                  | 0          | 0                           | 0                   | 1,129               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 553,286    | 0                                  | 0          | 0                           | 0                   | 553,286             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 553,286    | 0                                  | 0          | 0                           | 0                   | 553,286             | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 195,108    | 0                                  | 0          | 0                           | 0                   | 195,108             | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 157,508    | 0                                  | 0          | 0                           | 0                   | 157,508             | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ohio**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 2,499       | 2,499  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 7,527       | 7,527  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 141,353     | 141,353  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 141,353     | 141,353  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 141,353     | 141,353  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 41,644      | 41,644   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 41,644      | 41,644   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (500)       | (500)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 21,910      | 21,910   | 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).....                       | 63,054      | 63,054   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 78,299      | 78,299   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 78,299      | 78,299   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 24,801      | 24,801   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 53,498      | 53,498   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 29.5%       | 29.5%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ohio**

(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 2,499       | 2,499  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 29,493      | 29,493   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 553,286     | 553,286  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 553,286     | 553,286  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 553,286     | 553,286  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 157,508     | 157,508  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 157,508     | 157,508  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (2,467)     | (2,467)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 76,860      | 76,860   | 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).....                       | 231,901     | 231,901  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 321,385     | 321,385  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 321,385     | 321,385  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 109,881     | 109,881  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 211,504     | 211,504  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 28.5%       | 28.5%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Hawaii**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 679        | 0                                  | 0          | 0                           | 0                   | 679                 | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 830        | 0                                  | 0          | 0                           | 0                   | 830                 | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 9,859      | 0                                  | 0          | 0                           | 0                   | 9,859               | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 1,061      | 0                                  | 0          | 0                           | 0                   | 1,061               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 1,061      | 0                                  | 0          | 0                           | 0                   | 1,061               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 206,588    | 0                                  | 0          | 0                           | 0                   | 206,588             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 206,588    | 0                                  | 0          | 0                           | 0                   | 206,588             | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 198,720    | 0                                  | 0          | 0                           | 0                   | 198,720             | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 194,820    | 0                                  | 0          | 0                           | 0                   | 194,820             | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Hawaii**

(Location)

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

Indicate Reporting Period: Current Quarter  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 830         | 830  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 2,465       | 2,465  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 50,967      | 50,967   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 50,967      | 50,967   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 50,967      | 50,967   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 50,973      | 50,973   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 50,973      | 50,973   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 200         | 200  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 11,082      | 11,082   | 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).....                       | 62,255      | 62,255   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | (11,288)    | (11,288)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | (11,288)    | (11,288)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | (8,517)     | (8,517)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (2,771)     | (2,771)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 100.0%      | 100.0%   | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Hawaii**

(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 830         | 830  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 9,859       | 9,859  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 206,588     | 206,588  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 206,588     | 206,588  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 206,588     | 206,588  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 194,820     | 194,820  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 194,820     | 194,820  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (523)       | (523)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 41,588      | 41,588   | 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).....                       | 235,885     | 235,885  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | (29,297)    | (29,297)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | (29,297)    | (29,297)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | (14,820)    | (14,820)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | (14,477)    | (14,477)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24. Medical Loss Ratio  | 94.3%       | 94.3%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Idaho**

(Location)

|   | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|---|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|   |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year   | 237        | 0                                  | 0          | 0                           | 0                   | 237                 | 0  | 0                            | 0                          | 0           |
| 2. First Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year   | 135        | 0                                  | 0          | 0                           | 0                   | 135                 | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                             | 1,754      | 0                                  | 0          | 0                           | 0                   | 1,754               | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 9. Total  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                        | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                        | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                               | 32,470     | 0                                  | 0          | 0                           | 0                   | 32,470              | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                | 32,470     | 0                                  | 0          | 0                           | 0                   | 32,470              | 0  | 0                            | 0                          | 0           |
| 16. Property/Casualty Premiums Earned                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision of Health Care Services     | 23,545     | 0                                  | 0          | 0                           | 0                   | 23,545              | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of Health Care Services | 22,645     | 0                                  | 0          | 0                           | 0                   | 22,645              | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Idaho**

(Location)

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

Indicate Reporting Period: Current Quarter  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 135         | 135  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 378         | 378  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 7,442       | 7,442  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 7,442       | 7,442  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 7,442       | 7,442  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 4,210       | 4,210  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 4,210       | 4,210  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (100)       | (100)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 1,055       | 1,055  | 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).....                       | 5,165       | 5,165  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 2,277       | 2,277  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 2,277       | 2,277  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 528         | 528  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 1,749       | 1,749  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 56.6%       | 56.6%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Idaho**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 135         | 135  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 1,754       | 1,754  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 32,470      | 32,470   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 32,470      | 32,470   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 32,470      | 32,470   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 22,645      | 22,645   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 22,645      | 22,645   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (95)        | (95)   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 5,107       | 5,107  | 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).....                       | 27,657      | 27,657   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 4,813       | 4,813  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 4,813       | 4,813  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 1,416       | 1,416  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 3,397       | 3,397  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 69.7%       | 69.7%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Indiana**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 1,136      | 0                                  | 0          | 0                           | 0                   | 1,136               | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 1,445      | 0                                  | 0          | 0                           | 0                   | 1,445               | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 17,225     | 0                                  | 0          | 0                           | 0                   | 17,225              | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 1,106      | 0                                  | 0          | 0                           | 0                   | 1,106               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 1,106      | 0                                  | 0          | 0                           | 0                   | 1,106               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 359,099    | 0                                  | 0          | 0                           | 0                   | 359,099             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 359,099    | 0                                  | 0          | 0                           | 0                   | 359,099             | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 174,058    | 0                                  | 0          | 0                           | 0                   | 174,058             | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 187,558    | 0                                  | 0          | 0                           | 0                   | 187,558             | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Indiana**

(Location)

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

Indicate Reporting Period: Current Quarter  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 1,445       | 1,445  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 4,285       | 4,285  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 92,060      | 92,060   | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 92,060      | 92,060   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 92,060      | 92,060   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 39,205      | 39,205   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 39,205      | 39,205   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (400)       | (400)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 17,444      | 17,444   | 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).....                       | 56,249      | 56,249   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 35,811      | 35,811   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 35,811      | 35,811   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 7,602       | 7,602  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 28,209      | 28,209   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 42.6%       | 42.6%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Indiana**

(Location)

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

Indicate Reporting Period: Year-to-Date  X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 1,445       | 1,445  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 17,225      | 17,225   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 359,099     | 359,099  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 359,099     | 359,099  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 359,099     | 359,099  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 187,558     | 187,558  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 187,558     | 187,558  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | 44          | 44   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 58,203      | 58,203   | 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).....                       | 245,805     | 245,805  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 113,294     | 113,294  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 113,294     | 113,294  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 34,721      | 34,721   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 78,573      | 78,573   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 52.2%       | 52.2%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2015**

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

REPORT FOR DIVISION: **Illinois**

(Location)

|  | 1<br>Total | Comprehensive (Hospital & Medical) |            | 4<br>Medicare<br>Supplement | 5<br>Vision<br>Only | 6<br>Dental<br>Only | 7<br>Federal<br>Employees Health<br>Benefit Plan | 8<br>Title XVIII<br>Medicare | 9<br>Title XIX<br>Medicaid | 10<br>Other |
|--|------------|------------------------------------|------------|-----------------------------|---------------------|---------------------|--|------------------------------|----------------------------|-------------|
|  |            | 2<br>Individual                    | 3<br>Group |                             |                     |                     |  |                              |                            |             |
| Total Members at end of:                                     |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 1. Prior Year  | 4,339      | 0                                  | 0          | 0                           | 0                   | 4,339               | 0  | 0                            | 0                          | 0           |
| 2. First Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 3. Second Quarter  | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 4. Third Quarter   | 0          |                                    |            |                             |                     |                     |  |                              |                            |             |
| 5. Current Year  | 4,253      | 0                                  | 0          | 0                           | 0                   | 4,253               | 0  | 0                            | 0                          | 0           |
| 6. Current Year Member Months                                | 52,863     | 0                                  | 0          | 0                           | 0                   | 52,863              | 0  | 0                            | 0                          | 0           |
| Total Member Ambulatory Encounters<br>for Year:              |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 7. Physician   | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 8. Non-Physician   | 1,594      | 0                                  | 0          | 0                           | 0                   | 1,594               | 0  | 0                            | 0                          | 0           |
| 9. Total   | 1,594      | 0                                  | 0          | 0                           | 0                   | 1,594               | 0  | 0                            | 0                          | 0           |
| 10. Hospital Patient Days Incurred                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 11. Number of Inpatient Admissions                           | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 12. Health Premiums Written                                  | 822,917    | 0                                  | 0          | 0                           | 0                   | 822,917             | 0  | 0                            | 0                          | 0           |
| 13. Life Premiums Direct                                     | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 14. Property & Casualty<br>Premiums Written                  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 15. Health Premiums Earned                                   | 822,917    | 0                                  | 0          | 0                           | 0                   | 822,917             | 0  | 0                            | 0                          | 0           |
| Property/Casualty  |            |                                    |            |                             |                     |                     |  |                              |                            |             |
| 16. Premiums Earned  | 0          | 0                                  | 0          | 0                           | 0                   | 0                   | 0  | 0                            | 0                          | 0           |
| 17. Amount Paid for Provision<br>of Health Care Services     | 14,600     | 0                                  | 0          | 0                           | 0                   | 14,600              | 0  | 0                            | 0                          | 0           |
| 18. Amount Incurred for Provision of<br>Health Care Services | 451,142    | 0                                  | 0          | 0                           | 0                   | 451,142             | 0  | 0                            | 0                          | 0           |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Illinois**

(Location)

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

Indicate Reporting Period: Current Quarter **X**

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 4,253       | 4,253  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 12,907      | 12,907   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 205,812     | 205,812  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 205,812     | 205,812  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 205,812     | 205,812  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 122,981     | 122,981  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 122,981     | 122,981  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (900)       | (900)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 27,203      | 27,203   | 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).....                       | 149,284     | 149,284  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 56,528      | 56,528   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 56,528      | 56,528   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 12,422      | 12,422   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 44,106      | 44,106   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 59.8%       | 59.8%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2015**

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

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Illinois**

(Location)

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

Indicate Reporting Period: Year-to-Date X

|   | 1.<br>Total | 2.<br>COMMERCIAL RISK<br>(Omit Provider<br>HMO Business) | 3.<br>MEDICARE<br>(Omit Provider HMO Business) |           |        | 4.<br>MEDICAID<br>(Omit Provider<br>HMO Business)          | 5.<br>POINT OF<br>SERVICE RIDER<br>COVERAGE | 6.<br>ASSUMED RISK<br>(as Provider<br>HMO) | 7.<br>CHILDREN'S<br>HEALTH<br>INSURANCE<br>PLAN | 8.<br>OTHER |
|---|-------------|--|--|-----------|--------|--|---|--|---|-------------|
|   |             |  | BASIC  | ADVANTAGE | PART D |  |   |  |   |             |
| 1. ENROLLEES AT THE END OF REPT PERIOD.....                               | 4,253       | 4,253  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 2. MEMBER MONTHS.....   | 52,863      | 52,863   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 3. Direct Premium Income.....   | 822,917     | 822,917  | 0  | 0         | 0      | 0  | 0   | XXXXXXXX                                   | 0   | 0           |
| 4. Net Premium Income.....  | 822,917     | 822,917  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 5. Change in unearned premium reserve and reserve for rate credits.....   | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 6. Fee-for-Service (gross revenues).....                                  | 0           | XXXXXXXX   | 0  | 0         | 0      | 0  | XXXXXXXX                                    | XXXXXXXX                                   | XXXXXXXX  | 0           |
| 7. Risk Revenue.....  | 0           | XXXXXXXX   | 0  | 0         | 0      | XXXXXXXX   | XXXXXXXX                                    | 0  | XXXXXXXX  | 0           |
| 8. Agg write-in for Other Health Related Revenues.....                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 9. Aggregate write-ins for other non-health revenues.....                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 10. TOTAL REVENUE (L4 to L9).....   | 822,917     | 822,917  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 11. Hospital & Medical Benefits.....                                      | 451,142     | 451,142  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 12. Net Reins Recoveries Incurred.....                                    | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 13. TOTAL MEDICAL & HOSP (L11 less L12).....                              | 451,142     | 451,142  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 14. Claims Adjustment Expenses.....                                       | (6,131)     | (6,131)  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 15. General Administrative Expenses.....                                  | 128,446     | 128,446  | 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).....                       | 573,457     | 573,457  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....                           | 249,460     | 249,460  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 19. Net Investments Gains / (Losses).....                                 | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 20. Aggregate write-ins for other expenses.....                           | 0           | 0  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)..... | 249,460     | 249,460  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 22. Federal and foreign income taxes incurred.....                        | 79,948      | 79,948   | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 23. NET INCOME/(LOSS) (L21 less L22).....                                 | 169,512     | 169,512  | 0  | 0         | 0      | 0  | 0   | 0  | 0   | 0           |
| 24 Medical Loss Ratio   | 54.8%       | 54.8%  | 0.0%   | 0.0%      | 0.0%   | 0.0%   | 0.0%  | 0.0%                                       | 0.0%  | 0.0%        |
| 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  |   |  |   |             |