

TEXAS HMO SUPPLEMENT

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

OF THE **National Pacific Dental, Inc.**
(Name of Company)

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

(Location)

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

Indicate Reporting Period: **Current Quarter**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	148,585	148,585	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	446,797	446,797	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	3,802,057	3,802,057	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	3,802,057	3,802,057	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).....	3,802,057	3,802,057	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,113,813	2,113,813	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).....	2,113,813	2,113,813	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	176,020	176,020	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	405,899	405,899	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	14,976	14,976	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,710,708	2,710,708	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,091,349	1,091,349	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	10,308	10,308	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).....	1,101,657	1,101,657	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	382,794	382,794	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	718,863	718,863	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	55.6%	55.6%	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 **National Pacific Dental, Inc.**
(Name of Company)

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

(Location)

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

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	148,585	148,585	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,828,833	1,828,833	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	15,693,183	15,693,183	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	15,693,183	15,693,183	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).....	15,693,183	15,693,183	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	8,926,970	8,926,970	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).....	8,926,970	8,926,970	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	646,262	646,262	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,761,318	1,761,318	0	0	0	0	0	0	0	0
16. Increase in Reserves for A&H contracts.....	(7,529)	(7,529)	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	11,327,021	11,327,021	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,366,162	4,366,162	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	27,390	27,390	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).....	4,393,552	4,393,552	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,634,698	1,634,698	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,758,854	2,758,854	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	56.9%	56.9%	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				