

TEXAS HMO SUPPLEMENT

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

OF THE **United Concordia Dental Plans of Texas**
(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.....	4,162	4,162	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,563	12,563	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,904	18,904	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	184,925	184,925	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).....	184,925	184,925	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	96,321	96,321	0	0	0	0	0	0	0	0
12. Net Reins Recoveries Incurred.....	1,149	1,149	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	95,172	95,172	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	7,943	7,943	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	60,928	60,928	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).....	164,043	164,043	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20,882	20,882	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	(880)	(880)	0	0	0	0	0	0	0	0
20. Aggregate write-ins for other expenses.....	(1)	(1)	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	20,001	20,001	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	12,880	12,880	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,121	7,121	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	51.5%	51.5%	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				

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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.....	4,162	4,162	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,563	12,563	0	0	0	0	0	0	0	0
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4. Net Premium Income.....	184,925	184,925	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
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24 Medical Loss Ratio	51.5%	51.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
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NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				