

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

OF THE **Managed Dentalguard, 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.....	88,458	88,458	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	246,482	246,482	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	2,356,923	2,356,923	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	2,356,923	2,356,923	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).....	2,356,923	2,356,923	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,351,620	1,351,620	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).....	1,351,620	1,351,620	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	18,783	18,783	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	428,442	428,442	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).....	1,798,845	1,798,845	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	558,078	558,078	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	6,760	6,760	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).....	564,838	564,838	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	198,296	198,296	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	366,542	366,542	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	57.3%	57.3%	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 **JUNE 30, 2015**

OF THE **Managed Dentalguard, 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.....	88,458	88,458	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	481,915	481,915	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,695,332	4,695,332	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,695,332	4,695,332	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	7,784	7,784	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).....	4,703,116	4,703,116	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,783,327	2,783,327	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).....	2,783,327	2,783,327	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	37,798	37,798	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	862,165	862,165	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).....	3,683,290	3,683,290	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,019,826	1,019,826	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	12,796	12,796	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).....	1,032,622	1,032,622	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	408,807	408,807	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	623,815	623,815	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				