

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	178,447	178,447	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	545,365	545,365	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	6,412,532	6,412,532	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	6,412,532	6,412,532	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(179,656)	(179,656)	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.....	13,425	13,425	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).....	6,246,301	6,246,301	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	3,912,807	3,912,807	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).....	3,912,807	3,912,807	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(64,749)	(64,749)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,248,796	1,248,796	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).....	5,096,854	5,096,854	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,149,447	1,149,447	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	27,567	27,567	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).....	1,177,014	1,177,014	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	411,955	411,955	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	765,059	765,059	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	61.0%	61.0%	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 **SEPTEMBER 30, 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: 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.....	178,447	178,447	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,794,730	1,794,730	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	18,928,798	18,928,798	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	18,928,798	18,928,798	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	397,317	397,317	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.....	62,580	62,580	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).....	19,388,695	19,388,695	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	10,981,034	10,981,034	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).....	10,981,034	10,981,034	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(52,934)	(52,934)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	3,484,579	3,484,579	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).....	14,412,679	14,412,679	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,976,016	4,976,016	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,738	71,738	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).....	5,047,754	5,047,754	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,766,714	1,766,714	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,281,040	3,281,040	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	58.0%	58.0%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Texas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	142,853	0	0	0	0	142,853	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	1,467,655	0	0	0	0	1,467,655	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	45,365	0	0	0	0	45,365	0	0	0	0
9. Total	45,365	0	0	0	0	45,365	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	14,676,283	0	0	0	0	14,676,283	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	15,073,892	0	0	0	0	15,073,892	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	8,613,244	0	0	0	0	8,613,244	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	7,986,944	0	0	0	0	7,986,944	0	0	0	0

TEXAS HMO SUPPLEMENT

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

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. 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.....	142,853	142,853	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	438,179	438,179	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	4,906,546	4,906,546	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	4,906,546	4,906,546	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(127,797)	(127,797)	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.....	10,575	10,575	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).....	4,789,324	4,789,324	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	2,829,321	2,829,321	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).....	2,829,321	2,829,321	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(46,889)	(46,889)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,006,227	1,006,227	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).....	3,788,659	3,788,659	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,000,665	1,000,665	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	27,567	27,567	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).....	1,028,232	1,028,232	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	443,438	443,438	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	584,794	584,794	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	57.7%	57.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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. 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.....	142,853	142,853	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,467,655	1,467,655	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	14,634,748	14,634,748	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	14,634,748	14,634,748	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	397,609	397,609	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.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,073,892	15,073,892	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	7,986,944	7,986,944	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).....	7,986,944	7,986,944	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(40,000)	(40,000)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	2,757,458	2,757,458	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).....	10,704,402	10,704,402	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,369,490	4,369,490	0	0	0	0	0	0	0	0
19. Net Investments Gains / (Losses).....	71,738	71,738	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).....	4,441,228	4,441,228	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,554,430	1,554,430	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,886,798	2,886,798	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	54.6%	54.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Maryland**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	14,297	0	0	0	0	14,297	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	131,180	0	0	0	0	131,180	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	3,922	0	0	0	0	3,922	0	0	0	0
9. Total	3,922	0	0	0	0	3,922	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	1,157,769	0	0	0	0	1,157,769	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	1,150,898	0	0	0	0	1,150,898	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,035,811	0	0	0	0	1,035,811	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	996,011	0	0	0	0	996,011	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	14,297	14,297	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	43,212	43,212	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	412,734	412,734	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	412,734	412,734	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(37,216)	(37,216)	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.....	2,850	2,850	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).....	378,368	378,368	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	373,876	373,876	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).....	373,876	373,876	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(5,231)	(5,231)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	70,367	70,367	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).....	439,012	439,012	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(60,644)	(60,644)	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).....	(60,644)	(60,644)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(11,169)	(11,169)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(49,475)	(49,475)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	90.6%	90.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	14,297	14,297	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	131,180	131,180	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,136,724	1,136,724	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,136,724	1,136,724	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,871)	(6,871)	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.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,150,898	1,150,898	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	996,011	996,011	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).....	996,011	996,011	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,566)	(1,566)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	238,364	238,364	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).....	1,232,809	1,232,809	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(81,911)	(81,911)	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).....	(81,911)	(81,911)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(28,669)	(28,669)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(53,242)	(53,242)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	87.6%	87.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Kentucky**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	632	0	0	0	0	632	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	5,833	0	0	0	0	5,833	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	372	0	0	0	0	372	0	0	0	0
9. Total	372	0	0	0	0	372	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	119,029	0	0	0	0	119,029	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	119,029	0	0	0	0	119,029	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	48,348	0	0	0	0	48,348	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	42,748	0	0	0	0	42,748	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	632	632	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,905	1,905	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	39,663	39,663	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	39,663	39,663	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).....	39,663	39,663	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	12,851	12,851	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).....	12,851	12,851	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,690)	(1,690)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,449	10,449	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).....	21,610	21,610	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18,053	18,053	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).....	18,053	18,053	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,802	6,802	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,251	11,251	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	32.4%	32.4%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	632	632	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	5,833	5,833	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	119,029	119,029	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	119,029	119,029	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).....	119,029	119,029	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	42,748	42,748	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).....	42,748	42,748	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	4	4	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	27,111	27,111	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).....	69,863	69,863	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	49,166	49,166	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).....	49,166	49,166	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	17,208	17,208	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	31,958	31,958	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	35.9%	35.9%	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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Missouri**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	809	0	0	0	0	809	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	7,694	0	0	0	0	7,694	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	174	0	0	0	0	174	0	0	0	0
9. Total	174	0	0	0	0	174	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	157,447	0	0	0	0	157,447	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	157,447	0	0	0	0	157,447	0	0	0	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	76,769	0	0	0	0	76,769	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	71,369	0	0	0	0	71,369	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	809	809	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,470	2,470	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	52,784	52,784	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	52,784	52,784	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).....	52,784	52,784	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	28,615	28,615	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).....	28,615	28,615	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(219)	(219)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	6,779	6,779	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).....	35,175	35,175	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17,609	17,609	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).....	17,609	17,609	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,855	6,855	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,754	10,754	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	54.2%	54.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	809	809	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,694	7,694	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	157,447	157,447	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	157,447	157,447	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).....	157,447	157,447	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	71,369	71,369	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).....	71,369	71,369	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(28)	(28)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	21,132	21,132	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).....	92,473	92,473	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	64,974	64,974	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).....	64,974	64,974	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	22,741	22,741	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	42,233	42,233	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	45.3%	45.3%	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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **New Jersey**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	10,600	0	0	0	0	10,600	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	98,736	0	0	0	0	98,736	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	3,830	0	0	0	0	3,830	0	0	0	0
9. Total	3,830	0	0	0	0	3,830	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	1,404,124	0	0	0	0	1,404,124	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	1,410,703	0	0	0	0	1,410,703	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	737,002	0	0	0	0	737,002	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	1,129,302	0	0	0	0	1,129,302	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	10,600	10,600	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	31,718	31,718	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	498,154	498,154	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	498,154	498,154	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(14,643)	(14,643)	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).....	483,511	483,511	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	387,234	387,234	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).....	387,234	387,234	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(4,076)	(4,076)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	79,720	79,720	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).....	462,878	462,878	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	20,633	20,633	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).....	20,633	20,633	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(94,979)	(94,979)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	115,612	115,612	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	77.7%	77.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	10,600	10,600	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	98,736	98,736	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	1,404,124	1,404,124	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	1,404,124	1,404,124	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	6,579	6,579	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).....	1,410,703	1,410,703	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	1,129,302	1,129,302	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).....	1,129,302	1,129,302	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(3,872)	(3,872)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	209,004	209,004	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).....	1,334,434	1,334,434	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	76,269	76,269	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).....	76,269	76,269	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	26,694	26,694	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	49,575	49,575	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	80.4%	80.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Ohio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	2,628	0	0	0	0	2,628	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	21,966	0	0	0	0	21,966	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	822	0	0	0	0	822	0	0	0	0
9. Total	822	0	0	0	0	822	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	411,933	0	0	0	0	411,933	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	411,933	0	0	0	0	411,933	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	163,364	0	0	0	0	163,364	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	115,864	0	0	0	0	115,864	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	2,628	2,628	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,939	7,939	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	147,181	147,181	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	147,181	147,181	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).....	147,181	147,181	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	41,717	41,717	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).....	41,717	41,717	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,196)	(1,196)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	21,334	21,334	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).....	61,855	61,855	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	85,326	85,326	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).....	85,326	85,326	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	31,063	31,063	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	54,263	54,263	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	28.3%	28.3%	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 **SEPTEMBER 30, 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. 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.....	2,628	2,628	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	21,966	21,966	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	411,933	411,933	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	411,933	411,933	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).....	411,933	411,933	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	115,864	115,864	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).....	115,864	115,864	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(1,967)	(1,967)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	54,950	54,950	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).....	168,847	168,847	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	243,086	243,086	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).....	243,086	243,086	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	85,080	85,080	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	158,006	158,006	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	28.1%	28.1%	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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Hawaii**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	804	0	0	0	0	804	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	7,394	0	0	0	0	7,394	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	762	0	0	0	0	762	0	0	0	0
9. Total	762	0	0	0	0	762	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	155,621	0	0	0	0	155,621	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	155,621	0	0	0	0	155,621	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	167,647	0	0	0	0	167,647	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	143,847	0	0	0	0	143,847	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	804	804	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	2,402	2,402	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	51,142	51,142	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	51,142	51,142	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).....	51,142	51,142	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	45,532	45,532	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).....	45,532	45,532	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(939)	(939)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	10,339	10,339	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).....	54,932	54,932	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,790)	(3,790)	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).....	(3,790)	(3,790)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	263	263	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,053)	(4,053)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	89.0%	89.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	804	804	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	7,394	7,394	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	155,621	155,621	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	155,621	155,621	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).....	155,621	155,621	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	143,847	143,847	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).....	143,847	143,847	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(723)	(723)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	30,506	30,506	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).....	173,630	173,630	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(18,009)	(18,009)	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).....	(18,009)	(18,009)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(6,303)	(6,303)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(11,706)	(11,706)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	92.4%	92.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Idaho**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	115	0	0	0	0	115	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	1,376	0	0	0	0	1,376	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	25,028	0	0	0	0	25,028	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	25,028	0	0	0	0	25,028	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	20,035	0	0	0	0	20,035	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	18,435	0	0	0	0	18,435	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	115	115	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	403	403	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	7,505	7,505	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	7,505	7,505	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).....	7,505	7,505	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	9,214	9,214	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).....	9,214	9,214	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(70)	(70)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	1,211	1,211	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).....	10,355	10,355	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,850)	(2,850)	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).....	(2,850)	(2,850)	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,095)	(1,095)	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,755)	(1,755)	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	122.8%	122.8%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	115	115	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	1,376	1,376	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	25,028	25,028	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	25,028	25,028	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).....	25,028	25,028	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	18,435	18,435	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).....	18,435	18,435	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	5	5	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	4,052	4,052	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).....	22,492	22,492	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,536	2,536	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).....	2,536	2,536	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	888	888	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,648	1,648	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	73.7%	73.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Indiana**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	1,404	0	0	0	0	1,404	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	12,940	0	0	0	0	12,940	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	763	0	0	0	0	763	0	0	0	0
9. Total	763	0	0	0	0	763	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	267,039	0	0	0	0	267,039	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	267,039	0	0	0	0	267,039	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	157,753	0	0	0	0	157,753	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	148,353	0	0	0	0	148,353	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	1,404	1,404	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	4,219	4,219	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	92,518	92,518	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	92,518	92,518	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).....	92,518	92,518	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	62,198	62,198	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).....	62,198	62,198	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(290)	(290)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	15,812	15,812	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).....	77,720	77,720	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	14,798	14,798	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).....	14,798	14,798	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	6,572	6,572	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	8,226	8,226	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	67.2%	67.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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 **SEPTEMBER 30, 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. 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.....	1,404	1,404	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,940	12,940	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	267,039	267,039	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	267,039	267,039	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).....	267,039	267,039	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	148,353	148,353	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).....	148,353	148,353	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	444	444	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	40,759	40,759	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).....	189,556	189,556	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	77,483	77,483	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).....	77,483	77,483	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	27,119	27,119	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	50,364	50,364	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.....		1	(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 **SEPTEMBER 30, 2015**

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

REPORT FOR DIVISION: **Illinois**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 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	4,305	0	0	0	0	4,305	0	0	0	0
5. Current Year	0									
6. Current Year Member Months	39,956	0	0	0	0	39,956	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	1,201	0	0	0	0	1,201	0	0	0	0
9. Total	1,201	0	0	0	0	1,201	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	617,105	0	0	0	0	617,105	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	617,105	0	0	0	0	617,105	0	0	0	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	376,061	0	0	0	0	376,061	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	328,161	0	0	0	0	328,161	0	0	0	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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. 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.....	4,305	4,305	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	12,918	12,918	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	204,305	204,305	0	0	0	0	XXXXXXX	0	0	0
4. Net Premium Income.....	204,305	204,305	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).....	204,305	204,305	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	122,249	122,249	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).....	122,249	122,249	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(4,149)	(4,149)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	26,558	26,558	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).....	144,658	144,658	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	59,647	59,647	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).....	59,647	59,647	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	24,205	24,205	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	35,442	35,442	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.....		1	(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 **SEPTEMBER 30, 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. 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.....	4,305	4,305	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	39,956	39,956	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	617,105	617,105	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	617,105	617,105	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).....	617,105	617,105	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	328,161	328,161	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).....	328,161	328,161	0	0	0	0	0	0	0	0
14. Claims Adjustment Expenses.....	(5,231)	(5,231)	0	0	0	0	0	0	0	0
15. General Administrative Expenses.....	101,243	101,243	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).....	424,173	424,173	0	0	0	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	192,932	192,932	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).....	192,932	192,932	0	0	0	0	0	0	0	0
22. Federal and foreign income taxes incurred.....	67,526	67,526	0	0	0	0	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	125,406	125,406	0	0	0	0	0	0	0	0
24 Medical Loss Ratio	53.2%	53.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		1	(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				