



HEALTH QUARTERLY STATEMENT

As of September 30, 2002
of the Condition and Affairs of the

Dental Benefit Providers of Maryland, Inc.

NAIC Group Code..... 1220, 1220 NAIC Company Code..... 47040 Employer's ID Number..... 52-1500049
(Current Period) (Prior Period)

Organized under the Laws of Maryland State of Domicile or Port of Entry Maryland
Country of Domicile USA

Licensed as Business Type Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity [] Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X] Other []

Is HMO Federally Qualified? Yes [] No [X]
Date Incorporated or Organized..... January 16, 1984 Date Commenced Business..... October 29, 1984

Statutory Home Office Three Irvington Centre 800 King Farm Boulevard Rockville MD 20850
(Street and Number) (City or Town, State and Zip Code)
Address of Main Administrative Office Three Irvington Centre 800 King Farm Boulevard Rockville MD 20850 240-683-5240
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
Mail Address Three Irvington Centre 800 King Farm Boulevard Rockville MD 20850
(Street and Number or P. O. Box) (City or Town, State and Zip Code)
Primary Location of Books and Records Three Irvington Centre 800 King Farm Boulevard Rockville MD 20850 240-683-5240
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)
Internet Website Address NA
Statement Contact Andrea E Maddox 240-683-5240
(Name) (Area Code) (Telephone Number) (Extension)
amaddox@dbp.com 240-683-5235
(E-Mail Address) (Fax Number)
Policyowner Relations Contact
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President Kevin J. Ruth
Secretary Timothy Ryan Treasurer George Mikan, III

VICE PRESIDENTS

RECEIVED

NOV 15 2002

DEERS

DIRECTORS OR TRUSTEES

Edward A. Murphy David S. Wichmann Ronald B. Colby Ted A. Lyle

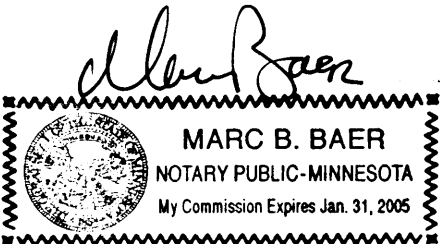
State of..... Maryland
County of..... Montgomery

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manuals except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Kevin J. Ruth. (Signature)
Kevin J. Ruth (Printed Name)
President
Timothy Ryan (Signature)
Timothy Ryan (Printed Name)
Secretary
George Mikan, III (Signature)
George Mikan, III (Printed Name)
Treasurer

Subscribed and sworn to before me this
12 day of November, 2002

ANDREA E. MADDOX, NOTARY PUBLIC
MY COMMISSION EXPIRES 11/15/03



ASSETS

	Current Period			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets	Net Admitted Assets
1. Bonds.....	75,845		75,845	
2. Stocks:				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate:				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			(a).....0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$.....297,368) and short-term investments (\$.....49,833).....	347,201		347,201	888,063
6. Other long-term invested assets.....			0	
7. Receivable for securities.....			0	
8. Aggregate write-ins for invested assets.....	0	0	0	0
9. Subtotal, cash and invested assets (Lines 1 to 8).....	423,046	0	423,046	888,063
10. Accident and health premiums due and unpaid.....	95,017		95,017	85,040
11. Health care receivables.....			0	
12. Amounts recoverable from reinsurers.....			0	
13. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
14. Investment income due and accrued.....	923		923	
15. Amounts due from parent, subsidiaries and affiliates.....			0	
16. Amounts receivable relating to uninsured accident and health plans.....			0	
17. Furniture and equipment.....			0	
18. Amounts due from agents.....			0	
19. Federal and foreign income tax recoverable and interest thereon (including \$.....0 net deferred tax asset).....			0	
20. Electronic data processing equipment and software.....			0	
21. Other nonadmitted assets.....			0	
22. Aggregate write-ins for other than invested assets.....	0	0	0	0
23. Total assets (Lines 9 plus 10 through 22).....	518,986	0	518,986	973,103

DETAILS OF WRITE-INS

0801.			0	
0802.			0	
0803.			0	
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0
2201.			0	
2202.			0	
2203.			0	
2298. Summary of remaining write-ins for Line 22 from overflow page.....	0	0	0	0
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above).....	0	0	0	0

(a) \$.....0 health care delivery assets included in Line 4.1, Column 3.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded).....	55,885		55,885	47,253
2. Accrued medical incentive pool and bonus payments.....			0	
3. Unpaid claims adjustment expenses.....			0	
4. Aggregate policy reserves.....			0	
5. Aggregate claim reserves.....			0	
6. Premiums received in advance.....			0	
7. General expenses due or accrued.....		5,340	5,340	12,877
8. Federal and foreign income tax payable and interest thereon (including \$.....0 on realized capital gains (losses)) (including \$.....0 net deferred tax liability).....			0	(3,868)
9. Amounts withheld or retained for the account of others.....			0	
10. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current).....			0	
11. Amounts due to parent, subsidiaries and affiliates.....		69,558	69,558	541,387
12. Payable for securities.....			0	
13. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers).....			0	
14. Reinsurance in unauthorized companies.....			0	
15. Net adjustments in assets and liabilities due to foreign exchange rates.....			0	
16. Liability for amounts held under uninsured accident and health plans.....			0	
17. Aggregate write-ins for other liabilities (including \$.....0 current).....	0	0	0	0
18. Total liabilities (Lines 1 to 17).....	55,885	74,898	130,783	597,649
19. Common capital stock.....	XXX	XXX		
20. Preferred capital stock.....	XXX	XXX		
21. Gross paid in and contributed surplus.....	XXX	XXX		
22. Surplus notes.....	XXX	XXX	282,948	282,948
23. Aggregate write-ins for other than special surplus funds.....	XXX	XXX	0	0
24. Unassigned funds (surplus).....	XXX	XXX	105,255	92,506
25. Less treasury stock at cost:				
25.1 .....0.000 shares common (value included in Line 19 \$.....0).....	XXX	XXX		
25.2 .....0.000 shares preferred (value included in Line 20 \$.....0).....	XXX	XXX		
26. Total capital and surplus (Lines 19 to 24 less 25).....	XXX	XXX	388,203	375,454
27. Total liabilities, capital and surplus (Lines 18 and 26).....	XXX	XXX	518,986	973,103

DETAILS OF WRITE-INS

1701.			0	
1702.			0	
1703.			0	
1798. Summary of remaining write-ins for Line 17 from overflow page.....	0	0	0	0
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above).....	0	0	0	0
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page.....	XXX	XXX	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above).....	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year-to-Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member months.....	XXX	69,985	112,028
2. Net premium income.....	XXX	860,899	1,108,459
3. Change in unearned premium reserves and reserve for rate credits.....	XXX		
4. Fee-for-service (net of \$.....0 medical expenses).....	XXX		
5. Risk revenue.....	XXX		
6. Aggregate write-ins for other health care related revenues.....	XXX	0	0
7. Total revenues (Lines 2 to 6).....	XXX	860,899	1,108,459
Medical and Hospital:			
8. Hospital/medical benefits.....			
9. Other professional services.....		639,571	797,149
10. Outside referrals.....			
11. Emergency room and out-of-area.....			
12. Prescription Drugs.....			
13. Aggregate write-ins for other medical and hospital.....	0	0	0
14. Incentive pool and withhold adjustments.....			
15. Subtotal (Lines 8 to 14).....	0	639,571	797,149
Less:			
16. Net reinsurance recoveries.....			
17. Total medical and hospital (Lines 15 minus 16).....	0	639,571	797,149
18. Claims adjustment expenses.....			
19. General administrative expenses.....		210,825	315,717
20. Increase in reserves for accident and health contracts.....			
21. Total underwriting deductions (Lines 17 through 20).....	0	850,396	1,112,866
22. Net underwriting gain or (loss) (Lines 7 minus 21).....	XXX	10,503	(4,407)
23. Net investment income earned.....		4,456	28,206
24. Net realized capital gains or (losses).....			
25. Net investment gains or (losses) (Lines 23 plus 24).....	0	4,456	28,206
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)].....			
27. Aggregate write-ins for other income or expenses.....	0	0	0
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27).....	0	14,959	23,799
29. Federal and foreign income taxes incurred.....	XXX	2,210	(3,868)
30. Net income (loss) (Lines 28 minus 29).....	XXX	12,749	27,667

DETAILS OF WRITE-INS

0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	XXX	0	0
1301.			
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above).....	0	0	0
2701.			
2702.			
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

CAPITAL AND SURPLUS ACCOUNT		1 Current Year-to-Date	2 Prior Year
31. Capital and surplus prior reporting period.....		375,454	347,787
GAINS AND LOSSES TO CAPITAL & SURPLUS			
32. Net income or (loss) from Line 30.....		12,749	27,667
33. Change in valuation basis of aggregate policy and claim reserves.....			
34. Net unrealized capital gains and losses.....			
35. Change in net unrealized foreign exchange capital gain or (loss).....			
36. Change in net deferred income tax.....			
37. Change in nonadmitted assets.....			
38. Change in unauthorized reinsurance.....			
39. Change in treasury stock.....			
40. Change in surplus notes.....			
41. Cumulative effect of changes in accounting principles.....			
42. Capital changes:			
42.1 Paid in.....			
42.2 Transferred from surplus (Stock Dividend).....			
42.3 Transferred to surplus.....			
43. Surplus adjustments:			
43.1 Paid in.....			
43.2 Transferred to capital (Stock Dividend).....			
43.3 Transferred from capital.....			
44. Dividends to stockholders.....			
45. Aggregate write-ins for gains or (losses) in surplus.....		0	0
46. Net change in capital and surplus (Lines 32 to 45).....		12,749	27,667
47. Capital and surplus end of reporting period (Line 31 plus 46).....		388,203	375,454

DETAILS OF WRITE-INS

4501.		
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page.....	0	0
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above).....	0	0

CASH FLOW

	1	2
	Current Year to Date	Prior Year
CASH FROM OPERATIONS		
1. Premiums and revenues collected net of reinsurance.....	850,923	1,038,911
2. Claims and claims adjustment expenses.....	630,939	802,288
3. General administrative expenses paid.....	218,362	302,840
4. Other underwriting income (expenses).....		
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4).....	1,622	(66,217)
6. Net Investment income.....	3,533	31,715
7. Other income (expenses).....		
8. Federal and foreign income taxes (paid) recovered.....	1,658	
9. Net cash from operations (Lines 5 to 8).....	6,813	(34,502)
CASH FROM INVESTMENTS		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds.....		
10.2 Stocks.....		
10.3 Mortgage loans.....		
10.4 Real estate.....		
10.5 Other invested assets.....		
10.6 Net gains or (losses) on cash and short-term investments.....		
10.7 Miscellaneous proceeds.....		
10.8 Total investment proceeds (Lines 10.1 to 10.7).....	0	0
11. Cost of investments acquired (long-term only):		
11.1 Bonds.....	75,845	
11.2 Stocks.....		
11.3 Mortgage loans.....		
11.4 Real estate.....		
11.5 Other invested assets.....		
11.6 Miscellaneous applications.....		
11.7 Total investments acquired (Lines 11.1 to 11.6).....	75,845	0
12. Net cash from investments (Line 10.8 minus Line 11.7).....	(75,845)	0
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in.....		
13.2 Net transfers from affiliates.....		
13.3 Borrowed funds received.....		217,528
13.4 Other cash provided.....		
13.5 Total (Lines 13.1 to 13.4).....	0	217,528
14. Cash applied:		
14.1 Dividends to stockholders paid.....		
14.2 Net transfers to affiliates.....	471,829	
14.3 Borrowed funds repaid.....		
14.4 Other applications.....		
14.5 Total (Lines 14.1 to 14.4).....	471,829	0
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5).....	(471,829)	217,528
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15).....	(540,861)	183,026
17. Cash and short-term investments:		
17.1 Beginning of period.....	888,063	705,037
17.2 End of period (Line 16 plus Line 17.1).....	347,202	888,063

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	2 Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plans	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		Individual	3 Group							
Total Members at End of:										
1. Prior Year.....	8,417					8,417				
2. First Quarter.....	8,080					8,080				
3. Second Quarter.....	7,913					7,913				
4. Third Quarter.....	7,654					7,654				
5. Current Year.....	0									
6. Current Year Member Months.....	69,985					69,985				
Total Member Ambulatory Encounters for Period:										
7. Physician.....	0									
8. Non-Physician.....	0									
9. Total.....	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred.....	0									
11. Number of Inpatient Admissions.....	0									
12. Premiums Collected.....	0									
13. Premiums Earned.....	0									
14. Amount Paid for Provision of Health Care Services.....	0									
15. Amount Incurred for Provision of Health Care Services.....	0									

CLAIMS PAYABLE (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Payable (Reported)						
Fairfax County.....	23,501	8,657	5,436	4,506	13,785	55,885
0199999 Individually Listed Claims Payable.....	23,501	8,657	5,436	4,506	13,785	55,885
0499999 Subtotals.....	23,501	8,657	5,436	4,506	13,785	55,885
0799999 Total Claims Payable.....						55,885

UNDERWRITING AND INVESTMENT EXHIBIT

Analysis of Claims Unpaid - Prior Year - Net of Reinsurance

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital and Medical).....					.....0	
2. Medicare Supplement.....					.....0	
3. Dental only.....	56,983	.....211,034	.....3,500	.....52,385	.....60,483	.....47,253
4. Vision only.....					.....0	
5. Federal Employees Health Benefits Plan Premiums.....					.....0	
6. Title XVIII - Medicare.....					.....0	
7. Title XIX - Medicaid.....					.....0	
8. Other.....					.....0	
9. Subtotal	56,983	.....211,034	.....3,500	.....52,385	.....60,483	.....47,253
10. Medical incentive pools, accruals and disbursements.....					.....0	
11. Totals.....	56,983	.....211,034	.....3,500	.....52,385	.....60,483	.....47,253

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

- A. The accompanying financial statements of Dental Benefit Providers of Maryland, Inc. (DBP-MD) for the six months ended September 30, 2002 and the year ended December 31, 2001 have been prepared in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual.

- B. Use of Estimates in the Preparation of the Financial Statements

The preparation of the Company's financial statements in conformity with the Annual Statement Instructions and Accounting Practices and Procedures manual require management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

- C. Accounting Policy

The Company's Accounting Policy is to recognize premium revenues in the period in which enrollees are entitled to receive dental services. Dental services expense includes claims paid and claims by dentists for services rendered to enrolled members during the period.

The Company also uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds- Not Applicable
3. Common Stocks are stated at par value which also equals stated value
4. Preferred stocks-Not Applicable
5. Mortgage Loans- Not Applicable
6. Loan-backed securities- Not Applicable
7. Investments in subsidiaries-Not Applicable
8. Ownership in Joint Ventures- Not Applicable
9. Derivatives- Not Applicable
10. Unpaid Losses- Not Applicable

2. Accounting Changes and Corrections of Errors

- A. The Company prepares its statutory financial statement in conformity with accounting practices prescribed or permitted by the National Association of Insurance Commissioners (NAIC).

Accounting changes adopted to conform to the provisions of the NAIC Accounting Practices and Procedures manual- Version effective January 1, 2001 are reported as changes in accounting principles. The cumulative effect of changes in accounting principles is reported as an adjustment to unassigned funds (surplus) in the period of the change in accounting principle. The cumulative effect is the difference between the amount of capital and surplus at the beginning of the year and the amount of capital and surplus that would have been reported at that date if the new accounting principles had been applied retroactively for all prior periods.

3. Business Combinations and Goodwill

Not Applicable

4. Discontinued Operations

Not Applicable

5. Investments

- A. Mortgage Loans

Not Applicable

NOTES TO FINANCIAL STATEMENTS

B. Debt Restructuring

Not Applicable

C. Reverse Mortgages

Not Applicable

D. Loan-Backed Securities

Not Applicable

E. Repurchase Agreements

Not Applicable

6. Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

7. Investment Income

Not Applicable

8. Derivative Instruments

Not Applicable

9. Income Taxes**A. Not Applicable****B. Not Applicable****C. The Company's current income tax expense at September 30, 2002 was \$2,210.****D. Not Applicable****E. Not Applicable****F. The Company's federal Income Tax return is consolidated with UnitedHealth Group Incorporated.**

The method of allocation between the companies is subject to a written tax sharing agreement that is approved by the Board of Directors of the Company. Under this agreement, the amount of federal income taxes that are paid to or received from United HealthCare Corporation approximate the amount that would have been computed on a separate company basis, at the time of filing of an extension and upon filing of the final return. To the extent the Company's net operating loss or tax credit is utilized on the consolidated tax return, the Company is entitled to receive the amount of tax savings the consolidated group realizes in that year. Any portion of such loss not so utilized by the company is available for future use. Intercompany tax balances are settled in the first quarter of the subsequent year.

10. Information Concerning Parent, Subsidiaries and Affiliates

A. Dental Benefit Providers, Inc. (DBP, Inc.) provides certain management services to Dental Benefit Providers of Maryland, Inc. pursuant to the terms of a management agreement until termination. Under the terms of the agreement, DBP, Inc. performs all marketing, management and administrative services necessary to design, organize and manage the Company's dental plans. DBP, Inc. is reimbursed for the costs of such services and will receive quarterly compensation based on the Company's gross premiums. The fees may be adjusted at the discretion of DBP, Inc. Management fees under this arrangement totaling approximately \$172,000 and \$182,000 in 2002 and 2001, respectively, are included in general and administrative expenses in the accompanying annual statement.

B. In addition, the Company had a payable to DBP-Inc. of approximately \$70,000.

11. Debt

NOTES TO FINANCIAL STATEMENTS

A. Capital Notes

Not Applicable

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

The Company has no retirement plans, therefore this is not applicable.

13. Capital and Surplus Shareholders' Dividend Restrictions and Quasi-Reorganizations

1. Surplus Notes

At September 30, 2002, the Company had a surplus note payable to DBP, Inc. which was issued to satisfy unencumbered asset requirements of the state of Maryland. The note bears interest at a fixed interest rate of 6 percent, and any payment of interest or principal is subject to approval by the Maryland Insurance Administration. There were no interest or principal payments made in 2002 or 2001.

In accordance with Statement of Statutory Accounting Principle 41, the Company has excluded the interest expense and the interest payable from the accompanying financial statements. The interest due on the note at September 30, 2002 was approximately \$80,000.

14. Contingencies

A. Contingent Commitments

Not Applicable

B. Assessments

Not Applicable

C. All Other Contingencies

Not Applicable

15. Leases

Not Applicable

16. Information About Financial Instruments With Off-Balance Sheet Risk And Financial Instruments With Concentration of Credit Risk

Not Applicable

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable

20. Other Items

Not Applicable

21. Events Subsequent

Not Applicable

22. Reinsurance

Not Applicable

23. Retrospectively Rated Contracts

Not Applicable

24. Organization and Operation

- A. The Company was incorporated in January 1984 as a nonstock corporation under the laws of the state of Maryland. The Company is licensed to promote and operate programs providing high-quality prepaid dental care in the states of Maryland, Virginia and Ohio.
- B. On June 2, 1999, UnitedHealth Care Corporation, a Minnesota Corporation, through its wholly owned subsidiary, United HealthCare Services, Inc. ("UHS"), a Minnesota corporation acquired one hundred percent of the issued and outstanding shares of DBP, Inc. Post acquisition, UHS sold 20% of the issued and outstanding stock of DBP to Irongate L.L.C. ("Irongate"), a Delaware limited liability company created on November 4, 1998. On July 1, 2002, United Healthcare Corporation, through UHS, reacquired from Irongate the remaining twenty percent of issued and outstanding shares of DBP, Inc.. DBP Inc., is now a wholly owned subsidiary of UnitedHealth Care Corporation.

25. Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

PART 1 - COMMON INTERROGATORIES
GENERAL

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change:
If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [X] No []
If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] N/A []

If yes, attach an explanation.
.....
.....

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made.12/31/2001.....

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. Report Not Completed.....

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). Report Not Completed.....

7.4 By what department or departments?..... Maryland Insurance Administration

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:
.....

GENERAL INTERROGATORIES (continued)
INVESTMENT

(Responses to these interrogatories should be based on changes that have occurred since prior year end unless otherwise noted)

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

10.2 If yes, give full and complete information relating thereto:

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$.

12. Amount of real estate and mortgages held in short-term investments: \$.

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds.....	\$.....0	\$.....0
13.22 Preferred Stock.....	\$.....0	\$.....0
13.23 Common Stock.....	\$.....0	\$.....0
13.24 Short-Term Investments.....	\$.....0	\$.....0
13.25 Mortgages, Loans or Real Estate.....	\$.....0	\$.....0
13.26 All Other.....	\$.....0	\$.....0
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26).....	\$.....0	\$.....0
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$.....0	\$.....0
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above.....	\$.....0	\$.....0

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []
If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1-General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [] No [X]

15.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address

15.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation.

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
Ohio Department of Insurance	Ohio Treasurer's Office	Statutory Deposit
Maryland Insurance Administration	First Union Bank	Statutory Deposit

15.3 Have there been any changes, including name changes, in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

15.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	.....0	.....0	.....0	
2. Increase (decrease) by adjustment.....				
3. Cost of acquired.....				
4. Cost of additions to and permanent improvements.....				
5. Total profit (loss) on sales.....				
6. Increase (decrease) by foreign exchange adjustment.....				
7. Amount received on sales.....				
8. Book/adjusted carrying value at end of current period.....	.....0	.....0	.....0	.....0
9. Total valuation allowance.....				
10. Subtotal (Lines 8 plus 9).....	.....0	.....0	.....0	.....0
11. Total nonadmitted amounts.....				
12. Statement value, current period (Page 2, real estate lines, current period).....	.....0	.....0	.....0	.....0

NONE

SCHEDULE B - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period.....	.....0	.....0	.....0	
2. Amount loaned during period:				
2.1 Actual cost at time of acquisitions.....				
2.2 Additional investment made after acquisitions.....				
3. Accrual of discount and mortgage interest points and commitment fees.....				
4. Increase (decrease) by adjustment.....				
5. Total profit (loss) on sale.....				
6. Amounts paid on account or in full during the period.....				
7. Amortization of premium.....				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period.....	.....0	.....0	.....0	.....0
10. Total valuation allowance.....				
11. Subtotal (Lines 9 plus 10).....	.....0	.....0	.....0	.....0
12. Total nonadmitted amounts.....				
13. Statement value of mortgages owned at end of current period.....	.....0	.....0	.....0	.....0

NONE

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period.....	.....0	.....0	.....0	
2. Cost of acquisitions during period:				
2.1 Actual cost at time of acquisitions.....				
2.2 Additional investment made after acquisitions.....				
3. Accrual of discount.....				
4. Increase (decrease) by adjustment.....				
5. Total profit (loss) on sale.....				
6. Amounts paid on account or in full during the period.....				
7. Amortization of premium.....				
8. Increase (decrease) by foreign exchange adjustment.....				
9. Book/adjusted carrying value of long-term invested assets at end of current period.....	.....0	.....0	.....0	.....0
10. Total valuation allowance.....				
11. Subtotal (Lines 9 plus 10).....	.....0	.....0	.....0	.....0
12. Total nonadmitted amounts.....				
13. Statement value of long-term invested assets at end of current period.....	.....0	.....0	.....0	.....0

NONE

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1.....	126,071			(393)	76,929	126,071	125,678	564,839
2. Class 2.....								
3. Class 3.....								
4. Class 4.....								
5. Class 5.....								
6. Class 6.....								
7. Total Bonds.....	126,071	0	0	(393)	76,929	126,071	125,678	564,839
PREFERRED STOCK								
8. Class 1.....								
9. Class 2.....								
10. Class 3.....								
11. Class 4.....								
12. Class 5.....								
13. Class 6.....								
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock.....	126,071	0	0	(393)	76,929	126,071	125,678	564,839

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
8099999. Totals.....	49,909	.XXX	49,714		

SCHEDULE DA - PART 2 - Verification

Short-Term Investments Owned

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period.....	564,764	(76)	49,644	
2. Cost of short-term investments acquired.....	637	49,714		564,764
3. Increase (decrease) by adjustment.....	46	6	189	
4. Increase (decrease) by foreign exchange adjustment.....				
5. Total profit (loss) on disposal of short-term investments.....	(103)			
6. Consideration received on disposal of short-term investments.....	565,420			
7. Book/adjusted carrying value, current period.....	(76)	49,644	49,833	564,764
8. Total valuation allowance.....				
9. Subtotal (Lines 7 plus 8).....	(76)	49,644	49,833	564,764
10. Total nonadmitted amounts.....				
11. Statement value (Lines 9 minus 10).....	(76)	49,644	49,833	564,764
12. Income collected during period.....	684	6	189	
13. Income earned during period.....	684	6	189	

Sch. DB-Part F-Section 1
NONE

Sch. DB-Part F-Section 2
NONE

Sch. S
NONE

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

State, Etc.		1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date			6 Federal Employees Health Benefits Program Premiums
				3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	
1. Alabama.....	AL		No				
2. Alaska.....	AK		No				
3. Arizona.....	AZ		No				
4. Arkansas.....	AR		No				
5. California.....	CA		No				
6. Colorado.....	CO		No				
7. Connecticut.....	CT		No				
8. Delaware.....	DE		No				
9. District of Columbia.....	DC		No				
10. Florida.....	FL		No				
11. Georgia.....	GA		No				
12. Hawaii.....	HI		No				
13. Idaho.....	ID		No				
14. Illinois.....	IL		No				
15. Indiana.....	IN		No				
16. Iowa.....	IA		No				
17. Kansas.....	KS		No				
18. Kentucky.....	KY		No				
19. Louisiana.....	LA		No				
20. Maine.....	ME		No				
21. Maryland.....	MD		Yes	94,858			
22. Massachusetts.....	MA		No				
23. Michigan.....	MI		No				
24. Minnesota.....	MN		No				
25. Mississippi.....	MS		No				
26. Missouri.....	MO		No				
27. Montana.....	MT		No				
28. Nebraska.....	NE		No				
29. Nevada.....	NV		No				
30. New Hampshire.....	NH		No				
31. New Jersey.....	NJ		No				
32. New Mexico.....	NM		No				
33. New York.....	NY		No				
34. North Carolina.....	NC		No				
35. North Dakota.....	ND		No				
36. Ohio.....	OH		Yes				
37. Oklahoma.....	OK		No				
38. Oregon.....	OR		No				
39. Pennsylvania.....	PA		No				
40. Rhode Island.....	RI		No				
41. South Carolina.....	SC		No				
42. South Dakota.....	SD		No				
43. Tennessee.....	TN		No				
44. Texas.....	TX		No				
45. Utah.....	UT		No				
46. Vermont.....	VT		No				
47. Virginia.....	VA		Yes	766,041			
48. Washington.....	WA		No				
49. West Virginia.....	WV		No				
50. Wisconsin.....	WI		No				
51. Wyoming.....	WY		No				
52. American Samoa.....	AS		No				
53. Guam.....	GU		No				
54. Puerto Rico.....	PR		No				
55. U.S. Virgin Islands.....	VI		No				
56. Canada.....	CN		XXX				
57. Aggregate Other alien.....	OT	XXX	XXX	0	0	0	0
58. Total (Direct Business).....		XXX	(a).....3	860,899	0	0	0

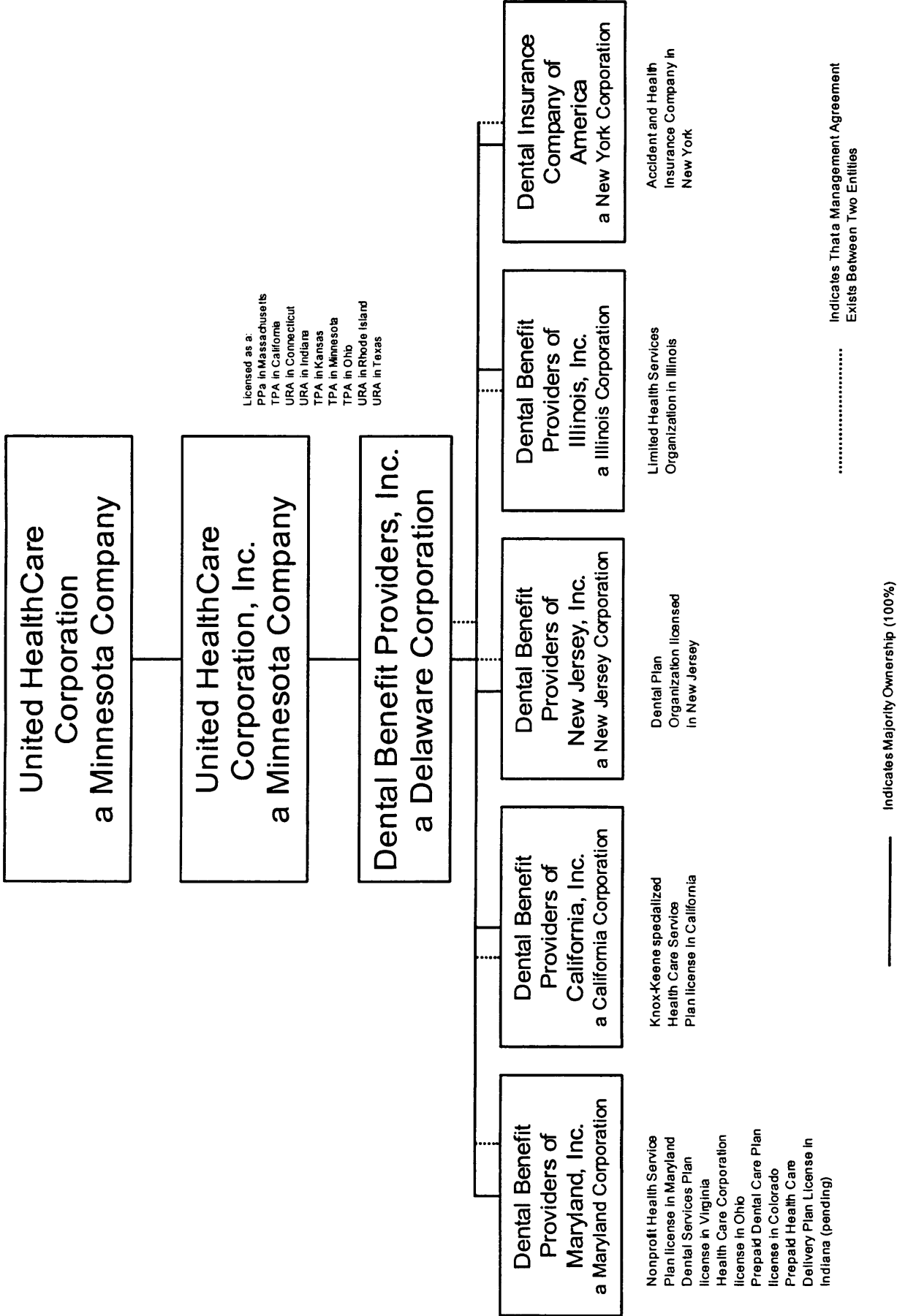
DETAILS OF WRITE-INS

5701.				
5702.				
5703.				
5798. Summary of remaining write-ins for line 57 from overflow page.....	0	0	0	0
5799. Total (Lines 5701 thru 5703 plus 5798) (Line 57 above).....	0	0	0	0

(a) Insert the number of yes responses except for Canada and Other Alien.

Dental Benefit Providers of Maryland, Inc.
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART



SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

Statement as of September 30, 2002 of the

Dental Benefit Providers of Maryland, Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	RESPONSE
1. Will the SVO Compliance Certification be filed with this statement?	<div>YES</div>

EXPLANATION:

BAR CODE:

Overflow Page
NONE

Sch. A-Part 2
NONE

Sch. A-Part 3
NONE

Sch. B-Part 1
NONE

Sch. B-Part 2
NONE

Sch. BA-Part 1
NONE

Sch. BA-Part 2
NONE

Sch. D-Part 3
NONE

Sch. D-Part 4
NONE

Sch. DB-Part A-Section 1
NONE

Sch. DB-Part B-Section 1
NONE

Sch. DB-Part C-Section 1
NONE

Sch. DB-Part D-Section 1
NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
Open Depositories							
Bank of America.....	.....1.540	.....179	.....	.....	.....	.....	.....
Bank of America.....	.....1.540	.....645	.....	.....282,948	.....282,948	.....	.....
Bank of America.....	.....1.390	.....	.....323	.....	.....	.....282,948	.....
First Union Bank.....	.....	.....	.....	.....2,414	.....2,414	.....2,414	.....
Citibank.....	.....	.....	.....	.....77,825	.....29,636	.....12,006	.....
0199999. Total Open Depositories.....	.....XXX.....	.....824	.....323	.....363,187	.....314,998	.....297,368	.....XXX
0399999. Total Cash on Deposit.....	.....XXX.....	.....824	.....323	.....363,187	.....314,998	.....297,368	.....XXX
0599999. Total Cash.....	.....XXX.....	.....824	.....323	.....363,187	.....314,998	.....297,368	.....XXX



Dental Benefit Providers of Maryland, Inc.
SVO COMPLIANCE CERTIFICATION

The undersigned is an officer of the insurer responsible for reporting investments to the SVO and/or with performing all filings with appropriate state regulatory officials and the NAIC and is therefore required to be familiar with the requirements of such filings. The undersigned officer certifies that, to the best of his or her knowledge, information, and belief, all prices or NAIC designations for the securities reported in this statement have been obtained directly from the SVO except as specifically identified below. The officer further certifies that, to the best of his or her knowledge, information, and belief, since the last filing of a quarterly or annual statement:

1. All securities previously valued by the insurer and identified by a Z suffix have now been submitted to the SVO for a valuation or disposed of by sale or otherwise with the result that all prices and NAIC Designations reported in this statement have been provided by the SVO, except for new purchases identified in Schedule D and DA with a Z suffix or items submitted but not yet processed by the SVO.
2. Any newly purchased securities now identified with a Z suffix, shall be submitted to the SVO within 120 days of purchase.
3. All necessary information on securities which have been previously designated NR (not rated due to lack of current information) by the SVO have either been submitted to the SVO by the insurer for a valuation or disposed of by the insurer.
4. All material issuer events have been reported to the SVO.

A material issuer event is a generic or transaction specific credit event of which the insurer is currently aware, which by its nature would signify to a reasonably prudent insurer that a material change in the credit quality or price of the investment or security has occurred. As an illustration, and not by way of limitation, the following shall be deemed to constitute material issuer events:

- a. Recapitalizations or capital restructuring whether within or without Chapter 11 of the US Bankruptcy Code;
- b. Nonpayment, deferral, or payment in kind through waiver of any principal or contractual interest payment;
- c. Any change in the maturity of a security;
- d. Changes in the lender's collateral position, including releases of collateral, or the taking of a collateral position whether by operation of negative pledge covenant or otherwise;
- e. Events of a like character or of a like effect, which would be considered material to an investment professional.
- f. Exceptions

George Mikan, III

Name of Investment Officer



Signature of Investment Officer

Treasurer

Title of Signatory

11/11/02

Date