

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *	
			BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	460,043	0	5,123	5,123	380,133	0	0	69,664	0	0	
2. MEMBER MONTHS.....	1,378,008	0	15,038	15,038	1,136,274	0	0	211,658	0	0	
3. Direct premium income.....	308,870,238	0	18,718,060	0	264,723,219	0	XXXXXXXX	25,428,959	XXXXXXXX	0	
4. Net premium income.....	308,444,570	0	18,715,720	0	264,370,388	0	0	25,358,462	XXXXXXXX	0	
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	308,444,570	0	18,715,720	0	264,370,388	0	0	25,358,462	0	0	
11. Hospital and medical.....	228,466,812	0	8,348,865	722,627	207,038,353	0	0	12,356,967	0	0	
12. Net reins recoveries.....	158,441	0	0	0	158,441	0	0	0	0	0	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	228,308,371	0	8,348,865	722,627	206,879,912	0	0	12,356,967	0	0	
14. Claims adjustment expenses.....	10,329,104	0	697,918	0	9,080,974	0	0	550,211	0	0	
15. General administrative expenses.....	42,333,506	0	1,824,783	0	35,079,175	0	0	5,429,548	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).....	280,970,981	0	10,871,566	722,627	251,040,061	0	0	18,336,727	0	0	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	27,473,589	0	7,844,154	(722,627)	13,330,327	0	0	7,021,735	0	0	
19. Net investment income earned.....	2,694,481	0	29,696	0	2,245,978	0	0	418,808	0	0	
20. Net realized capital gains/(losses).....	10,979	0	0	0	10,979	0	0	0	0	0	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2,705,461	0	29,696	0	2,256,957	0	0	418,808	0	0	
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	30,179,049	0	7,873,850	(722,627)	15,587,284	0	0	7,440,543	0	0	
24. Extraordinary items & federal and foreign income taxes incurred..	10,171,347	0	2,440,603	0	5,150,643	0	0	2,580,101	0	0	
25. NET INCOME (LOSS) (L23 less L24).....	20,007,702	0	5,433,247	(722,627)	10,436,640	0	0	4,860,442	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				5,123	# of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				15,038	# of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	460,043	0	5,123	5,123	380,133	0	0	69,664	0	0
2. MEMBER MONTHS.....	5,528,895	0	59,286	59,286	4,622,249	0	0	788,074	0	0
3. Direct premium income.....	1,204,063,971	0	79,161,126	1,210,987	1,038,214,039	0	XXXXXXXX	85,477,819	XXXXXXXX	0
4. Net premium income.....	1,202,432,442	0	79,152,424	1,210,987	1,036,842,651	0	0	85,226,381	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,202,432,442	0	79,152,424	1,210,987	1,036,842,651	0	0	85,226,381	0	0
11. Hospital and medical.....	920,823,315	0	39,816,739	3,992,555	825,251,031	0	0	51,762,990	0	0
12. Net reins recoveries.....	1,945,659	0	0	0	1,945,659	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	918,877,656	0	39,816,739	3,992,555	823,305,372	0	0	51,762,990	0	0
14. Claims adjustment expenses.....	31,654,339	0	1,767,876	0	28,122,509	0	0	1,763,954	0	0
15. General administrative expenses.....	167,794,233	0	7,111,867	0	142,142,753	0	0	18,539,613	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).....	1,118,326,227	0	48,696,481	3,992,555	993,570,634	0	0	72,066,557	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	84,106,215	0	30,455,943	(2,781,568)	43,272,017	0	0	13,159,824	0	0
19. Net investment income earned.....	11,160,184	0	120,850	0	9,445,806	0	0	1,593,528	0	0
20. Net realized capital gains/(losses).....	145,793	0	0	0	145,793	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	11,305,977	0	120,850	0	9,591,599	0	0	1,593,528	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	95,412,192	0	30,576,793	(2,781,568)	52,863,616	0	0	14,753,352	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	33,163,150	0	9,772,584	0	18,202,584	0	0	5,187,982	0	0
25. NET INCOME (LOSS) (L23 less L24).....	62,249,042	0	20,804,208	(2,781,568)	34,661,032	0	0	9,565,370	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				5,123	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				59,286	# of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **Dallas**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	124,384	0	23,751	0	0	0	0	0	100,633	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	125,721	0	31,480	0	0	0	0	0	94,241	0
6. Current Year Member Months	1,499,141	0	355,490	0	0	0	0	0	1,143,651	0
Total Member Ambulatory Encounters for Year:										
7. Physician	591,238	0	91,763	0	0	0	0	0	499,475	0
8. Non-Physician	210,778	0	28,957	0	0	0	0	0	181,821	0
9. Total	802,016	0	120,720	0	0	0	0	0	681,296	0
10. Hospital Patient Days Incurred	73,368	0	3,900	0	0	0	0	0	69,468	0
11. Number of Inpatient Admissions	17,816	0	931	0	0	0	0	0	16,885	0
12. Health Premiums Written	214,983,714	0	26,794,804	0	0	0	0	0	188,188,910	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	214,983,714	0	26,794,804	0	0	0	0	0	188,188,910	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	167,587,499	0	18,134,747	0	0	0	0	0	149,452,752	0
18. Amount Incurred for Provision of Health Care Services	167,411,818	0	18,684,945	0	0	0	0	0	148,726,873	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	125,721	0	0	0	94,241	0	0	31,480	0	0
2. MEMBER MONTHS.....	375,771	0	0	0	280,821	0	0	94,950	0	0
3. Direct premium income.....	54,418,439	0	0	0	47,135,745	0	XXXXXXXX	7,282,694	XXXXXXXX	0
4. Net premium income.....	54,292,984	0	0	0	47,041,991	0	0	7,250,994	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	54,292,984	0	0	0	47,041,991	0	0	7,250,994	0	0
11. Hospital and medical.....	38,076,946	0	0	0	34,120,467	0	0	3,956,479	0	0
12. Net reins recoveries.....	(1,335)	0	0	0	(1,335)	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	38,078,280	0	0	0	34,121,801	0	0	3,956,479	0	0
14. Claims adjustment expenses.....	1,721,343	0	0	0	1,538,257	0	0	183,086	0	0
15. General administrative expenses.....	8,162,859	0	0	0	6,582,518	0	0	1,580,341	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).....	47,962,482	0	0	0	42,242,576	0	0	5,719,906	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	6,330,502	0	0	0	4,799,414	0	0	1,531,088	0	0
19. Net investment income earned.....	742,769	0	0	0	554,975	0	0	187,794	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	742,769	0	0	0	554,975	0	0	187,794	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	7,073,271	0	0	0	5,354,390	0	0	1,718,882	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	2,454,885	0	0	0	1,855,387	0	0	599,497	0	0
25. NET INCOME (LOSS) (L23 less L24).....	4,618,387	0	0	0	3,499,002	0	0	1,119,385	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0	# of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Dallas**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	125,721	0	0	0	94,241	0	0	31,480	0	0
2. MEMBER MONTHS.....	1,499,141	0	0	0	1,143,651	0	0	355,490	0	0
3. Direct premium income.....	214,983,714	0	0	0	188,188,910	0	XXXXXXXX	26,794,804	XXXXXXXX	0
4. Net premium income.....	214,507,859	0	0	0	187,826,870	0	0	26,680,988	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	214,507,859	0	0	0	187,826,870	0	0	26,680,988	0	0
11. Hospital and medical.....	167,411,818	0	0	0	148,726,873	0	0	18,684,945	0	0
12. Net reins recoveries.....	211,898	0	0	0	211,898	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	167,199,920	0	0	0	148,514,975	0	0	18,684,945	0	0
14. Claims adjustment expenses.....	5,704,980	0	0	0	5,068,243	0	0	636,737	0	0
15. General administrative expenses.....	28,536,626	0	0	0	23,546,721	0	0	4,989,905	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).....	201,441,526	0	0	0	177,129,939	0	0	24,311,587	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	13,066,333	0	0	0	10,696,931	0	0	2,369,402	0	0
19. Net investment income earned.....	3,056,451	0	0	0	2,337,957	0	0	718,494	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	3,056,451	0	0	0	2,337,957	0	0	718,494	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	16,122,784	0	0	0	13,034,888	0	0	3,087,896	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	5,667,277	0	0	0	4,581,610	0	0	1,085,668	0	0
25. NET INCOME (LOSS) (L23 less L24).....	10,455,507	0	0	0	8,453,279	0	0	2,002,228	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0	# of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **Ft Worth**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	112,108	0	12,633	0	0	0	0	0	99,475	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	100,242	0	19,012	0	0	0	0	0	81,230	0
6. Current Year Member Months	1,271,379	0	205,024	0	0	0	0	0	1,066,355	0
Total Member Ambulatory Encounters for Year:										
7. Physician	580,258	0	115,199	0	0	0	0	0	465,059	0
8. Non-Physician	323,439	0	90,147	0	0	0	0	0	233,292	0
9. Total	903,697	0	205,346	0	0	0	0	0	698,351	0
10. Hospital Patient Days Incurred	97,112	0	3,407	0	0	0	0	0	93,705	0
11. Number of Inpatient Admissions	24,794	0	937	0	0	0	0	0	23,857	0
12. Health Premiums Written	246,505,738	0	44,526,185	0	0	0	0	0	201,979,553	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	246,505,738	0	44,526,185	0	0	0	0	0	201,979,553	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	182,815,457	0	23,505,751	0	0	0	0	0	159,309,706	0
18. Amount Incurred for Provision of Health Care Services	177,292,068	0	23,428,520	0	0	0	0	0	153,863,548	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Ft Worth**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	100,242	0	0	0	81,230	0	0	19,012	0	0
2. MEMBER MONTHS.....	306,109	0	0	0	248,429	0	0	57,680	0	0
3. Direct premium income.....	63,527,002	0	0	0	49,293,816	0	XXXXXXXX	14,233,187	XXXXXXXX	0
4. Net premium income.....	63,425,245	0	0	0	49,211,072	0	0	14,214,173	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	63,425,245	0	0	0	49,211,072	0	0	14,214,173	0	0
11. Hospital and medical.....	40,622,284	0	0	0	34,349,911	0	0	6,272,373	0	0
12. Net reins recoveries.....	930	0	0	0	930	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	40,621,354	0	0	0	34,348,982	0	0	6,272,373	0	0
14. Claims adjustment expenses.....	1,832,116	0	0	0	1,562,155	0	0	269,960	0	0
15. General administrative expenses.....	9,972,512	0	0	0	7,663,670	0	0	2,308,842	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).....	52,425,981	0	0	0	43,574,807	0	0	8,851,175	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	10,999,264	0	0	0	5,636,265	0	0	5,362,998	0	0
19. Net investment income earned.....	605,845	0	0	0	491,725	0	0	114,120	0	0
20. Net realized capital gains/(losses).....	10,979	0	0	0	10,979	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	616,824	0	0	0	502,704	0	0	114,120	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	11,616,087	0	0	0	6,138,970	0	0	5,477,118	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	4,261,333	0	0	0	2,368,926	0	0	1,892,407	0	0
25. NET INCOME (LOSS) (L23 less L24).....	7,354,755	0	0	0	3,770,044	0	0	3,584,711	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Ft Worth**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	100,242	0	0	0	81,230	0	0	19,012	0	0
2. MEMBER MONTHS.....	1,271,379	0	0	0	1,066,355	0	0	205,024	0	0
3. Direct premium income.....	246,505,738	0	0	0	201,979,553	0	XXXXXXXX	44,526,185	XXXXXXXX	0
4. Net premium income.....	246,103,980	0	0	0	201,642,496	0	0	44,461,485	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	246,103,980	0	0	0	201,642,496	0	0	44,461,485	0	0
11. Hospital and medical.....	177,292,068	0	0	0	153,863,548	0	0	23,428,520	0	0
12. Net reins recoveries.....	895,866	0	0	0	895,866	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	176,396,203	0	0	0	152,967,683	0	0	23,428,520	0	0
14. Claims adjustment expenses.....	6,041,675	0	0	0	5,243,289	0	0	798,386	0	0
15. General administrative expenses.....	41,488,343	0	0	0	32,887,748	0	0	8,600,595	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).....	223,926,221	0	0	0	191,098,720	0	0	32,827,501	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	22,177,759	0	0	0	10,543,776	0	0	11,633,983	0	0
19. Net investment income earned.....	2,600,749	0	0	0	2,186,756	0	0	413,993	0	0
20. Net realized capital gains/(losses).....	145,793	0	0	0	145,793	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2,746,541	0	0	0	2,332,549	0	0	413,993	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	24,924,300	0	0	0	12,876,325	0	0	12,047,976	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	8,757,043	0	0	0	4,520,239	0	0	4,236,804	0	0
25. NET INCOME (LOSS) (L23 less L24).....	16,167,258	0	0	0	8,356,085	0	0	7,811,172	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0	# of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **Houston**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	180,900	0	15,723	0	0	0	0	4,778	160,399	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	181,168	0	18,224	0	0	0	0	4,705	158,239	0
6. Current Year Member Months	2,164,091	0	217,410	0	0	0	0	56,272	1,890,409	0
Total Member Ambulatory Encounters for Year:										
7. Physician	959,088	0	55,337	0	0	0	0	43,021	860,730	0
8. Non-Physician	551,308	0	13,264	0	0	0	0	30,708	507,336	0
9. Total	1,510,396	0	68,601	0	0	0	0	73,729	1,368,066	0
10. Hospital Patient Days Incurred	251,852	0	2,135	0	0	0	0	32,554	217,163	0
11. Number of Inpatient Admissions	50,337	0	562	0	0	0	0	3,233	46,542	0
12. Health Premiums Written	577,710,919	0	13,307,652	0	0	0	0	76,351,178	488,052,089	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	577,710,919	0	13,307,652	0	0	0	0	76,351,178	488,052,089	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	297,470,303	0	8,745,535	0	0	0	0	38,987,509	249,737,259	0
18. Amount Incurred for Provision of Health Care Services	433,129,570	0	9,118,602	0	0	0	0	39,361,229	384,649,739	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *	
			BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	185,873	0	4,705	4,705	158,239	0	0	18,224	0	0	
2. MEMBER MONTHS.....	554,904	0	13,959	13,959	470,766	0	0	56,220	0	0	
3. Direct premium income.....	145,552,356	0	17,288,987	0	124,555,782	0	XXXXXXXX	3,707,586	XXXXXXXX	0	
4. Net premium income.....	145,390,445	0	17,286,854	0	124,414,846	0	0	3,688,745	XXXXXXXX	0	
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	145,390,445	0	17,286,854	0	124,414,846	0	0	3,688,745	0	0	
11. Hospital and medical.....	106,155,714	0	5,873,552	665,926	97,589,435	0	0	2,026,801	0	0	
12. Net reins recoveries.....	158,846	0	0	0	158,846	0	0	0	0	0	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	105,996,868	0	5,873,552	665,926	97,430,589	0	0	2,026,801	0	0	
14. Claims adjustment expenses.....	4,935,924	0	577,438	0	4,266,181	0	0	92,305	0	0	
15. General administrative expenses.....	19,296,351	0	1,515,996	0	16,330,506	0	0	1,449,849	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).....	130,229,143	0	7,966,986	665,926	118,027,276	0	0	3,568,955	0	0	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	15,161,302	0	9,319,869	(665,926)	6,387,570	0	0	119,790	0	0	
19. Net investment income earned.....	1,069,197	0	27,583	0	930,268	0	0	111,346	0	0	
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1,069,197	0	27,583	0	930,268	0	0	111,346	0	0	
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	16,230,500	0	9,347,452	(665,926)	7,317,838	0	0	231,136	0	0	
24. Extraordinary items & federal and foreign income taxes incurred..	4,366,424	0	2,221,842	0	2,061,103	0	0	83,479	0	0	
25. NET INCOME (LOSS) (L23 less L24).....	11,864,076	0	7,125,610	(665,926)	5,256,736	0	0	147,657	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				4,705	# of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				13,959	# of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Houston**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *	
			BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	185,873	0	4,705	4,705	158,239	0	0	18,224	0	0	
2. MEMBER MONTHS.....	2,220,363	0	56,272	56,272	1,890,409	0	0	217,410	0	0	
3. Direct premium income.....	577,710,919	0	75,176,376	1,174,802	488,052,089	0	XXXXXXXX	13,307,652	XXXXXXXX	0	
4. Net premium income.....	577,090,432	0	75,168,027	1,174,802	487,509,616	0	0	13,237,988	XXXXXXXX	0	
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	577,090,432	0	75,168,027	1,174,802	487,509,616	0	0	13,237,988	0	0	
11. Hospital and medical.....	433,129,570	0	35,690,326	3,670,903	384,649,739	0	0	9,118,602	0	0	
12. Net reins recoveries.....	837,896	0	0	0	837,896	0	0	0	0	0	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	432,291,674	0	35,690,326	3,670,903	383,811,843	0	0	9,118,602	0	0	
14. Claims adjustment expenses.....	15,007,027	0	1,588,379	0	13,107,909	0	0	310,739	0	0	
15. General administrative expenses.....	75,355,341	0	6,093,417	0	64,617,820	0	0	4,644,104	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).....	522,654,042	0	43,372,122	3,670,903	461,537,572	0	0	14,073,445	0	0	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	54,436,390	0	31,795,905	(2,496,102)	25,972,044	0	0	(835,457)	0	0	
19. Net investment income earned.....	4,414,305	0	114,962	0	3,858,822	0	0	440,521	0	0	
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	4,414,305	0	114,962	0	3,858,822	0	0	440,521	0	0	
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	58,850,695	0	31,910,868	(2,496,102)	29,830,866	0	0	(394,936)	0	0	
24. Extraordinary items & federal and foreign income taxes incurred..	19,545,520	0	9,584,738	0	10,099,636	0	0	(138,854)	0	0	
25. NET INCOME (LOSS) (L23 less L24).....	39,305,175	0	22,326,129	(2,496,102)	19,731,229	0	0	(256,082)	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				4,705	# of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				56,272	# of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **Austin**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	23,722	0	0	0	0	0	0	0	23,722	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	28,590	0	0	0	0	0	0	0	28,590	0
6. Current Year Member Months	308,981	0	0	0	0	0	0	0	308,981	0
Total Member Ambulatory Encounters for Year:										
7. Physician	131,053	0	0	0	0	0	0	0	131,053	0
8. Non-Physician	108,430	0	0	0	0	0	0	0	108,430	0
9. Total	239,483	0	0	0	0	0	0	0	239,483	0
10. Hospital Patient Days Incurred	23,908	0	0	0	0	0	0	0	23,908	0
11. Number of Inpatient Admissions	4,887	0	0	0	0	0	0	0	4,887	0
12. Health Premiums Written	83,483,970	0	0	0	0	0	0	0	83,483,970	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	83,483,970	0	0	0	0	0	0	0	83,483,970	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	74,159,086	0	0	0	0	0	0	0	74,159,086	0
18. Amount Incurred for Provision of Health Care Services	76,188,308	0	0	0	0	0	0	0	76,188,308	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	28,590	0	0	0	28,590	0	0	0	0	0
2. MEMBER MONTHS.....	82,748	0	0	0	82,748	0	0	0	0	0
3. Direct premium income.....	22,723,653	0	0	0	22,723,653	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	22,700,528	0	0	0	22,700,528	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	22,700,528	0	0	0	22,700,528	0	0	0	0	0
11. Hospital and medical.....	24,548,457	0	0	0	24,548,457	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	24,548,457	0	0	0	24,548,457	0	0	0	0	0
14. Claims adjustment expenses.....	1,005,752	0	0	0	1,005,752	0	0	0	0	0
15. General administrative expenses.....	1,630,302	0	0	0	1,630,302	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).....	27,184,511	0	0	0	27,184,511	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(4,483,983)	0	0	0	(4,483,983)	0	0	0	0	0
19. Net investment income earned.....	163,212	0	0	0	163,212	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	163,212	0	0	0	163,212	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(4,320,771)	0	0	0	(4,320,771)	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(1,516,014)	0	0	0	(1,516,014)	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(2,804,757)	0	0	0	(2,804,757)	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Austin**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	28,590	0	0	0	28,590	0	0	0	0	0
2. MEMBER MONTHS.....	308,981	0	0	0	308,981	0	0	0	0	0
3. Direct premium income.....	83,483,970	0	0	0	83,483,970	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	83,401,239	0	0	0	83,401,239	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	83,401,239	0	0	0	83,401,239	0	0	0	0	0
11. Hospital and medical.....	76,188,308	0	0	0	76,188,308	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	76,188,308	0	0	0	76,188,308	0	0	0	0	0
14. Claims adjustment expenses.....	2,596,309	0	0	0	2,596,309	0	0	0	0	0
15. General administrative expenses.....	10,373,700	0	0	0	10,373,700	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).....	89,158,317	0	0	0	89,158,317	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(5,757,078)	0	0	0	(5,757,078)	0	0	0	0	0
19. Net investment income earned.....	627,894	0	0	0	627,894	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	627,894	0	0	0	627,894	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(5,129,184)	0	0	0	(5,129,184)	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	(1,794,602)	0	0	0	(1,794,602)	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(3,334,583)	0	0	0	(3,334,583)	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State				0	# of Enrollees in C3-Pt D included in C3-Basic		
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)				0	# of Member Months in C3-Pt D included in C3-Basic		

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008****TEXAS HMO SUPPLEMENT**OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	10,201	0	668	0	0	0	0	0	9,533	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	10,153	0	948	0	0	0	0	0	9,205	0
6. Current Year Member Months	121,264	0	10,150	0	0	0	0	0	111,114	0
Total Member Ambulatory Encounters for Year:										
7. Physician	76,621	0	2,885	0	0	0	0	0	73,736	0
8. Non-Physician	25,481	0	688	0	0	0	0	0	24,793	0
9. Total	102,102	0	3,573	0	0	0	0	0	98,529	0
10. Hospital Patient Days Incurred	20,107	0	192	0	0	0	0	0	19,915	0
11. Number of Inpatient Admissions	4,930	0	52	0	0	0	0	0	4,878	0
12. Health Premiums Written	34,923,523	0	849,177	0	0	0	0	0	34,074,345	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	34,923,523	0	849,177	0	0	0	0	0	34,074,345	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	28,668,554	0	529,071	0	0	0	0	0	28,139,483	0
18. Amount Incurred for Provision of Health Care Services	26,984,163	0	530,923	0	0	0	0	0	26,453,240	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *	
			BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,153	0	0	0	9,205	0	0	948	0	0	
2. MEMBER MONTHS.....	30,461	0	0	0	27,653	0	0	2,808	0	0	
3. Direct premium income.....	8,155,648	0	0	0	7,950,156	0	XXXXXXXX	205,492	XXXXXXXX	0	
4. Net premium income.....	8,145,547	0	0	0	7,940,996	0	0	204,551	XXXXXXXX	0	
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	8,145,547	0	0	0	7,940,996	0	0	204,551	0	0	
11. Hospital and medical.....	5,731,045	0	0	0	5,629,731	0	0	101,315	0	0	
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	5,731,045	0	0	0	5,629,731	0	0	101,315	0	0	
14. Claims adjustment expenses.....	264,937	0	0	0	260,077	0	0	4,860	0	0	
15. General administrative expenses.....	1,651,663	0	0	0	1,561,147	0	0	90,516	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).....	7,647,645	0	0	0	7,450,954	0	0	196,691	0	0	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	497,902	0	0	0	490,041	0	0	7,860	0	0	
19. Net investment income earned.....	60,223	0	0	0	54,675	0	0	5,548	0	0	
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	60,223	0	0	0	54,675	0	0	5,548	0	0	
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	558,125	0	0	0	544,717	0	0	13,408	0	0	
24. Extraordinary items & federal and foreign income taxes incurred..	191,590	0	0	0	186,872	0	0	4,718	0	0	
25. NET INCOME (LOSS) (L23 less L24).....	366,535	0	0	0	357,845	0	0	8,691	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **Corpus Christi**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *	
			BASIC	PART D							
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,153	0	0	0	9,205	0	0	948	0	0	
2. MEMBER MONTHS.....	121,264	0	0	0	111,114	0	0	10,150	0	0	
3. Direct premium income.....	34,923,523	0	0	0	34,074,345	0	XXXXXXXX	849,177	XXXXXXXX	0	
4. Net premium income.....	34,884,826	0	0	0	34,038,906	0	0	845,921	XXXXXXXX	0	
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0	
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0	
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0	
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0	
10. TOTAL REVENUE (L4 to L9).....	34,884,826	0	0	0	34,038,906	0	0	845,921	0	0	
11. Hospital and medical.....	26,984,163	0	0	0	26,453,240	0	0	530,923	0	0	
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	26,984,163	0	0	0	26,453,240	0	0	530,923	0	0	
14. Claims adjustment expenses.....	919,553	0	0	0	901,461	0	0	18,093	0	0	
15. General administrative expenses.....	5,601,677	0	0	0	5,296,669	0	0	305,008	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).....	33,505,394	0	0	0	32,651,370	0	0	854,024	0	0	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	1,379,433	0	0	0	1,387,536	0	0	(8,103)	0	0	
19. Net investment income earned.....	247,338	0	0	0	226,818	0	0	20,520	0	0	
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	247,338	0	0	0	226,818	0	0	20,520	0	0	
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	1,626,771	0	0	0	1,614,354	0	0	12,417	0	0	
24. Extraordinary items & federal and foreign income taxes incurred..	574,474	0	0	0	570,109	0	0	4,365	0	0	
25. NET INCOME (LOSS) (L23 less L24).....	1,052,297	0	0	0	1,044,245	0	0	8,052	0	0	
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State					0 # of Enrollees in C3-Pt D included in C3-Basic			
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)					0 # of Member Months in C3-Pt D included in C3-Basic			

* Other (identify products(s); eg PPO): 0

STATEMENT AS OF **DECEMBER 31, 2008**TEXAS HMO SUPPLEMENT
OF THE **Amerigroup Texas, Inc.**REPORT FOR DIVISION: **San Antonio**

(Location)

	1. Total	Comprehensive (Hospital & Medical)		4. Medicare Supplement	5. Vision Only	6. Dental Only	7. Federal Employees Health Benefit Plan	8. Title XVII Medicare	9. Title XIX Medicaid	10. Other
		2. Individual	3. Group							
Total Members at end of:										
1. Prior Year	8,279	0	0	0	0	0	0	0	8,279	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	9,046	0	0	0	0	0	0	418	8,628	0
6. Current Year Member Months	104,753	0	0	0	0	0	0	3,014	101,739	0
Total Member Ambulatory Encounters for Year:										
7. Physician	28,507	0	0	0	0	0	0	1,946	26,561	0
8. Non-Physician	92,124	0	0	0	0	0	0	1,214	90,910	0
9. Total	120,631	0	0	0	0	0	0	3,160	117,471	0
10. Hospital Patient Days Incurred	8,300	0	0	0	0	0	0	1,181	7,119	0
11. Number of Inpatient Admissions	1,212	0	0	0	0	0	0	179	1,033	0
12. Health Premiums Written	46,456,107	0	0	0	0	0	0	4,020,935	42,435,172	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Prem Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	46,456,107	0	0	0	0	0	0	4,020,935	42,435,172	0
16. Property/Casualty Prem Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	36,787,857	0	0	0	0	0	0	3,568,464	33,219,393	0
18. Amount Incurred for Provision of Health Care Services	39,817,388	0	0	0	0	0	0	4,448,064	35,369,324	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,464	0	418	418	8,628	0	0	0	0	0
2. MEMBER MONTHS.....	28,015	0	1,079	1,079	25,857	0	0	0	0	0
3. Direct premium income.....	14,493,140	0	1,429,072	0	13,064,067	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	14,489,822	0	1,428,866	0	13,060,956	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	14,489,822	0	1,428,866	0	13,060,956	0	0	0	0	0
11. Hospital and medical.....	13,332,368	0	2,475,313	56,701	10,800,354	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	13,332,368	0	2,475,313	56,701	10,800,354	0	0	0	0	0
14. Claims adjustment expenses.....	569,032	0	120,481	0	448,551	0	0	0	0	0
15. General administrative expenses.....	1,619,821	0	308,787	0	1,311,034	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).....	15,521,220	0	2,904,580	56,701	12,559,939	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(1,031,398)	0	(1,475,714)	(56,701)	501,017	0	0	0	0	0
19. Net investment income earned.....	53,234	0	2,113	0	51,121	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	53,234	0	2,113	0	51,121	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(978,164)	0	(1,473,602)	(56,701)	552,138	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	413,130	0	218,761	0	194,369	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,391,294)	0	(1,692,363)	(56,701)	357,770	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			418 # of Enrollees in C3-Pt D included in C3-Basic				
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			1,079 # of Member Months in C3-Pt D included in C3-Basic				

* Other (identify products(s); eg PPO): 0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2008**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION **San Antonio**

(Location)

EXHIBIT II (Filed Quarterly/Annually)

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. NON-RISK	9. OTHER *
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,464	0	418	418	8,628	0	0	0	0	0
2. MEMBER MONTHS.....	107,767	0	3,014	3,014	101,739	0	0	0	0	0
3. Direct premium income.....	46,456,107	0	3,984,750	36,185	42,435,172	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	46,444,106	0	3,984,396	36,185	42,423,525	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & 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	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Other revenues (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	46,444,106	0	3,984,396	36,185	42,423,525	0	0	0	0	0
11. Hospital and medical.....	39,817,388	0	4,126,413	321,651	35,369,324	0	0	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	39,817,388	0	4,126,413	321,651	35,369,324	0	0	0	0	0
14. Claims adjustment expenses.....	1,384,796	0	179,497	0	1,205,299	0	0	0	0	0
15. General administrative expenses.....	6,438,544	0	1,018,450	0	5,420,094	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).....	47,640,728	0	5,324,359	321,651	41,994,718	0	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(1,196,622)	0	(1,339,963)	(285,466)	428,807	0	0	0	0	0
19. Net investment income earned.....	213,447	0	5,888	0	207,559	0	0	0	0	0
20. Net realized capital gains/(losses).....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	213,447	0	5,888	0	207,559	0	0	0	0	0
22. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(983,176)	0	(1,334,075)	(285,466)	636,366	0	0	0	0	0
24. Extraordinary items & federal and foreign income taxes incurred..	413,436	0	187,846	0	225,591	0	0	0	0	0
25. NET INCOME (LOSS) (L23 less L24).....	(1,396,612)	0	(1,521,921)	(285,466)	410,776	0	0	0	0	0
31a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			418 # of Enrollees in C3-Pt D included in C3-Basic				
31b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			3,014 # of Member Months in C3-Pt D included in C3-Basic				

* Other (identify products(s); eg PPO): 0