

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.....	224.14	0.00	1,244.72	0.00	232.97	0.00	XXXXXXXX	120.14	XXXXXXXX	0.00	
4. Net premium income.....	223.83	0.00	1,244.56	0.00	232.66	0.00	0.00	119.81	XXXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00	
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	223.83	0.00	1,244.56	0.00	232.66	0.00	0.00	119.81	0.00	0.00	
11. Hospital and medical.....	165.79	0.00	555.18	48.05	182.21	0.00	0.00	58.38	0.00	0.00	
12. Net reins recoveries.....	0.11	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	165.68	0.00	555.18	48.05	182.07	0.00	0.00	58.38	0.00	0.00	
14. Claims adjustment expenses.....	7.50	0.00	46.41	0.00	7.99	0.00	0.00	2.60	0.00	0.00	
15. General administrative expenses.....	30.72	0.00	121.34	0.00	30.87	0.00	0.00	25.65	0.00	0.00	
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	203.90	0.00	722.94	48.05	220.93	0.00	0.00	86.63	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	19.94	0.00	521.62	(48.05)	11.73	0.00	0.00	33.17	0.00	0.00	
19. Net investment income earned.....	1.96	0.00	1.97	0.00	1.98	0.00	0.00	1.98	0.00	0.00	
20. Net realized capital gains/(losses).....	0.01	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00	0.00	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.96	0.00	1.97	0.00	1.99	0.00	0.00	1.98	0.00	0.00	
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	21.90	0.00	523.60	(48.05)	13.72	0.00	0.00	35.15	0.00	0.00	
24. Extraordinary items & federal and foreign income taxes incurred..	7.38	0.00	162.30	0.00	4.53	0.00	0.00	12.19	0.00	0.00	
25. NET INCOME (LOSS) (L23 less L24).....	14.52	0.00	361.30	(48.05)	9.18	0.00	0.00	22.96	0.00	0.00	
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.....	217.78	0.00	1,335.24	20.43	224.61	0.00	XXXXXXXX	108.46	XXXXXXXX	0.00
4. Net premium income.....	217.48	0.00	1,335.09	20.43	224.32	0.00	0.00	108.15	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	217.48	0.00	1,335.09	20.43	224.32	0.00	0.00	108.15	0.00	0.00
11. Hospital and medical.....	166.55	0.00	671.60	67.34	178.54	0.00	0.00	65.68	0.00	0.00
12. Net reins recoveries.....	0.35	0.00	0.00	0.00	0.42	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	166.20	0.00	671.60	67.34	178.12	0.00	0.00	65.68	0.00	0.00
14. Claims adjustment expenses.....	5.73	0.00	29.82	0.00	6.08	0.00	0.00	2.24	0.00	0.00
15. General administrative expenses.....	30.35	0.00	119.96	0.00	30.75	0.00	0.00	23.53	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	202.27	0.00	821.38	67.34	214.95	0.00	0.00	91.45	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	15.21	0.00	513.71	(46.92)	9.36	0.00	0.00	16.70	0.00	0.00
19. Net investment income earned.....	2.02	0.00	2.04	0.00	2.04	0.00	0.00	2.02	0.00	0.00
20. Net realized capital gains/(losses).....	0.03	0.00	0.00	0.00	0.03	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.04	0.00	2.04	0.00	2.08	0.00	0.00	2.02	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	17.26	0.00	515.75	(46.92)	11.44	0.00	0.00	18.72	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	6.00	0.00	164.84	0.00	3.94	0.00	0.00	6.58	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	11.26	0.00	350.91	(46.92)	7.50	0.00	0.00	12.14	0.00	0.00
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

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.....	144.82	0.00	0.00	0.00	167.85	0.00	XXXXXXXX	76.70	XXXXXXXX	0.00
4. Net premium income.....	144.48	0.00	0.00	0.00	167.52	0.00	0.00	76.37	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	144.48	0.00	0.00	0.00	167.52	0.00	0.00	76.37	0.00	0.00
11. Hospital and medical.....	101.33	0.00	0.00	0.00	121.50	0.00	0.00	41.67	0.00	0.00
12. Net reins recoveries.....	(0.00)	0.00	0.00	0.00	(0.00)	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	101.33	0.00	0.00	0.00	121.51	0.00	0.00	41.67	0.00	0.00
14. Claims adjustment expenses.....	4.58	0.00	0.00	0.00	5.48	0.00	0.00	1.93	0.00	0.00
15. General administrative expenses.....	21.72	0.00	0.00	0.00	23.44	0.00	0.00	16.64	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	127.64	0.00	0.00	0.00	150.43	0.00	0.00	60.24	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	16.85	0.00	0.00	0.00	17.09	0.00	0.00	16.13	0.00	0.00
19. Net investment income earned.....	1.98	0.00	0.00	0.00	1.98	0.00	0.00	1.98	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.98	0.00	0.00	0.00	1.98	0.00	0.00	1.98	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	18.82	0.00	0.00	0.00	19.07	0.00	0.00	18.10	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	6.53	0.00	0.00	0.00	6.61	0.00	0.00	6.31	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	12.29	0.00	0.00	0.00	12.46	0.00	0.00	11.79	0.00	0.00
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.....	143.40	0.00	0.00	0.00	164.55	0.00	XXXXXXXX	75.37	XXXXXXXX	0.00
4. Net premium income.....	143.09	0.00	0.00	0.00	164.23	0.00	0.00	75.05	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	143.09	0.00	0.00	0.00	164.23	0.00	0.00	75.05	0.00	0.00
11. Hospital and medical.....	111.67	0.00	0.00	0.00	130.05	0.00	0.00	52.56	0.00	0.00
12. Net reins recoveries.....	0.14	0.00	0.00	0.00	0.19	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	111.53	0.00	0.00	0.00	129.86	0.00	0.00	52.56	0.00	0.00
14. Claims adjustment expenses.....	3.81	0.00	0.00	0.00	4.43	0.00	0.00	1.79	0.00	0.00
15. General administrative expenses.....	19.04	0.00	0.00	0.00	20.59	0.00	0.00	14.04	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	134.37	0.00	0.00	0.00	154.88	0.00	0.00	68.39	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	8.72	0.00	0.00	0.00	9.35	0.00	0.00	6.67	0.00	0.00
19. Net investment income earned.....	2.04	0.00	0.00	0.00	2.04	0.00	0.00	2.02	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.04	0.00	0.00	0.00	2.04	0.00	0.00	2.02	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	10.75	0.00	0.00	0.00	11.40	0.00	0.00	8.69	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	3.78	0.00	0.00	0.00	4.01	0.00	0.00	3.05	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	6.97	0.00	0.00	0.00	7.39	0.00	0.00	5.63	0.00	0.00
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: 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.....	207.53	0.00	0.00	0.00	198.42	0.00	XXXXXXXX	246.76	XXXXXXXX	0.00
4. Net premium income.....	207.20	0.00	0.00	0.00	198.09	0.00	0.00	246.43	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	207.20	0.00	0.00	0.00	198.09	0.00	0.00	246.43	0.00	0.00
11. Hospital and medical.....	132.71	0.00	0.00	0.00	138.27	0.00	0.00	108.74	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	132.70	0.00	0.00	0.00	138.26	0.00	0.00	108.74	0.00	0.00
14. Claims adjustment expenses.....	5.99	0.00	0.00	0.00	6.29	0.00	0.00	4.68	0.00	0.00
15. General administrative expenses.....	32.58	0.00	0.00	0.00	30.85	0.00	0.00	40.03	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	171.27	0.00	0.00	0.00	175.40	0.00	0.00	153.45	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	35.93	0.00	0.00	0.00	22.69	0.00	0.00	92.98	0.00	0.00
19. Net investment income earned.....	1.98	0.00	0.00	0.00	1.98	0.00	0.00	1.98	0.00	0.00
20. Net realized capital gains/(losses).....	0.04	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.02	0.00	0.00	0.00	2.02	0.00	0.00	1.98	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	37.95	0.00	0.00	0.00	24.71	0.00	0.00	94.96	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	13.92	0.00	0.00	0.00	9.54	0.00	0.00	32.81	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	24.03	0.00	0.00	0.00	15.18	0.00	0.00	62.15	0.00	0.00
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.....	193.89	0.00	0.00	0.00	189.41	0.00	XXXXXXXX	217.18	XXXXXXXX	0.00
4. Net premium income.....	193.57	0.00	0.00	0.00	189.10	0.00	0.00	216.86	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	193.57	0.00	0.00	0.00	189.10	0.00	0.00	216.86	0.00	0.00
11. Hospital and medical.....	139.45	0.00	0.00	0.00	144.29	0.00	0.00	114.27	0.00	0.00
12. Net reins recoveries.....	0.70	0.00	0.00	0.00	0.84	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	138.74	0.00	0.00	0.00	143.45	0.00	0.00	114.27	0.00	0.00
14. Claims adjustment expenses.....	4.75	0.00	0.00	0.00	4.92	0.00	0.00	3.89	0.00	0.00
15. General administrative expenses.....	32.63	0.00	0.00	0.00	30.84	0.00	0.00	41.95	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	176.13	0.00	0.00	0.00	179.21	0.00	0.00	160.12	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	17.44	0.00	0.00	0.00	9.89	0.00	0.00	56.74	0.00	0.00
19. Net investment income earned.....	2.05	0.00	0.00	0.00	2.05	0.00	0.00	2.02	0.00	0.00
20. Net realized capital gains/(losses).....	0.11	0.00	0.00	0.00	0.14	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.16	0.00	0.00	0.00	2.19	0.00	0.00	2.02	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	19.60	0.00	0.00	0.00	12.08	0.00	0.00	58.76	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	6.89	0.00	0.00	0.00	4.24	0.00	0.00	20.66	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	12.72	0.00	0.00	0.00	7.84	0.00	0.00	38.10	0.00	0.00
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 **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.....	262.30	0.00	1,238.55	0.00	264.58	0.00	XXXXXXX	65.95	XXXXXXX	0.00
4. Net premium income.....	262.01	0.00	1,238.40	0.00	264.28	0.00	0.00	65.61	XXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXX	0.00	0.00	0.00	XXXXXXX	XXXXXXX	XXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXX	0.00	0.00	XXXXXXX	XXXXXXX	0.00	XXXXXXX	XXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	262.01	0.00	1,238.40	0.00	264.28	0.00	0.00	65.61	0.00	0.00
11. Hospital and medical.....	191.30	0.00	420.77	47.71	207.30	0.00	0.00	36.05	0.00	0.00
12. Net reins recoveries.....	0.29	0.00	0.00	0.00	0.34	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	191.02	0.00	420.77	47.71	206.96	0.00	0.00	36.05	0.00	0.00
14. Claims adjustment expenses.....	8.90	0.00	41.37	0.00	9.06	0.00	0.00	1.64	0.00	0.00
15. General administrative expenses.....	34.77	0.00	108.60	0.00	34.69	0.00	0.00	25.79	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	234.69	0.00	570.74	47.71	250.71	0.00	0.00	63.48	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	27.32	0.00	667.66	(47.71)	13.57	0.00	0.00	2.13	0.00	0.00
19. Net investment income earned.....	1.93	0.00	1.98	0.00	1.98	0.00	0.00	1.98	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.93	0.00	1.98	0.00	1.98	0.00	0.00	1.98	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	29.25	0.00	669.64	(47.71)	15.54	0.00	0.00	4.11	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	7.87	0.00	159.17	0.00	4.38	0.00	0.00	1.48	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	21.38	0.00	510.47	(47.71)	11.17	0.00	0.00	2.63	0.00	0.00
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.....	260.19	0.00	1,335.95	20.88	258.17	0.00	XXXXXXXX	61.21	XXXXXXXX	0.00
4. Net premium income.....	259.91	0.00	1,335.80	20.88	257.89	0.00	0.00	60.89	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	259.91	0.00	1,335.80	20.88	257.89	0.00	0.00	60.89	0.00	0.00
11. Hospital and medical.....	195.07	0.00	634.25	65.23	203.47	0.00	0.00	41.94	0.00	0.00
12. Net reins recoveries.....	0.38	0.00	0.00	0.00	0.44	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	194.69	0.00	634.25	65.23	203.03	0.00	0.00	41.94	0.00	0.00
14. Claims adjustment expenses.....	6.76	0.00	28.23	0.00	6.93	0.00	0.00	1.43	0.00	0.00
15. General administrative expenses.....	33.94	0.00	108.29	0.00	34.18	0.00	0.00	21.36	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	235.39	0.00	770.76	65.23	244.15	0.00	0.00	64.73	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9).....	24.52	0.00	565.04	(44.36)	13.74	0.00	0.00	(3.84)	0.00	0.00
19. Net investment income earned.....	1.99	0.00	2.04	0.00	2.04	0.00	0.00	2.03	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.99	0.00	2.04	0.00	2.04	0.00	0.00	2.03	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	26.50	0.00	567.08	(44.36)	15.78	0.00	0.00	(1.82)	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	8.80	0.00	170.33	0.00	5.34	0.00	0.00	(0.64)	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	17.70	0.00	396.75	(44.36)	10.44	0.00	0.00	(1.18)	0.00	0.00
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

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.....	274.61	0.00	0.00	0.00	274.61	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	274.33	0.00	0.00	0.00	274.33	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	274.33	0.00	0.00	0.00	274.33	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	296.67	0.00	0.00	0.00	296.67	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	296.67	0.00	0.00	0.00	296.67	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	12.15	0.00	0.00	0.00	12.15	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	19.70	0.00	0.00	0.00	19.70	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	328.52	0.00	0.00	0.00	328.52	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(54.19)	0.00	0.00	0.00	(54.19)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	1.97	0.00	0.00	0.00	1.97	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.97	0.00	0.00	0.00	1.97	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(52.22)	0.00	0.00	0.00	(52.22)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(18.32)	0.00	0.00	0.00	(18.32)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(33.90)	0.00	0.00	0.00	(33.90)	0.00	0.00	0.00	0.00	0.00
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.....	270.19	0.00	0.00	0.00	270.19	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00
4. Net premium income.....	269.92	0.00	0.00	0.00	269.92	0.00	0.00	0.00	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	269.92	0.00	0.00	0.00	269.92	0.00	0.00	0.00	0.00	0.00
11. Hospital and medical.....	246.58	0.00	0.00	0.00	246.58	0.00	0.00	0.00	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	246.58	0.00	0.00	0.00	246.58	0.00	0.00	0.00	0.00	0.00
14. Claims adjustment expenses.....	8.40	0.00	0.00	0.00	8.40	0.00	0.00	0.00	0.00	0.00
15. General administrative expenses.....	33.57	0.00	0.00	0.00	33.57	0.00	0.00	0.00	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	288.56	0.00	0.00	0.00	288.56	0.00	0.00	0.00	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(18.63)	0.00	0.00	0.00	(18.63)	0.00	0.00	0.00	0.00	0.00
19. Net investment income earned.....	2.03	0.00	0.00	0.00	2.03	0.00	0.00	0.00	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.03	0.00	0.00	0.00	2.03	0.00	0.00	0.00	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	(16.60)	0.00	0.00	0.00	(16.60)	0.00	0.00	0.00	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	(5.81)	0.00	0.00	0.00	(5.81)	0.00	0.00	0.00	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	(10.79)	0.00	0.00	0.00	(10.79)	0.00	0.00	0.00	0.00	0.00
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: 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.....	267.74	0.00	0.00	0.00	287.50	0.00	XXXXXXXX	73.18	XXXXXXXX	0.00	
4. Net premium income.....	267.41	0.00	0.00	0.00	287.17	0.00	0.00	72.85	XXXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00	
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	267.41	0.00	0.00	0.00	287.17	0.00	0.00	72.85	0.00	0.00	
11. Hospital and medical.....	188.14	0.00	0.00	0.00	203.58	0.00	0.00	36.08	0.00	0.00	
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	188.14	0.00	0.00	0.00	203.58	0.00	0.00	36.08	0.00	0.00	
14. Claims adjustment expenses.....	8.70	0.00	0.00	0.00	9.41	0.00	0.00	1.73	0.00	0.00	
15. General administrative expenses.....	54.22	0.00	0.00	0.00	56.45	0.00	0.00	32.24	0.00	0.00	
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	251.06	0.00	0.00	0.00	269.44	0.00	0.00	70.05	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	16.35	0.00	0.00	0.00	17.72	0.00	0.00	2.80	0.00	0.00	
19. Net investment income earned.....	1.98	0.00	0.00	0.00	1.98	0.00	0.00	1.98	0.00	0.00	
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.98	0.00	0.00	0.00	1.98	0.00	0.00	1.98	0.00	0.00	
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2	18.32	0.00	0.00	0.00	19.70	0.00	0.00	4.78	0.00	0.00	
24. Extraordinary items & federal and foreign income taxes incurred..	6.29	0.00	0.00	0.00	6.76	0.00	0.00	1.68	0.00	0.00	
25. NET INCOME (LOSS) (L23 less L24).....	12.03	0.00	0.00	0.00	12.94	0.00	0.00	3.10	0.00	0.00	
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.....	288.00	0.00	0.00	0.00	306.66	0.00	XXXXXXXX	83.66	XXXXXXXX	0.00
4. Net premium income.....	287.68	0.00	0.00	0.00	306.34	0.00	0.00	83.34	XXXXXXXX	0.00
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. TOTAL REVENUE (L4 to L9).....	287.68	0.00	0.00	0.00	306.34	0.00	0.00	83.34	0.00	0.00
11. Hospital and medical.....	222.52	0.00	0.00	0.00	238.07	0.00	0.00	52.31	0.00	0.00
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	222.52	0.00	0.00	0.00	238.07	0.00	0.00	52.31	0.00	0.00
14. Claims adjustment expenses.....	7.58	0.00	0.00	0.00	8.11	0.00	0.00	1.78	0.00	0.00
15. General administrative expenses.....	46.19	0.00	0.00	0.00	47.67	0.00	0.00	30.05	0.00	0.00
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	276.30	0.00	0.00	0.00	293.85	0.00	0.00	84.14	0.00	0.00
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	11.38	0.00	0.00	0.00	12.49	0.00	0.00	(0.80)	0.00	0.00
19. Net investment income earned.....	2.04	0.00	0.00	0.00	2.04	0.00	0.00	2.02	0.00	0.00
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	2.04	0.00	0.00	0.00	2.04	0.00	0.00	2.02	0.00	0.00
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	13.42	0.00	0.00	0.00	14.53	0.00	0.00	1.22	0.00	0.00
24. Extraordinary items & federal and foreign income taxes incurred..	4.74	0.00	0.00	0.00	5.13	0.00	0.00	0.43	0.00	0.00
25. NET INCOME (LOSS) (L23 less L24).....	8.68	0.00	0.00	0.00	9.40	0.00	0.00	0.79	0.00	0.00
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 **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.....	517.33	0.00	1,324.44	0.00	505.24	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00	
4. Net premium income.....	517.22	0.00	1,324.25	0.00	505.12	0.00	0.00	0.00	XXXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00	
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	517.22	0.00	1,324.25	0.00	505.12	0.00	0.00	0.00	0.00	0.00	
11. Hospital and medical.....	475.90	0.00	2,294.08	52.55	417.70	0.00	0.00	0.00	0.00	0.00	
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	475.90	0.00	2,294.08	52.55	417.70	0.00	0.00	0.00	0.00	0.00	
14. Claims adjustment expenses.....	20.31	0.00	111.66	0.00	17.35	0.00	0.00	0.00	0.00	0.00	
15. General administrative expenses.....	57.82	0.00	286.18	0.00	50.70	0.00	0.00	0.00	0.00	0.00	
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	554.03	0.00	2,691.92	52.55	485.75	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(36.82)	0.00	(1,367.67)	(52.55)	19.38	0.00	0.00	0.00	0.00	0.00	
19. Net investment income earned.....	1.90	0.00	1.96	0.00	1.98	0.00	0.00	0.00	0.00	0.00	
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.90	0.00	1.96	0.00	1.98	0.00	0.00	0.00	0.00	0.00	
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(34.92)	0.00	(1,365.71)	(52.55)	21.35	0.00	0.00	0.00	0.00	0.00	
24. Extraordinary items & federal and foreign income taxes incurred..	14.75	0.00	202.74	0.00	7.52	0.00	0.00	0.00	0.00	0.00	
25. NET INCOME (LOSS) (L23 less L24).....	(49.66)	0.00	(1,568.46)	(52.55)	13.84	0.00	0.00	0.00	0.00	0.00	
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.....	431.08	0.00	1,322.08	12.01	417.10	0.00	XXXXXXXX	0.00	XXXXXXXX	0.00	
4. Net premium income.....	430.97	0.00	1,321.96	12.01	416.98	0.00	0.00	0.00	XXXXXXXX	0.00	
5. Change in unearned premium reserve & reserve for rate credits..	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
6. Fee-for-service (gross revenues).....	0.00	XXXXXXXX	0.00	0.00	0.00	XXXXXXXX	XXXXXXXX	XXXXXXXX	0.00	0.00	
7. Risk revenue.....	0.00	XXXXXXXX	0.00	0.00	XXXXXXXX	XXXXXXXX	0.00	XXXXXXXX	XXXXXXXX	0.00	
8. Aggregate write-ins for other health related revenues.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
9. Other revenues (excluding investment income).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
10. TOTAL REVENUE (L4 to L9).....	430.97	0.00	1,321.96	12.01	416.98	0.00	0.00	0.00	0.00	0.00	
11. Hospital and medical.....	369.48	0.00	1,369.08	106.72	347.65	0.00	0.00	0.00	0.00	0.00	
12. Net reins recoveries.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	369.48	0.00	1,369.08	106.72	347.65	0.00	0.00	0.00	0.00	0.00	
14. Claims adjustment expenses.....	12.85	0.00	59.55	0.00	11.85	0.00	0.00	0.00	0.00	0.00	
15. General administrative expenses.....	59.75	0.00	337.91	0.00	53.27	0.00	0.00	0.00	0.00	0.00	
16. Increase in reserves for A&H contracts.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	442.07	0.00	1,766.54	106.72	412.77	0.00	0.00	0.00	0.00	0.00	
18. NET UNDERWRITING GAIN/(LOSS) (L10 less L17 less L9)...	(11.10)	0.00	(444.58)	(94.71)	4.21	0.00	0.00	0.00	0.00	0.00	
19. Net investment income earned.....	1.98	0.00	1.95	0.00	2.04	0.00	0.00	0.00	0.00	0.00	
20. Net realized capital gains/(losses).....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
21. NET INVESTMENT GAINS/(LOSSES) (L19 to L20).....	1.98	0.00	1.95	0.00	2.04	0.00	0.00	0.00	0.00	0.00	
22. Aggregate write-ins for other expenses.....	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
23. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L9 + L18 + L21 - L2)	(9.12)	0.00	(442.63)	(94.71)	6.25	0.00	0.00	0.00	0.00	0.00	
24. Extraordinary items & federal and foreign income taxes incurred..	3.84	0.00	62.32	0.00	2.22	0.00	0.00	0.00	0.00	0.00	
25. NET INCOME (LOSS) (L23 less L24).....	(12.96)	0.00	(504.95)	(94.71)	4.04	0.00	0.00	0.00	0.00	0.00	
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