

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
			1. ENROLLEES AT THE END OF REPT PERIOD.....	504,656	0					
2. MEMBER MONTHS.....	1,475,143	0	0	17,842	0	1,232,353	0	0	224,948	0
3. Direct premium income.....	338,609,074	0	0	20,524,416	0	295,031,759	0	XXXXXXXX	23,052,899	0
4. Net premium income.....	338,168,166	0	0	20,521,860	0	294,665,987	0	0	22,980,319	0
5. Change in unearned premium reserves & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	1,301,594	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	1,301,594
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	339,469,760	0	0	20,521,860	0	294,665,987	0	0	22,980,319	1,301,594
11. Hospital and medical benefits.....	275,850,322	0	0	13,891,853	0	240,658,288	0	0	21,300,181	0
12. Net reins recoveries.....	1,274,581	0	0	0	0	1,274,581	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	274,575,741	0	0	13,891,853	0	239,383,707	0	0	21,300,181	0
14. Claims adjustment expenses.....	10,397,532	0	0	648,026	0	8,976,387	0	0	773,119	0
15. General administrative expenses.....	49,099,441	0	0	2,406,215	0	43,582,299	0	0	3,110,927	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).....	334,072,714	0	0	16,946,094	0	291,942,393	0	0	25,184,227	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	5,397,046	0	0	3,575,766	0	2,723,594	0	0	(2,203,908)	1,301,594
19. Net Investments Gains (Losses).....	1,227,250	0	0	14,386	0	1,031,481	0	0	181,383	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20)	6,624,296	0	0	3,590,152	0	3,755,075	0	0	(2,022,525)	1,301,594
22. Federal and foreign income taxes incurred.....	2,239,882	0	0	1,209,701	0	1,744,595	0	0	(714,414)	0
23. NET INCOME / (LOSS) (L21 less L22).....	4,384,414	0	0	2,380,451	0	2,010,480	0	0	(1,308,111)	1,301,594

24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.)

* Other (identify products(s); eg PPO, Non-Risk):
Identify Assumptions: _____

ASO Admin. Fees

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	504,656	0	0	6,016	0	421,734	0	0	76,906	0
2. MEMBER MONTHS.....	5,718,273	0	0	67,586	0	4,777,121	0	0	873,566	0
3. Direct premium income.....	1,301,685,144	0	0	83,021,441	0	1,131,968,902	0	XXXXXXXX	86,694,801	0
4. Net premium income.....	1,299,977,908	0	0	83,011,830	0	1,130,554,533	0	0	86,411,545	0
5. Change in unearned premium reserves & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	1,301,594	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	1,301,594
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,301,279,502	0	0	83,011,830	0	1,130,554,533	0	0	86,411,545	1,301,594
11. Hospital and medical benefits.....	1,057,684,749	0	0	49,331,755	0	938,793,408	0	0	69,559,586	0
12. Net reins recoveries.....	3,100,305	0	0	0	0	3,236,824	0	0	(136,519)	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	1,054,584,444	0	0	49,331,755	0	935,556,584	0	0	69,696,105	0
14. Claims adjustment expenses.....	35,666,715	0	0	2,674,005	0	30,716,762	0	0	2,275,948	0
15. General administrative expenses.....	168,930,967	0	0	7,134,062	0	145,697,432	0	0	16,099,473	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).....	1,259,182,126	0	0	59,139,822	0	1,111,970,778	0	0	88,071,526	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	42,097,376	0	0	23,872,008	0	18,583,755	0	0	(1,659,981)	1,301,594
19. Net Investments Gains (Losses).....	6,412,518	0	0	75,210	0	5,361,808	0	0	975,500	0
20. Aggregate write-ins for other income or expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	48,509,894	0	0	23,947,218	0	23,945,563	0	0	(684,481)	1,301,594
22. Federal and foreign income taxes incurred.....	17,128,430	0	0	8,418,109	0	8,950,936	0	0	(240,615)	0
23. NET INCOME / (LOSS) (L21 less L22).....	31,381,464	0	0	15,529,109	0	14,994,627	0	0	(443,866)	1,301,594
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			ASO Admin. Fees	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____			_____	

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	125,721	0	31,480	0	0	0	0	0	94,241	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	157,923	0	34,407	0	0	0	0	0	123,516	0
6. Current Year Member Months	1,707,007	0	396,481	0	0	0	0	0	1,310,526	0
Total Member Ambulatory Encounters for Year:										
7. Physician	722,345	0	119,854	0	0	0	0	0	602,491	0
8. Non-Physician	277,200	0	40,684	0	0	0	0	0	236,516	0
9. Total	999,545	0	160,538	0	0	0	0	0	839,007	0
10. Hospital Patient Days Incurred	36,416	0	2,211	0	0	0	0	0	34,205	0
11. Number of Inpatient Admissions	8,993	0	507	0	0	0	0	0	8,486	0
12. Health Premiums Written	253,043,643	0	30,837,822	0	0	0	0	0	222,205,821	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	253,043,643	0	30,837,822	0	0	0	0	0	222,205,821	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	204,279,970	0	22,902,153	0	0	0	0	0	181,377,817	0
18. Amount Incurred for Provision of Health Care Services	207,680,246	0	24,023,930	0	0	0	0	0	183,656,316	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	157,923	0	0	0	0	123,516	0	0	34,407	0
2. MEMBER MONTHS.....	461,113	0	0	0	0	358,644	0	0	102,469	0
3. Direct premium income.....	69,230,977	0	0	0	0	60,555,798	0	XXXXXXXX	8,675,179	0
4. Net premium income.....	69,088,598	0	0	0	0	60,447,020	0	0	8,641,578	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).....	852,390	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	852,390
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	69,940,988	0	0	0	0	60,447,020	0	0	8,641,578	852,390
11. Hospital and medical benefits.....	58,569,034	0	0	0	0	50,021,978	0	0	8,547,056	0
12. Net reins recoveries.....	949,346	0	0	0	0	949,346	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	57,619,688	0	0	0	0	49,072,632	0	0	8,547,056	0
14. Claims adjustment expenses.....	2,151,755	0	0	0	0	1,847,882	0	0	303,873	0
15. General administrative expenses.....	9,830,087	0	0	0	0	9,154,484	0	0	675,603	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	69,601,531	0	0	0	0	60,074,998	0	0	9,526,533	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	339,457	0	0	0	0	372,022	0	0	(884,955)	852,390
19. Net Investments Gains (Losses).....	371,301	0	0	0	0	288,652	0	0	82,649	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	710,758	0	0	0	0	660,674	0	0	(802,306)	852,390
22. Federal and foreign income taxes incurred.....	230,225	0	0	0	0	516,607	0	0	(286,382)	0
23. NET INCOME (LOSS) (L21 less L22).....	480,534	0	0	0	0	144,067	0	0	(515,924)	852,390
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	157,923	0	0	0	0	123,516	0	0	34,407	0
2. MEMBER MONTHS.....	1,707,007	0	0	0	0	1,310,526	0	0	396,481	0
3. Direct premium income.....	253,043,643	0	0	0	0	222,205,821	0	XXXXXXXX	30,837,822	0
4. Net premium income.....	252,508,497	0	0	0	0	221,800,041	0	0	30,708,456	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).....	852,390	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	852,390
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	253,360,887	0	0	0	0	221,800,041	0	0	30,708,456	852,390
11. Hospital and medical benefits.....	207,680,250	0	0	0	0	183,792,839	0	0	23,887,410	0
12. Net reins recoveries.....	1,907,026	0	0	0	0	2,043,545	0	0	(136,519)	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	205,773,224	0	0	0	0	181,749,294	0	0	24,023,930	0
14. Claims adjustment expenses.....	6,795,174	0	0	0	0	6,013,592	0	0	781,582	0
15. General administrative expenses.....	34,331,282	0	0	0	0	28,875,407	0	0	5,455,875	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).....	246,899,680	0	0	0	0	216,638,294	0	0	30,261,386	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	6,461,207	0	0	0	0	5,161,747	0	0	447,070	852,390
19. Net Investments Gains (Losses).....	1,883,464	0	0	0	0	1,441,093	0	0	442,371	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	8,344,671	0	0	0	0	6,602,841	0	0	889,441	852,390
22. Federal and foreign income taxes incurred.....	2,933,383	0	0	0	0	2,620,720	0	0	312,663	0
23. NET INCOME (LOSS) (L21 less L22).....	5,411,289	0	0	0	0	3,982,121	0	0	576,778	852,390
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	100,242	0	19,012	0	0	0	0	0	81,230	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	116,490	0	23,470	0	0	0	0	0	93,020	0
6. Current Year Member Months	1,272,815	0	245,433	0	0	0	0	0	1,027,382	0
Total Member Ambulatory Encounters for Year:										
7. Physician	625,733	0	145,538	0	0	0	0	0	480,195	0
8. Non-Physician	339,853	0	101,281	0	0	0	0	0	238,572	0
9. Total	965,586	0	246,819	0	0	0	0	0	718,767	0
10. Hospital Patient Days Incurred	37,567	0	2,200	0	0	0	0	0	35,367	0
11. Number of Inpatient Admissions	9,723	0	509	0	0	0	0	0	9,214	0
12. Health Premiums Written	231,536,926	0	38,937,675	0	0	0	0	0	192,599,252	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	231,536,926	0	38,937,675	0	0	0	0	0	192,599,252	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	179,695,268	0	31,650,146	0	0	0	0	0	148,045,122	0
18. Amount Incurred for Provision of Health Care Services	186,753,013	0	31,907,013	0	0	0	0	0	154,846,000	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	116,490	0	0	0	0	93,020	0	0	23,470	0
2. MEMBER MONTHS.....	334,449	0	0	0	0	269,580	0	0	64,869	0
3. Direct premium income.....	60,262,468	0	0	0	0	50,253,102	0	XXXXXXXX	10,009,366	0
4. Net premium income.....	60,158,985	0	0	0	0	50,169,715	0	0	9,989,271	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).....	449,162	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	449,162
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	60,608,147	0	0	0	0	50,169,715	0	0	9,989,271	449,162
11. Hospital and medical benefits.....	50,648,119	0	0	0	0	41,592,029	0	0	9,056,089	0
12. Net reins recoveries.....	(89,822)	0	0	0	0	(89,822)	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	50,737,940	0	0	0	0	41,681,851	0	0	9,056,089	0
14. Claims adjustment expenses.....	1,872,054	0	0	0	0	1,539,668	0	0	332,386	0
15. General administrative expenses.....	8,924,594	0	0	0	0	7,635,504	0	0	1,289,090	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	61,534,588	0	0	0	0	50,857,023	0	0	10,677,566	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(926,441)	0	0	0	0	(687,308)	0	0	(688,295)	449,162
19. Net Investments Gains (Losses).....	308,131	0	0	0	0	255,879	0	0	52,252	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	(618,310)	0	0	0	0	(431,429)	0	0	(636,043)	449,162
22. Federal and foreign income taxes incurred.....	(236,042)	0	0	0	0	(9,764)	0	0	(226,278)	0
23. NET INCOME (LOSS) (L21 less L22).....	(382,269)	0	0	0	0	(421,665)	0	0	(409,765)	449,162
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	116,490	0	0	0	0	93,020	0	0	23,470	0
2. MEMBER MONTHS.....	1,272,815	0	0	0	0	1,027,382	0	0	245,433	0
3. Direct premium income.....	231,536,926	0	0	0	0	192,599,252	0	XXXXXXXX	38,937,675	0
4. Net premium income.....	231,135,971	0	0	0	0	192,276,765	0	0	38,859,206	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).....	449,162	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	449,162
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	231,585,133	0	0	0	0	192,276,765	0	0	38,859,206	449,162
11. Hospital and medical benefits.....	186,753,013	0	0	0	0	154,846,000	0	0	31,907,013	0
12. Net reins recoveries.....	132,304	0	0	0	0	132,304	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	186,620,709	0	0	0	0	154,713,696	0	0	31,907,013	0
14. Claims adjustment expenses.....	6,110,448	0	0	0	0	5,066,470	0	0	1,043,978	0
15. General administrative expenses.....	35,480,461	0	0	0	0	29,709,757	0	0	5,770,704	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).....	228,211,618	0	0	0	0	189,489,923	0	0	38,721,696	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	3,373,515	0	0	0	0	2,786,842	0	0	137,510	449,162
19. Net Investments Gains (Losses).....	1,458,043	0	0	0	0	1,184,835	0	0	273,208	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	4,831,558	0	0	0	0	3,971,677	0	0	410,718	449,162
22. Federal and foreign income taxes incurred.....	1,703,931	0	0	0	0	1,559,552	0	0	144,379	0
23. NET INCOME (LOSS) (L21 less L22).....	3,127,627	0	0	0	0	2,412,125	0	0	266,340	449,162
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	181,168	0	18,224	0	0	0	0	4,705	158,239	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	173,463	0	18,182	0	0	0	0	5,218	150,063	0
6. Current Year Member Months	2,106,074	0	220,333	0	0	0	0	59,916	1,825,825	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,063,120	0	69,363	0	0	0	0	51,252	942,505	0
8. Non-Physician	652,441	0	16,886	0	0	0	0	33,522	602,033	0
9. Total	1,715,561	0	86,249	0	0	0	0	84,774	1,544,538	0
10. Hospital Patient Days Incurred	105,559	0	1,184	0	0	0	0	12,180	92,195	0
11. Number of Inpatient Admissions	20,944	0	260	0	0	0	0	1,521	19,163	0
12. Health Premiums Written	607,449,276	0	15,798,047	0	0	0	0	73,087,240	518,563,989	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	607,449,276	0	15,798,047	0	0	0	0	73,087,240	518,563,989	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	487,441,801	0	13,126,923	0	0	0	0	43,241,425	431,073,453	0
18. Amount Incurred for Provision of Health Care Services	483,880,021	0	13,141,395	0	0	0	0	43,029,660	427,708,966	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	173,463	0	0	5,218	0	150,063	0	0	18,182	0
2. MEMBER MONTHS.....	513,438	0	0	15,514	0	442,984	0	0	54,940	0
3. Direct premium income.....	154,141,914	0	0	17,679,561	0	132,448,751	0	XXXXXXXX	4,013,602	0
4. Net premium income.....	153,993,253	0	0	17,677,034	0	132,320,624	0	0	3,995,594	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).....	42	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	42
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	153,993,295	0	0	17,677,034	0	132,320,624	0	0	3,995,594	42
11. Hospital and medical benefits.....	123,527,007	0	0	11,825,511	0	108,184,471	0	0	3,517,025	0
12. Net reins recoveries.....	342,654	0	0	0	0	342,654	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	123,184,353	0	0	11,825,511	0	107,841,816	0	0	3,517,025	0
14. Claims adjustment expenses.....	4,723,023	0	0	548,568	0	4,044,185	0	0	130,270	0
15. General administrative expenses.....	22,345,295	0	0	1,995,919	0	19,303,645	0	0	1,045,731	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).....	150,252,670	0	0	14,369,998	0	131,189,646	0	0	4,693,026	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	3,740,625	0	0	3,307,036	0	1,130,978	0	0	(697,432)	42
19. Net Investments Gains (Losses).....	414,009	0	0	12,508	0	357,177	0	0	44,323	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	4,154,633	0	0	3,319,544	0	1,488,155	0	0	(653,108)	42
22. Federal and foreign income taxes incurred.....	1,401,760	0	0	1,119,770	0	507,754	0	0	(225,764)	0
23. NET INCOME (LOSS) (L21 less L22).....	2,752,873	0	0	2,199,774	0	980,400	0	0	(427,344)	42
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	173,463	0	0	5,218	0	150,063	0	0	18,182	0
2. MEMBER MONTHS.....	2,106,074	0	0	59,916	0	1,825,825	0	0	220,333	0
3. Direct premium income.....	607,449,276	0	0	73,087,240	0	518,563,989	0	XXXXXXXX	15,798,047	0
4. Net premium income.....	606,841,428	0	0	73,078,429	0	518,036,675	0	0	15,726,325	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).....	42	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	42
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	606,841,470	0	0	73,078,429	0	518,036,675	0	0	15,726,325	42
11. Hospital and medical benefits.....	483,880,017	0	0	43,029,658	0	427,708,966	0	0	13,141,393	0
12. Net reins recoveries.....	828,138	0	0	0	0	828,138	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	483,051,879	0	0	43,029,658	0	426,880,827	0	0	13,141,393	0
14. Claims adjustment expenses.....	16,756,764	0	0	2,332,403	0	13,994,382	0	0	429,979	0
15. General administrative expenses.....	73,674,254	0	0	6,127,385	0	63,005,328	0	0	4,541,541	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).....	573,482,897	0	0	51,489,446	0	503,880,538	0	0	18,112,913	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	33,358,574	0	0	21,588,983	0	14,156,137	0	0	(2,386,588)	42
19. Net Investments Gains (Losses).....	2,368,065	0	0	66,924	0	2,053,998	0	0	247,144	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	35,726,639	0	0	21,655,907	0	16,210,135	0	0	(2,139,444)	42
22. Federal and foreign income taxes incurred.....	12,626,919	0	0	7,612,649	0	5,766,343	0	0	(752,074)	0
23. NET INCOME (LOSS) (L21 less L22).....	23,099,720	0	0	14,043,258	0	10,443,792	0	0	(1,387,371)	42
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	28,590	0	0	0	0	0	0	0	28,590	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	37,128	0	0	0	0	0	0	0	37,128	0
6. Current Year Member Months	400,082	0	0	0	0	0	0	0	400,082	0
Total Member Ambulatory Encounters for Year:										
7. Physician	190,920	0	0	0	0	0	0	0	190,920	0
8. Non-Physician	144,049	0	0	0	0	0	0	0	144,049	0
9. Total	334,969	0	0	0	0	0	0	0	334,969	0
10. Hospital Patient Days Incurred	15,712	0	0	0	0	0	0	0	15,712	0
11. Number of Inpatient Admissions	3,291	0	0	0	0	0	0	0	3,291	0
12. Health Premiums Written	115,383,341	0	0	0	0	0	0	0	115,383,341	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	115,383,341	0	0	0	0	0	0	0	115,383,341	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	109,662,821	0	0	0	0	0	0	0	109,662,821	0
18. Amount Incurred for Provision of Health Care Services	109,123,172	0	0	0	0	0	0	0	109,123,172	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,128	0	0	0	0	37,128	0	0	0	0
2. MEMBER MONTHS.....	107,766	0	0	0	0	107,766	0	0	0	0
3. Direct premium income.....	30,983,584	0	0	0	0	30,983,584	0	XXXXXXXX	0	0
4. Net premium income.....	30,950,044	0	0	0	0	30,950,044	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	30,950,044	0	0	0	0	30,950,044	0	0	0	0
11. Hospital and medical benefits.....	25,560,951	0	0	0	0	25,560,951	0	0	0	0
12. Net reins recoveries.....	72,402	0	0	0	0	72,402	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	25,488,549	0	0	0	0	25,488,549	0	0	0	0
14. Claims adjustment expenses.....	968,264	0	0	0	0	968,264	0	0	0	0
15. General administrative expenses.....	2,846,683	0	0	0	0	2,846,683	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).....	29,303,497	0	0	0	0	29,303,497	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,646,547	0	0	0	0	1,646,547	0	0	0	0
19. Net Investments Gains (Losses).....	86,758	0	0	0	0	86,758	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,733,305	0	0	0	0	1,733,305	0	0	0	0
22. Federal and foreign income taxes incurred.....	633,266	0	0	0	0	633,266	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	1,100,039	0	0	0	0	1,100,039	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	37,128	0	0	0	0	37,128	0	0	0	0
2. MEMBER MONTHS.....	400,082	0	0	0	0	400,082	0	0	0	0
3. Direct premium income.....	115,383,341	0	0	0	0	115,383,341	0	XXXXXXXX	0	0
4. Net premium income.....	115,271,848	0	0	0	0	115,271,848	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	115,271,848	0	0	0	0	115,271,848	0	0	0	0
11. Hospital and medical benefits.....	109,123,172	0	0	0	0	109,123,172	0	0	0	0
12. Net reins recoveries.....	232,836	0	0	0	0	232,836	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	108,890,336	0	0	0	0	108,890,336	0	0	0	0
14. Claims adjustment expenses.....	3,570,445	0	0	0	0	3,570,445	0	0	0	0
15. General administrative expenses.....	10,731,516	0	0	0	0	10,731,516	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).....	123,192,297	0	0	0	0	123,192,297	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(7,920,449)	0	0	0	0	(7,920,449)	0	0	0	0
19. Net Investments Gains (Losses).....	442,539	0	0	0	0	442,539	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	(7,477,910)	0	0	0	0	(7,477,910)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,628,256)	0	0	0	0	(2,628,256)	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	(4,849,654)	0	0	0	0	(4,849,654)	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	10,153	0	948	0	0	0	0	0	9,205	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	9,838	0	847	0	0	0	0	0	8,991	0
6. Current Year Member Months	117,517	0	11,319	0	0	0	0	0	106,198	0
Total Member Ambulatory Encounters for Year:										
7. Physician	76,636	0	3,691	0	0	0	0	0	72,945	0
8. Non-Physician	26,260	0	916	0	0	0	0	0	25,344	0
9. Total	102,896	0	4,607	0	0	0	0	0	98,289	0
10. Hospital Patient Days Incurred	7,165	0	58	0	0	0	0	0	7,107	0
11. Number of Inpatient Admissions	1,809	0	18	0	0	0	0	0	1,791	0
12. Health Premiums Written	32,396,837	0	1,121,257	0	0	0	0	0	31,275,580	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	32,396,837	0	1,121,257	0	0	0	0	0	31,275,580	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	26,508,669	0	635,634	0	0	0	0	0	25,873,035	0
18. Amount Incurred for Provision of Health Care Services	25,173,284	0	623,770	0	0	0	0	0	24,549,514	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,838	0	0	0	0	8,991	0	0	847	0
2. MEMBER MONTHS.....	28,928	0	0	0	0	26,258	0	0	2,670	0
3. Direct premium income.....	7,028,234	0	0	0	0	6,673,483	0	XXXXXXXX	354,751	0
4. Net premium income.....	7,018,783	0	0	0	0	6,664,907	0	0	353,876	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	7,018,783	0	0	0	0	6,664,907	0	0	353,876	0
11. Hospital and medical benefits.....	5,538,002	0	0	0	0	5,357,992	0	0	180,010	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	5,538,002	0	0	0	0	5,357,992	0	0	180,010	0
14. Claims adjustment expenses.....	212,200	0	0	0	0	205,609	0	0	6,590	0
15. General administrative expenses.....	1,310,934	0	0	0	0	1,210,432	0	0	100,502	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).....	7,061,136	0	0	0	0	6,774,033	0	0	287,103	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	(42,352)	0	0	0	0	(109,126)	0	0	66,773	0
19. Net Investments Gains (Losses).....	23,295	0	0	0	0	21,137	0	0	2,159	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	(19,057)	0	0	0	0	(87,989)	0	0	68,932	0
22. Federal and foreign income taxes incurred.....	(9,619)	0	0	0	0	(33,630)	0	0	24,011	0
23. NET INCOME (LOSS) (L21 less L22).....	(9,438)	0	0	0	0	(54,359)	0	0	44,921	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,838	0	0	0	0	8,991	0	0	847	0
2. MEMBER MONTHS.....	117,517	0	0	0	0	106,198	0	0	11,319	0
3. Direct premium income.....	32,396,837	0	0	0	0	31,275,580	0	XXXXXXXX	1,121,257	0
4. Net premium income.....	32,358,997	0	0	0	0	31,241,439	0	0	1,117,558	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	32,358,997	0	0	0	0	31,241,439	0	0	1,117,558	0
11. Hospital and medical benefits.....	25,173,284	0	0	0	0	24,549,514	0	0	623,770	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	25,173,284	0	0	0	0	24,549,514	0	0	623,770	0
14. Claims adjustment expenses.....	823,655	0	0	0	0	803,245	0	0	20,409	0
15. General administrative expenses.....	5,115,302	0	0	0	0	4,783,949	0	0	331,353	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).....	31,112,240	0	0	0	0	30,136,709	0	0	975,532	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	1,246,757	0	0	0	0	1,104,730	0	0	142,026	0
19. Net Investments Gains (Losses).....	132,171	0	0	0	0	119,394	0	0	12,777	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	1,378,928	0	0	0	0	1,224,124	0	0	154,804	0
22. Federal and foreign income taxes incurred.....	487,590	0	0	0	0	433,172	0	0	54,418	0
23. NET INCOME (LOSS) (L21 less L22).....	891,338	0	0	0	0	790,952	0	0	100,386	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2009**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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	9,046	0	0	0	0	0	0	418	8,628	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	9,814	0	0	0	0	0	0	798	9,016	0
6. Current Year Member Months	114,778	0	0	0	0	0	0	7,670	107,108	0
Total Member Ambulatory Encounters for Year:										
7. Physician	40,340	0	0	0	0	0	0	6,022	34,318	0
8. Non-Physician	92,456	0	0	0	0	0	0	4,104	88,352	0
9. Total	132,796	0	0	0	0	0	0	10,126	122,670	0
10. Hospital Patient Days Incurred	5,118	0	0	0	0	0	0	1,981	3,137	0
11. Number of Inpatient Admissions	703	0	0	0	0	0	0	258	445	0
12. Health Premiums Written	61,875,121	0	0	0	0	0	0	9,934,201	51,940,920	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	61,875,121	0	0	0	0	0	0	9,934,201	51,940,920	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	45,608,218	0	0	0	0	0	0	5,577,243	40,030,975	0
18. Amount Incurred for Provision of Health Care Services	45,075,013	0	0	0	0	0	0	6,302,097	38,772,916	0

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
		BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,814	0	0	798	0	9,016	0	0	0
2. MEMBER MONTHS.....	29,449	0	0	2,328	0	27,121	0	0	0
3. Direct premium income.....	16,961,896	0	0	2,844,855	0	14,117,041	0	XXXXXXXX	0
4. Net premium income.....	16,958,503	0	0	2,844,826	0	14,113,677	0	0	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	16,958,503	0	0	2,844,826	0	14,113,677	0	0	0
11. Hospital and medical benefits.....	12,007,209	0	0	2,066,341	0	9,940,868	0	0	0
12. Net reins recoveries.....	0	0	0	0	0	0	0	0	0
13. TOTAL HOSPITAL & MEDICAL (L11 less L12).....	12,007,209	0	0	2,066,341	0	9,940,868	0	0	0
14. Claims adjustment expenses.....	470,237	0	0	99,459	0	370,778	0	0	0
15. General administrative expenses.....	3,841,848	0	0	410,297	0	3,431,551	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS(L13 to L16).....	16,319,294	0	0	2,576,097	0	13,743,197	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	639,209	0	0	268,729	0	370,480	0	0	0
19. Net Investments Gains (Losses).....	23,755	0	0	1,878	0	21,878	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	662,964	0	0	270,607	0	392,357	0	0	0
22. Federal and foreign income taxes incurred.....	220,292	0	0	89,931	0	130,362	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	442,672	0	0	180,676	0	261,996	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				

2009 TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2009**

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. OTHER *
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,814	0	0	798	0	9,016	0	0	0	0
2. MEMBER MONTHS.....	114,778	0	0	7,670	0	107,108	0	0	0	0
3. Direct premium income.....	61,875,121	0	0	9,934,201	0	51,940,920	0	XXXXXXXX	0	0
4. Net premium income.....	61,861,166	0	0	9,933,401	0	51,927,765	0	0	0	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	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Aggregate write-ins for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	61,861,166	0	0	9,933,401	0	51,927,765	0	0	0	0
11. Hospital and medical benefits.....	45,075,013	0	0	6,302,097	0	38,772,916	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).....	45,075,013	0	0	6,302,097	0	38,772,916	0	0	0	0
14. Claims adjustment expenses.....	1,610,229	0	0	341,602	0	1,268,627	0	0	0	0
15. General administrative expenses.....	9,598,152	0	0	1,006,677	0	8,591,475	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).....	56,283,394	0	0	7,650,376	0	48,633,018	0	0	0	0
18. NET UNDERWRITING GAIN/(LOSS) (L10 - L17).....	5,577,772	0	0	2,283,025	0	3,294,747	0	0	0	0
19. Net Investments Gains (Losses).....	128,235	0	0	8,286	0	119,949	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/(LOSS) BEFORE FIT & EX ITEMS(L18 to L20).....	5,706,008	0	0	2,291,311	0	3,414,696	0	0	0	0
22. Federal and foreign income taxes incurred.....	2,004,865	0	0	805,459	0	1,199,406	0	0	0	0
23. NET INCOME (LOSS) (L21 less L22).....	3,701,143	0	0	1,485,852	0	2,215,291	0	0	0	0
24a. NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg PPO, Non-Risk):			0	
24b. NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			Identify Assumptions: _____				