

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

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	458,491	0	5,425	5,425	377,071	0	0	70,570	0	0
2. MEMBER MONTHS.....	1,372,600	0	16,099	16,099	1,130,314	0	0	210,088	0	0
3. Direct premium income.....	322,523,361	0	18,758,462	1,480,115	279,130,049	0	XXXXXXXX	23,154,735	XXXXXXXX	0
4. Net premium income.....	322,115,987	0	18,756,207	1,480,115	278,792,709	0	0	23,086,956	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	322,115,987	0	18,756,207	1,480,115	278,792,709	0	0	23,086,956	0	0
11. Hospital & medical.....	260,127,044	0	8,790,535	1,365,919	234,521,180	0	0	15,449,410	0	0
12. Net reinsurance recoveries.....	689,723	0	0	0	689,723	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	259,437,321	0	8,790,535	1,365,919	233,831,457	0	0	15,449,410	0	0
14. Claims adjustment expenses.....	4,698,203	0	554,035	0	3,888,038	0	0	256,130	0	0
15. General administrative expenses.....	43,887,724	0	1,592,063	0	37,078,913	0	0	5,216,748	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).....	308,023,248	0	10,936,633	1,365,919	274,798,408	0	0	20,922,288	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	14,092,739	0	7,819,574	114,196	3,994,301	0	0	2,164,668	0	0
19. Net investment income earned.....	1,887,868	0	22,377	0	1,572,649	0	0	292,842	0	0
20. Net realized capital gains/losses.....	26,751	0	0	0	26,751	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,914,619	0	22,377	0	1,599,400	0	0	292,842	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	16,007,358	0	7,841,951	114,196	5,593,701	0	0	2,457,510	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	5,686,647	0	2,805,791	0	2,014,176	0	0	866,680	0	0
25. NET INCOME/LOSS (L30 less L31).....	10,320,711	0	5,036,160	114,196	3,579,525	0	0	1,590,830	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,425	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			16,099	# of Member Months in C3-Pt D included in C3-Basic			

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

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

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

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

(Location)

**EXHIBIT II (Filed Annually and Quarterly)**

**ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	458,491	0	5,425	5,425	377,071	0	0	70,570	0	0
2. MEMBER MONTHS.....	1,372,600	0	16,099	16,099	1,130,314	0	0	210,088	0	0
3. Direct premium income.....	322,523,361	0	18,758,462	1,480,115	279,130,049	0	XXXXXXXX	23,154,735	XXXXXXXX	0
4. Net premium income.....	322,115,987	0	18,756,207	1,480,115	278,792,709	0	0	23,086,956	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	322,115,987	0	18,756,207	1,480,115	278,792,709	0	0	23,086,956	0	0
11. Hospital & medical.....	260,127,044	0	8,790,535	1,365,919	234,521,180	0	0	15,449,410	0	0
12. Net reinsurance recoveries.....	689,723	0	0	0	689,723	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	259,437,321	0	8,790,535	1,365,919	233,831,457	0	0	15,449,410	0	0
14. Claims adjustment expenses.....	4,698,203	0	554,035	0	3,888,038	0	0	256,130	0	0
15. General administrative expenses.....	43,887,724	0	1,592,063	0	37,078,913	0	0	5,216,748	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).....	308,023,248	0	10,936,633	1,365,919	274,798,408	0	0	20,922,288	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	14,092,739	0	7,819,574	114,196	3,994,301	0	0	2,164,668	0	0
19. Net investment income earned.....	1,887,868	0	22,377	0	1,572,649	0	0	292,842	0	0
20. Net realized capital gains/losses.....	26,751	0	0	0	26,751	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,914,619	0	22,377	0	1,599,400	0	0	292,842	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	16,007,358	0	7,841,951	114,196	5,593,701	0	0	2,457,510	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	5,686,647	0	2,805,791	0	2,014,176	0	0	866,680	0	0
25. NET INCOME/LOSS (L30 less L31).....	10,320,711	0	5,036,160	114,196	3,579,525	0	0	1,590,830	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,424	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			16,099	# of Member Months in C3-Pt D included in C3-Basic			

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Dallas**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	124,990	0	31,707	0	0	0	0	0	93,283	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	371,970	0	93,818	0	0	0	0	0	278,152	0
Total Member Ambulatory Encounters for Year:										
7. Physician	135,398	0	22,999	0	0	0	0	0	112,399	0
8. Non-Physician	45,634	0	6,929	0	0	0	0	0	38,705	0
9. Total	181,032	0	29,928	0	0	0	0	0	151,104	0
10. Hospital Patient Days Incurred	9,148	0	595	0	0	0	0	0	8,553	0
11. Number of Inpatient Admissions	2,203	0	143	0	0	0	0	0	2,060	0
12. Health Premiums Written	58,733,614	0	6,901,598	0	0	0	0	0	51,832,016	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	58,733,614	0	6,901,598	0	0	0	0	0	51,832,016	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	43,318,039	0	3,878,349	0	0	0	0	0	39,439,690	0
18. Amount Incurred for Provision of Health Care Services	48,569,884	0	5,032,265	0	0	0	0	0	43,537,618	0

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	124,990	0	0	0	93,283	0	0	31,707	0	0
2. MEMBER MONTHS.....	371,970	0	0	0	278,152	0	0	93,818	0	0
3. Direct premium income.....	58,733,614	0	0	0	51,832,016	0	XXXXXXXX	6,901,598	XXXXXXXX	0
4. Net premium income.....	58,613,719	0	0	0	51,742,495	0	0	6,871,224	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	58,613,719	0	0	0	51,742,495	0	0	6,871,224	0	0
11. Hospital & medical.....	48,569,883	0	0	0	43,537,618	0	0	5,032,265	0	0
12. Net reinsurance recoveries.....	623,083	0	0	0	623,083	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,946,800	0	0	0	42,914,535	0	0	5,032,265	0	0
14. Claims adjustment expenses.....	805,222	0	0	0	721,794	0	0	83,428	0	0
15. General administrative expenses.....	8,298,665	0	0	0	6,597,997	0	0	1,700,668	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).....	57,050,687	0	0	0	50,234,326	0	0	6,816,361	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,563,032	0	0	0	1,508,169	0	0	54,863	0	0
19. Net investment income earned.....	518,376	0	0	0	387,613	0	0	130,763	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	518,376	0	0	0	387,613	0	0	130,763	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,081,408	0	0	0	1,895,782	0	0	185,626	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	734,042	0	0	0	668,578	0	0	65,464	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,347,366	0	0	0	1,227,204	0	0	120,162	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Dallas**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	124,990	0	0	0	93,283	0	0	31,707	0	0
2. MEMBER MONTHS.....	371,970	0	0	0	278,152	0	0	93,818	0	0
3. Direct premium income.....	58,733,614	0	0	0	51,832,016	0	XXXXXXXX	6,901,598	XXXXXXXX	0
4. Net premium income.....	58,613,719	0	0	0	51,742,495	0	0	6,871,224	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	58,613,719	0	0	0	51,742,495	0	0	6,871,224	0	0
11. Hospital & medical.....	48,569,883	0	0	0	43,537,618	0	0	5,032,265	0	0
12. Net reinsurance recoveries.....	623,083	0	0	0	623,083	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	47,946,800	0	0	0	42,914,535	0	0	5,032,265	0	0
14. Claims adjustment expenses.....	805,222	0	0	0	721,794	0	0	83,428	0	0
15. General administrative expenses.....	8,298,665	0	0	0	6,597,997	0	0	1,700,668	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).....	57,050,687	0	0	0	50,234,326	0	0	6,816,361	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,563,032	0	0	0	1,508,169	0	0	54,863	0	0
19. Net investment income earned.....	518,376	0	0	0	387,613	0	0	130,763	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	518,376	0	0	0	387,613	0	0	130,763	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,081,408	0	0	0	1,895,782	0	0	185,626	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	734,042	0	0	0	668,578	0	0	65,464	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,347,366	0	0	0	1,227,204	0	0	120,162	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Ft Worth**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	97,579	0	19,942	0	0	0	0	0	77,637	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	294,291	0	59,539	0	0	0	0	0	234,752	0
Total Member Ambulatory Encounters for Year:										
7. Physician	124,035	0	27,041	0	0	0	0	0	96,994	0
8. Non-Physician	65,113	0	20,115	0	0	0	0	0	44,998	0
9. Total	189,148	0	47,156	0	0	0	0	0	141,992	0
10. Hospital Patient Days Incurred	9,468	0	596	0	0	0	0	0	8,872	0
11. Number of Inpatient Admissions	2,446	0	148	0	0	0	0	0	2,298	0
12. Health Premiums Written	59,803,746	0	12,086,540	0	0	0	0	0	47,717,206	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	59,803,746	0	12,086,540	0	0	0	0	0	47,717,206	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	46,694,532	0	7,098,197	0	0	0	0	0	39,596,335	0
18. Amount Incurred for Provision of Health Care Services	48,292,280	0	7,641,001	0	0	0	0	0	40,651,279	0

**TEXAS HMO SUPPLEMENT**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Ft Worth

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	97,579	0	0	0	77,637	0	0	19,942	0	0
2. MEMBER MONTHS.....	294,291	0	0	0	234,752	0	0	59,539	0	0
3. Direct premium income.....	59,803,746	0	0	0	47,717,206	0	XXXXXXXX	12,086,540	XXXXXXXX	0
4. Net premium income.....	59,709,350	0	0	0	47,641,850	0	0	12,067,500	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	59,709,350	0	0	0	47,641,850	0	0	12,067,500	0	0
11. Hospital & medical.....	48,292,280	0	0	0	40,651,279	0	0	7,641,001	0	0
12. Net reinsurance recoveries.....	8	0	0	0	8	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	48,292,272	0	0	0	40,651,271	0	0	7,641,001	0	0
14. Claims adjustment expenses.....	800,620	0	0	0	673,943	0	0	126,677	0	0
15. General administrative expenses.....	8,730,051	0	0	0	6,483,534	0	0	2,246,517	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).....	57,822,943	0	0	0	47,808,748	0	0	10,014,195	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,886,407	0	0	0	(166,898)	0	0	2,053,305	0	0
19. Net investment income earned.....	410,295	0	0	0	327,347	0	0	82,948	0	0
20. Net realized capital gains/losses.....	26,751	0	0	0	26,751	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	437,046	0	0	0	354,098	0	0	82,948	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,323,453	0	0	0	187,200	0	0	2,136,253	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	849,734	0	0	0	96,350	0	0	753,384	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,473,719	0	0	0	90,850	0	0	1,382,869	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Ft Worth**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	97,579	0	0	0	77,637	0	0	19,942	0	0
2. MEMBER MONTHS.....	294,291	0	0	0	234,752	0	0	59,539	0	0
3. Direct premium income.....	59,803,746	0	0	0	47,717,206	0	XXXXXXXX	12,086,540	XXXXXXXX	0
4. Net premium income.....	59,709,350	0	0	0	47,641,850	0	0	12,067,500	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	59,709,350	0	0	0	47,641,850	0	0	12,067,500	0	0
11. Hospital & medical.....	48,292,280	0	0	0	40,651,279	0	0	7,641,001	0	0
12. Net reinsurance recoveries.....	8	0	0	0	8	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	48,292,272	0	0	0	40,651,271	0	0	7,641,001	0	0
14. Claims adjustment expenses.....	800,620	0	0	0	673,943	0	0	126,677	0	0
15. General administrative expenses.....	8,730,051	0	0	0	6,483,534	0	0	2,246,517	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).....	57,822,943	0	0	0	47,808,748	0	0	10,014,195	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,886,407	0	0	0	(166,898)	0	0	2,053,305	0	0
19. Net investment income earned.....	410,295	0	0	0	327,347	0	0	82,948	0	0
20. Net realized capital gains/losses.....	26,751	0	0	0	26,751	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	437,046	0	0	0	354,098	0	0	82,948	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,323,453	0	0	0	187,200	0	0	2,136,253	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	849,734	0	0	0	96,350	0	0	753,384	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,473,719	0	0	0	90,850	0	0	1,382,869	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Houston**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	181,124	0	17,948	0	0	0	0	4,880	158,296	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	544,400	0	53,864	0	0	0	0	14,572	475,964	0
Total Member Ambulatory Encounters for Year:										
7. Physician	209,775	0	13,184	0	0	0	0	8,316	188,275	0
8. Non-Physician	107,014	0	2,988	0	0	0	0	4,530	99,496	0
9. Total	316,789	0	16,172	0	0	0	0	12,846	287,771	0
10. Hospital Patient Days Incurred	26,848	0	225	0	0	0	0	3,019	23,604	0
11. Number of Inpatient Admissions	5,234	0	59	0	0	0	0	368	4,807	0
12. Health Premiums Written	153,073,993	0	3,899,961	0	0	0	0	18,207,597	130,966,435	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	149,174,032	0	0	0	0	0	0	18,207,597	130,966,435	0
16. Property/Casualty Premiums Earned	3,899,961	0	3,899,961	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	114,190,951	0	2,702,891	0	0	0	0	10,032,442	101,455,618	0
18. Amount Incurred for Provision of Health Care Services	118,227,932	0	2,635,731	0	0	0	0	8,880,159	106,712,042	0

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Houston**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	186,004	0	4,880	4,880	158,296	0	0	17,948	0	0
2. MEMBER MONTHS.....	558,972	0	14,572	14,572	475,964	0	0	53,864	0	0
3. Direct premium income.....	153,073,993	0	16,872,101	1,335,496	130,966,435	0	XXXXXXXX	3,899,961	XXXXXXXX	0
4. Net premium income.....	152,917,311	0	16,870,060	1,335,496	130,829,230	0	0	3,882,525	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	152,917,311	0	16,870,060	1,335,496	130,829,230	0	0	3,882,525	0	0
11. Hospital & medical.....	118,227,931	0	7,722,166	1,157,992	106,712,042	0	0	2,635,731	0	0
12. Net reinsurance recoveries.....	66,632	0	0	0	66,632	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	118,161,299	0	7,722,166	1,157,992	106,645,410	0	0	2,635,731	0	0
14. Claims adjustment expenses.....	2,297,248	0	484,413	0	1,769,138	0	0	43,697	0	0
15. General administrative expenses.....	19,902,806	0	1,541,061	0	17,190,312	0	0	1,171,433	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).....	140,361,353	0	9,747,640	1,157,992	125,604,860	0	0	3,850,861	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	12,555,958	0	7,122,420	177,504	5,224,370	0	0	31,664	0	0
19. Net investment income earned.....	756,120	0	20,266	0	660,714	0	0	75,140	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	756,120	0	20,266	0	660,714	0	0	75,140	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13,312,078	0	7,142,686	177,504	5,885,084	0	0	106,804	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	4,704,175	0	2,581,581	0	2,084,928	0	0	37,666	0	0
25. NET INCOME/LOSS (L30 less L31).....	8,607,903	0	4,561,105	177,504	3,800,156	0	0	69,138	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 4,880 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 14,572 # of Member Months in C3-Pt D included in C3-Basic

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

**TEXAS HMO SUPPLEMENT**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Houston

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	186,004	0	4,880	4,880	158,296	0	0	17,948	0	0
2. MEMBER MONTHS.....	558,972	0	14,572	14,572	475,964	0	0	53,864	0	0
3. Direct premium income.....	153,073,993	0	16,872,101	1,335,496	130,966,435	0	XXXXXXXX	3,899,961	XXXXXXXX	0
4. Net premium income.....	152,917,311	0	16,870,060	1,335,496	130,829,230	0	0	3,882,525	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	152,917,311	0	16,870,060	1,335,496	130,829,230	0	0	3,882,525	0	0
11. Hospital & medical.....	118,227,931	0	7,722,166	1,157,992	106,712,042	0	0	2,635,731	0	0
12. Net reinsurance recoveries.....	66,632	0	0	0	66,632	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	118,161,299	0	7,722,166	1,157,992	106,645,410	0	0	2,635,731	0	0
14. Claims adjustment expenses.....	2,297,248	0	484,413	0	1,769,138	0	0	43,697	0	0
15. General administrative expenses.....	19,902,806	0	1,541,061	0	17,190,312	0	0	1,171,433	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).....	140,361,353	0	9,747,640	1,157,992	125,604,860	0	0	3,850,861	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	12,555,958	0	7,122,420	177,504	5,224,370	0	0	31,664	0	0
19. Net investment income earned.....	756,120	0	20,266	0	660,714	0	0	75,140	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	756,120	0	20,266	0	660,714	0	0	75,140	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	13,312,078	0	7,142,686	177,504	5,885,084	0	0	106,804	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	4,704,175	0	2,581,581	0	2,084,928	0	0	37,666	0	0
25. NET INCOME/LOSS (L30 less L31).....	8,607,903	0	4,561,105	177,504	3,800,156	0	0	69,138	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 4,880 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 14,572 # of Member Months in C3-Pt D included in C3-Basic

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Austin**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	30,279	0	0	0	0	0	0	0	30,279	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	88,507	0	0	0	0	0	0	0	88,507	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,994	0	0	0	0	0	0	0	33,994	0
8. Non-Physician	24,124	0	0	0	0	0	0	0	24,124	0
9. Total	58,118	0	0	0	0	0	0	0	58,118	0
10. Hospital Patient Days Incurred	3,724	0	0	0	0	0	0	0	3,724	0
11. Number of Inpatient Admissions	726	0	0	0	0	0	0	0	726	0
12. Health Premiums Written	26,134,016	0	0	0	0	0	0	0	26,134,016	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	26,134,016	0	0	0	0	0	0	0	26,134,016	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	24,535,240	0	0	0	0	0	0	0	24,535,240	0
18. Amount Incurred for Provision of Health Care Services	26,030,809	0	0	0	0	0	0	0	26,030,809	0

**TEXAS HMO SUPPLEMENT**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	30,279	0	0	0	30,279	0	0	0	0	0
2. MEMBER MONTHS.....	88,507	0	0	0	88,507	0	0	0	0	0
3. Direct premium income.....	26,134,016	0	0	0	26,134,016	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	26,110,428	0	0	0	26,110,428	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,110,428	0	0	0	26,110,428	0	0	0	0	0
11. Hospital & medical.....	26,030,809	0	0	0	26,030,809	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,030,809	0	0	0	26,030,809	0	0	0	0	0
14. Claims adjustment expenses.....	431,555	0	0	0	431,555	0	0	0	0	0
15. General administrative expenses.....	2,871,473	0	0	0	2,871,473	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	29,333,837	0	0	0	29,333,837	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(3,223,409)	0	0	0	(3,223,409)	0	0	0	0	0
19. Net investment income earned.....	123,157	0	0	0	123,157	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	123,157	0	0	0	123,157	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(3,100,252)	0	0	0	(3,100,252)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(1,093,090)	0	0	0	(1,093,090)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(2,007,162)	0	0	0	(2,007,162)	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Austin

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	30,279	0	0	0	30,279	0	0	0	0	0
2. MEMBER MONTHS.....	88,507	0	0	0	88,507	0	0	0	0	0
3. Direct premium income.....	26,134,016	0	0	0	26,134,016	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	26,110,428	0	0	0	26,110,428	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,110,428	0	0	0	26,110,428	0	0	0	0	0
11. Hospital & medical.....	26,030,809	0	0	0	26,030,809	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,030,809	0	0	0	26,030,809	0	0	0	0	0
14. Claims adjustment expenses.....	431,555	0	0	0	431,555	0	0	0	0	0
15. General administrative expenses.....	2,871,473	0	0	0	2,871,473	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	29,333,837	0	0	0	29,333,837	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(3,223,409)	0	0	0	(3,223,409)	0	0	0	0	0
19. Net investment income earned.....	123,157	0	0	0	123,157	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	123,157	0	0	0	123,157	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	(3,100,252)	0	0	0	(3,100,252)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(1,093,090)	0	0	0	(1,093,090)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(2,007,162)	0	0	0	(2,007,162)	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Corpus Christi**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	9,783	0	973	0	0	0	0	0	8,810	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	29,573	0	2,867	0	0	0	0	0	26,706	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,819	0	769	0	0	0	0	0	16,050	0
8. Non-Physician	5,077	0	132	0	0	0	0	0	4,945	0
9. Total	21,896	0	901	0	0	0	0	0	20,995	0
10. Hospital Patient Days Incurred	2,278	0	27	0	0	0	0	0	2,251	0
11. Number of Inpatient Admissions	594	0	7	0	0	0	0	0	587	0
12. Health Premiums Written	9,744,724	0	266,637	0	0	0	0	0	9,478,088	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	9,744,724	0	266,637	0	0	0	0	0	9,478,088	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	7,526,167	0	142,399	0	0	0	0	0	7,383,768	0
18. Amount Incurred for Provision of Health Care Services	8,499,469	0	140,413	0	0	0	0	0	8,359,056	0

**TEXAS HMO SUPPLEMENT**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Corpus Christi

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,783	0	0	0	8,810	0	0	973	0	0
2. MEMBER MONTHS.....	29,573	0	0	0	26,706	0	0	2,867	0	0
3. Direct premium income.....	9,744,725	0	0	0	9,478,088	0	XXXXXXXX	266,637	XXXXXXXX	0
4. Net premium income.....	9,735,290	0	0	0	9,469,583	0	0	265,707	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	9,735,290	0	0	0	9,469,583	0	0	265,707	0	0
11. Hospital & medical.....	8,499,469	0	0	0	8,359,056	0	0	140,413	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,499,469	0	0	0	8,359,056	0	0	140,413	0	0
14. Claims adjustment expenses.....	140,910	0	0	0	138,582	0	0	2,328	0	0
15. General administrative expenses.....	1,054,085	0	0	0	955,956	0	0	98,129	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).....	9,694,464	0	0	0	9,453,594	0	0	240,870	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	40,826	0	0	0	15,989	0	0	24,837	0	0
19. Net investment income earned.....	41,250	0	0	0	37,259	0	0	3,991	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	41,250	0	0	0	37,259	0	0	3,991	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	82,076	0	0	0	53,248	0	0	28,828	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	29,563	0	0	0	19,397	0	0	10,166	0	0
25. NET INCOME/LOSS (L30 less L31).....	52,513	0	0	0	33,851	0	0	18,662	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,783	0	0	0	8,810	0	0	973	0	0
2. MEMBER MONTHS.....	29,573	0	0	0	26,706	0	0	2,867	0	0
3. Direct premium income.....	9,744,725	0	0	0	9,478,088	0	XXXXXXXX	266,637	XXXXXXXX	0
4. Net premium income.....	9,735,290	0	0	0	9,469,583	0	0	265,707	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	9,735,290	0	0	0	9,469,583	0	0	265,707	0	0
11. Hospital & medical.....	8,499,469	0	0	0	8,359,056	0	0	140,413	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	8,499,469	0	0	0	8,359,056	0	0	140,413	0	0
14. Claims adjustment expenses.....	140,910	0	0	0	138,582	0	0	2,328	0	0
15. General administrative expenses.....	1,054,085	0	0	0	955,956	0	0	98,129	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).....	9,694,464	0	0	0	9,453,594	0	0	240,870	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	40,826	0	0	0	15,989	0	0	24,837	0	0
19. Net investment income earned.....	41,250	0	0	0	37,259	0	0	3,991	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	41,250	0	0	0	37,259	0	0	3,991	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	82,076	0	0	0	53,248	0	0	28,828	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	29,563	0	0	0	19,397	0	0	10,166	0	0
25. NET INCOME/LOSS (L30 less L31).....	52,513	0	0	0	33,851	0	0	18,662	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 0 # of Enrollees in C3-Pt D included in C3-Basic

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

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2009**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **San Antonio**

(Location)

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII 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	9,311	0	0	0	0	0	0	545	8,766	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	27,760	0	0	0	0	0	0	1,527	26,233	0
Total Member Ambulatory Encounters for Year:										
7. Physician	6,696	0	0	0	0	0	0	755	5,941	0
8. Non-Physician	14,578	0	0	0	0	0	0	356	14,222	0
9. Total	21,274	0	0	0	0	0	0	1,111	20,163	0
10. Hospital Patient Days Incurred	1,274	0	0	0	0	0	0	416	858	0
11. Number of Inpatient Admissions	179	0	0	0	0	0	0	60	119	0
12. Health Premiums Written	15,033,268	0	0	0	0	0	0	2,030,980	13,002,288	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	15,033,268	0	0	0	0	0	0	2,030,980	13,002,288	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	10,275,702	0	0	0	0	0	0	1,047,630	9,228,072	0
18. Amount Incurred for Provision of Health Care Services	10,506,672	0	0	0	0	0	0	1,276,296	9,230,376	0

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**San Antonio**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Current Quarter **X**

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,856	0	545	545	8,766	0	0	0	0	0
2. MEMBER MONTHS.....	29,287	0	1,527	1,527	26,233	0	0	0	0	0
3. Direct premium income.....	15,033,268	0	1,886,361	144,619	13,002,288	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,029,891	0	1,886,148	144,619	12,999,124	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,029,891	0	1,886,148	144,619	12,999,124	0	0	0	0	0
11. Hospital & medical.....	10,506,672	0	1,068,369	207,927	9,230,376	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,506,672	0	1,068,369	207,927	9,230,376	0	0	0	0	0
14. Claims adjustment expenses.....	222,649	0	69,622	0	153,027	0	0	0	0	0
15. General administrative expenses.....	3,030,643	0	51,002	0	2,979,641	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	13,759,964	0	1,188,993	207,927	12,363,044	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,269,927	0	697,155	(63,308)	636,080	0	0	0	0	0
19. Net investment income earned.....	38,670	0	2,111	0	36,559	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	38,670	0	2,111	0	36,559	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,308,597	0	699,266	(63,308)	672,639	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	462,224	0	224,210	0	238,014	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	846,373	0	475,056	(63,308)	434,625	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 545 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 1,527 # of Member Months in C3-Pt D included in C3-Basic

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

**TEXAS HMO SUPPLEMENT**

OF THE Amerigroup Texas, Inc.

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

San Antonio

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)		4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. NON-RISK	9. OTHER
			BASIC	PART D						
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,856	0	545	545	8,766	0	0	0	0	0
2. MEMBER MONTHS.....	29,287	0	1,527	1,527	26,233	0	0	0	0	0
3. Direct premium income.....	15,033,268	0	1,886,361	144,619	13,002,288	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,029,891	0	1,886,148	144,619	12,999,124	0	0	0	XXXXXXXX	0
5. Change in unearned premium reserve & reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-service (gross revenues).....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0	0
7. Risk revenue.....	0	XXXXXXXX	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	XXXXXXXX	0
8. Aggregate write-in for other health related revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-in for other revenue (excluding investment income).....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	15,029,891	0	1,886,148	144,619	12,999,124	0	0	0	0	0
11. Hospital & medical.....	10,506,672	0	1,068,369	207,927	9,230,376	0	0	0	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	10,506,672	0	1,068,369	207,927	9,230,376	0	0	0	0	0
14. Claims adjustment expenses.....	222,649	0	69,622	0	153,027	0	0	0	0	0
15. General administrative expenses.....	3,030,643	0	51,002	0	2,979,641	0	0	0	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	13,759,964	0	1,188,993	207,927	12,363,044	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,269,927	0	697,155	(63,308)	636,080	0	0	0	0	0
19. Net investment income earned.....	38,670	0	2,111	0	36,559	0	0	0	0	0
20. Net realized capital gains/losses.....	0	0	0	0	0	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	38,670	0	2,111	0	36,559	0	0	0	0	0
22. Aggregate write-in for other expenses.....	0	0	0	0	0	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	1,308,597	0	699,266	(63,308)	672,639	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	462,224	0	224,210	0	238,014	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	846,373	0	475,056	(63,308)	434,625	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 545 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 1,527 # of Member Months in C3-Pt D included in C3-Basic

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