

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.....	481,340	0	5,504	5,504	398,056	0	0	72,276	0	0
2. MEMBER MONTHS.....	1,415,561	0	16,575	16,575	1,166,563	0	0	215,848	0	0
3. Direct premium income.....	322,174,267	0	19,643,173	1,334,646	280,239,045	0	XXXXXXXX	20,957,402	XXXXXXXX	0
4. Net premium income.....	321,753,399	0	19,640,710	1,334,646	279,890,652	0	0	20,887,390	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).....	321,753,399	0	19,640,710	1,334,646	279,890,652	0	0	20,887,390	0	0
11. Hospital & medical.....	257,366,502	0	9,859,184	1,600,092	228,863,108	0	0	17,044,118	0	0
12. Net reinsurance recoveries.....	(230,962)	0	0	0	(230,962)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	257,597,464	0	9,859,184	1,600,092	229,094,070	0	0	17,044,118	0	0
14. Claims adjustment expenses.....	5,898,295	0	529,405	0	5,001,655	0	0	367,235	0	0
15. General administrative expenses.....	46,247,111	0	1,826,010	0	40,248,253	0	0	4,172,848	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).....	309,742,870	0	12,214,599	1,600,092	274,343,978	0	0	21,584,201	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	12,010,529	0	7,426,111	(265,445)	5,546,674	0	0	(696,811)	0	0
19. Net investment income earned.....	1,899,755	0	22,490	0	1,584,353	0	0	292,912	0	0
20. Net realized capital gains/losses.....	15,317	0	510	0	8,239	0	0	6,568	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,915,073	0	23,001	0	1,592,592	0	0	299,480	0	0
22. Aggregate write-in for other expenses.....	182,322	0	0	0	182,322	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	14,107,923	0	7,449,112	(265,445)	7,321,588	0	0	(397,331)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	5,254,187	0	2,596,070	0	2,791,434	0	0	(133,317)	0	0
25. NET INCOME/LOSS (L30 less L31).....	8,853,737	0	4,853,042	(265,445)	4,530,154	0	0	(264,014)	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,504	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			16,575	# of Member Months in C3-Pt D included in C3-Basic			

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

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	481,340	0	5,504	5,504	398,056	0	0	72,276	0	0
2. MEMBER MONTHS.....	2,788,161	0	32,674	32,674	2,296,877	0	0	425,936	0	0
3. Direct premium income.....	644,697,628	0	38,401,635	2,814,761	559,369,094	0	XXXXXXXX	44,112,137	XXXXXXXX	0
4. Net premium income.....	643,869,386	0	38,396,917	2,814,761	558,683,361	0	0	43,974,346	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).....	643,869,386	0	38,396,917	2,814,761	558,683,361	0	0	43,974,346	0	0
11. Hospital & medical.....	517,493,546	0	18,649,719	2,966,011	463,384,288	0	0	32,493,528	0	0
12. Net reinsurance recoveries.....	458,761	0	0	0	458,761	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	517,034,785	0	18,649,719	2,966,011	462,925,527	0	0	32,493,528	0	0
14. Claims adjustment expenses.....	10,596,498	0	1,083,440	0	8,889,693	0	0	623,365	0	0
15. General administrative expenses.....	90,134,835	0	3,418,073	0	77,327,166	0	0	9,389,596	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).....	617,766,118	0	23,151,232	2,966,011	549,142,386	0	0	42,506,489	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	26,103,268	0	15,245,685	(151,249)	9,540,975	0	0	1,467,857	0	0
19. Net investment income earned.....	3,787,623	0	44,867	0	3,157,002	0	0	585,754	0	0
20. Net realized capital gains/losses.....	42,068	0	510	0	34,990	0	0	6,568	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	3,829,692	0	45,378	0	3,191,992	0	0	592,322	0	0
22. Aggregate write-in for other expenses.....	182,322	0	0	0	182,322	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	30,115,281	0	15,291,063	(151,249)	12,915,289	0	0	2,060,179	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	10,940,834	0	5,401,861	0	4,805,610	0	0	733,363	0	0
25. NET INCOME/LOSS (L30 less L31).....	19,174,448	0	9,889,202	(151,249)	8,109,679	0	0	1,326,816	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,504	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			32,674	# 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 **JUNE 30, 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	0									
3. Second Quarter	145,885	0	33,466	0	0	0	0	0	112,419	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	786,894	0	192,428	0	0	0	0	0	594,466	0
Total Member Ambulatory Encounters for Year:										
7. Physician	336,840	0	55,260	0	0	0	0	0	281,580	0
8. Non-Physician	132,302	0	19,894	0	0	0	0	0	112,408	0
9. Total	469,142	0	75,154	0	0	0	0	0	393,988	0
10. Hospital Patient Days Incurred	17,975	0	1,062	0	0	0	0	0	16,913	0
11. Number of Inpatient Admissions	4,356	0	262	0	0	0	0	0	4,094	0
12. Health Premiums Written	121,598,454	0	14,667,746	0	0	0	0	0	106,930,709	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	121,598,454	0	14,667,746	0	0	0	0	0	106,930,709	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	93,773,514	0	10,366,944	0	0	0	0	0	83,406,570	0
18. Amount Incurred for Provision of Health Care Services	97,628,108	0	11,050,128	0	0	0	0	0	86,577,980	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.....	145,885	0	0	0	112,419	0	0	33,466	0	0
2. MEMBER MONTHS.....	414,924	0	0	0	316,314	0	0	98,610	0	0
3. Direct premium income.....	62,864,840	0	0	0	55,098,693	0	XXXXXXXX	7,766,148	XXXXXXXX	0
4. Net premium income.....	62,732,931	0	0	0	54,998,795	0	0	7,734,136	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).....	62,732,931	0	0	0	54,998,795	0	0	7,734,136	0	0
11. Hospital & medical.....	49,058,225	0	0	0	43,040,362	0	0	6,017,863	0	0
12. Net reinsurance recoveries.....	(91,457)	0	0	0	(91,457)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	49,149,682	0	0	0	43,131,819	0	0	6,017,863	0	0
14. Claims adjustment expenses.....	1,067,703	0	0	0	939,142	0	0	128,561	0	0
15. General administrative expenses.....	10,022,578	0	0	0	8,685,606	0	0	1,336,972	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).....	60,239,963	0	0	0	52,756,566	0	0	7,483,396	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,492,968	0	0	0	2,242,229	0	0	250,739	0	0
19. Net investment income earned.....	564,713	0	0	0	430,792	0	0	133,921	0	0
20. Net realized capital gains/losses.....	12,417	0	0	0	9,431	0	0	2,986	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	577,129	0	0	0	440,222	0	0	136,907	0	0
22. Aggregate write-in for other expenses.....	122,934	0	0	0	122,934	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	3,193,032	0	0	0	2,805,385	0	0	387,646	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,147,359	0	0	0	1,008,336	0	0	139,023	0	0
25. NET INCOME/LOSS (L30 less L31).....	2,045,672	0	0	0	1,797,050	0	0	248,623	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.....	145,885	0	0	0	112,419	0	0	33,466	0	0
2. MEMBER MONTHS.....	786,894	0	0	0	594,466	0	0	192,428	0	0
3. Direct premium income.....	121,598,454	0	0	0	106,930,709	0	XXXXXXXX	14,667,746	XXXXXXXX	0
4. Net premium income.....	121,346,650	0	0	0	106,741,290	0	0	14,605,360	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).....	121,346,650	0	0	0	106,741,290	0	0	14,605,360	0	0
11. Hospital & medical.....	97,628,108	0	0	0	86,577,980	0	0	11,050,128	0	0
12. Net reinsurance recoveries.....	531,626	0	0	0	531,626	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	97,096,482	0	0	0	86,046,354	0	0	11,050,128	0	0
14. Claims adjustment expenses.....	1,872,925	0	0	0	1,660,936	0	0	211,989	0	0
15. General administrative expenses.....	18,321,243	0	0	0	15,283,603	0	0	3,037,640	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).....	117,290,650	0	0	0	102,990,892	0	0	14,299,757	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4,056,000	0	0	0	3,750,398	0	0	305,602	0	0
19. Net investment income earned.....	1,083,089	0	0	0	818,405	0	0	264,684	0	0
20. Net realized capital gains/losses.....	12,417	0	0	0	9,431	0	0	2,986	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,095,505	0	0	0	827,835	0	0	267,670	0	0
22. Aggregate write-in for other expenses.....	122,934	0	0	0	122,934	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5,274,440	0	0	0	4,701,167	0	0	573,272	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,881,401	0	0	0	1,676,914	0	0	204,487	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,393,038	0	0	0	3,024,254	0	0	368,785	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 **JUNE 30, 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	0									
3. Second Quarter	105,166	0	19,333	0	0	0	0	0	85,833	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	604,505	0	118,656	0	0	0	0	0	485,849	0
Total Member Ambulatory Encounters for Year:										
7. Physician	306,969	0	71,840	0	0	0	0	0	235,129	0
8. Non-Physician	168,771	0	50,940	0	0	0	0	0	117,831	0
9. Total	475,740	0	122,780	0	0	0	0	0	352,960	0
10. Hospital Patient Days Incurred	18,294	0	1,049	0	0	0	0	0	17,245	0
11. Number of Inpatient Admissions	4,731	0	255	0	0	0	0	0	4,476	0
12. Health Premiums Written	117,524,644	0	20,885,967	0	0	0	0	0	96,638,677	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	117,524,644	0	20,885,967	0	0	0	0	0	96,638,677	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	90,469,440	0	14,555,101	0	0	0	0	0	75,914,339	0
18. Amount Incurred for Provision of Health Care Services	91,083,484	0	14,783,697	0	0	0	0	0	76,299,787	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.....	105,166	0	0	0	85,833	0	0	19,333	0	0
2. MEMBER MONTHS.....	310,214	0	0	0	251,097	0	0	59,117	0	0
3. Direct premium income.....	57,720,898	0	0	0	48,921,471	0	XXXXXXXX	8,799,427	XXXXXXXX	0
4. Net premium income.....	57,621,466	0	0	0	48,841,305	0	0	8,780,161	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).....	57,621,466	0	0	0	48,841,305	0	0	8,780,161	0	0
11. Hospital & medical.....	42,791,204	0	0	0	35,648,508	0	0	7,142,696	0	0
12. Net reinsurance recoveries.....	1,228	0	0	0	1,228	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	42,789,976	0	0	0	35,647,280	0	0	7,142,696	0	0
14. Claims adjustment expenses.....	946,752	0	0	0	789,814	0	0	156,938	0	0
15. General administrative expenses.....	11,451,695	0	0	0	9,962,779	0	0	1,488,915	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).....	55,188,423	0	0	0	46,399,874	0	0	8,788,549	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,433,043	0	0	0	2,441,431	0	0	(8,388)	0	0
19. Net investment income earned.....	421,299	0	0	0	341,192	0	0	80,107	0	0
20. Net realized capital gains/losses.....	(17,338)	0	0	0	(19,146)	0	0	1,808	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	403,961	0	0	0	322,046	0	0	81,915	0	0
22. Aggregate write-in for other expenses.....	59,388	0	0	0	59,388	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	2,896,392	0	0	0	2,822,865	0	0	73,527	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,162,637	0	0	0	1,129,296	0	0	33,341	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,733,755	0	0	0	1,693,569	0	0	40,186	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.....	105,166	0	0	0	85,833	0	0	19,333	0	0
2. MEMBER MONTHS.....	604,505	0	0	0	485,849	0	0	118,656	0	0
3. Direct premium income.....	117,524,644	0	0	0	96,638,677	0	XXXXXXXX	20,885,967	XXXXXXXX	0
4. Net premium income.....	117,330,816	0	0	0	96,483,155	0	0	20,847,661	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).....	117,330,816	0	0	0	96,483,155	0	0	20,847,661	0	0
11. Hospital & medical.....	91,083,484	0	0	0	76,299,787	0	0	14,783,697	0	0
12. Net reinsurance recoveries.....	1,236	0	0	0	1,236	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	91,082,248	0	0	0	76,298,551	0	0	14,783,697	0	0
14. Claims adjustment expenses.....	1,747,372	0	0	0	1,463,757	0	0	283,615	0	0
15. General administrative expenses.....	20,181,746	0	0	0	16,446,313	0	0	3,735,432	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).....	113,011,366	0	0	0	94,208,622	0	0	18,802,744	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4,319,450	0	0	0	2,274,533	0	0	2,044,917	0	0
19. Net investment income earned.....	831,594	0	0	0	668,539	0	0	163,055	0	0
20. Net realized capital gains/losses.....	9,413	0	0	0	7,605	0	0	1,808	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	841,007	0	0	0	676,144	0	0	164,863	0	0
22. Aggregate write-in for other expenses.....	59,388	0	0	0	59,388	0	0	0	0	0
23. INCOME/LOSSES before FIT + EX Items (L18+L21+L22).....	5,219,845	0	0	0	3,010,065	0	0	2,209,780	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	2,012,371	0	0	0	1,225,646	0	0	786,725	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,207,474	0	0	0	1,784,419	0	0	1,423,055	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 **JUNE 30, 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	0									
3. Second Quarter	171,713	0	18,520	0	0	0	0	4,905	148,288	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,061,503	0	109,106	0	0	0	0	29,395	923,002	0
Total Member Ambulatory Encounters for Year:										
7. Physician	527,975	0	32,640	0	0	0	0	24,102	471,233	0
8. Non-Physician	312,527	0	7,984	0	0	0	0	15,364	289,179	0
9. Total	840,502	0	40,624	0	0	0	0	39,466	760,412	0
10. Hospital Patient Days Incurred	53,349	0	521	0	0	0	0	6,124	46,704	0
11. Number of Inpatient Admissions	10,338	0	120	0	0	0	0	771	9,447	0
12. Health Premiums Written	303,883,564	0	8,017,898	0	0	0	0	36,725,596	259,140,070	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	303,883,564	0	8,017,898	0	0	0	0	36,725,596	259,140,070	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	231,031,364	0	5,692,724	0	0	0	0	19,885,310	205,453,330	0
18. Amount Incurred for Provision of Health Care Services	237,344,673	0	6,368,062	0	0	0	0	18,652,406	212,324,205	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.....	176,618	0	4,905	4,905	148,288	0	0	18,520	0	0
2. MEMBER MONTHS.....	531,926	0	14,823	14,823	447,038	0	0	55,242	0	0
3. Direct premium income.....	150,809,571	0	17,183,352	1,334,647	128,173,635	0	XXXXXXXX	4,117,937	XXXXXXXX	0
4. Net premium income.....	150,660,890	0	17,181,158	1,334,647	128,044,942	0	0	4,100,144	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).....	150,660,890	0	17,181,158	1,334,647	128,044,942	0	0	4,100,144	0	0
11. Hospital & medical.....	119,116,742	0	8,402,577	1,369,672	105,612,163	0	0	3,732,331	0	0
12. Net reinsurance recoveries.....	(277,697)	0	0	0	(277,697)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	119,394,439	0	8,402,577	1,369,672	105,889,860	0	0	3,732,331	0	0
14. Claims adjustment expenses.....	4,956,746	0	2,574,128	0	2,304,148	0	0	78,470	0	0
15. General administrative expenses.....	15,791,055	0	(606,151)	0	15,133,559	0	0	1,263,646	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).....	140,142,240	0	10,370,554	1,369,672	123,327,568	0	0	5,074,447	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10,518,651	0	6,810,604	(35,025)	4,717,374	0	0	(974,303)	0	0
19. Net investment income earned.....	700,848	0	20,108	0	605,762	0	0	74,978	0	0
20. Net realized capital gains/losses.....	15,457	0	457	0	13,316	0	0	1,684	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	716,305	0	20,565	0	619,078	0	0	76,662	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).....	11,234,956	0	6,831,169	(35,025)	5,336,452	0	0	(897,641)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	4,109,240	0	2,453,739	0	1,975,260	0	0	(319,759)	0	0
25. NET INCOME/LOSS (L30 less L31).....	7,125,716	0	4,377,431	(35,025)	3,361,192	0	0	(577,882)	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 4,905 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 14,823 # 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.....	176,618	0	4,905	4,905	148,288	0	0	18,520	0	0
2. MEMBER MONTHS.....	1,090,898	0	29,395	29,395	923,002	0	0	109,106	0	0
3. Direct premium income.....	303,883,564	0	34,055,453	2,670,143	259,140,070	0	XXXXXXXX	8,017,898	XXXXXXXX	0
4. Net premium income.....	303,578,201	0	34,051,218	2,670,143	258,874,172	0	0	7,982,669	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).....	303,578,201	0	34,051,218	2,670,143	258,874,172	0	0	7,982,669	0	0
11. Hospital & medical.....	237,344,673	0	16,124,743	2,527,664	212,324,205	0	0	6,368,062	0	0
12. Net reinsurance recoveries.....	(211,065)	0	0	0	(211,065)	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	237,555,738	0	16,124,743	2,527,664	212,535,270	0	0	6,368,062	0	0
14. Claims adjustment expenses.....	7,253,994	0	3,058,541	0	4,073,286	0	0	122,167	0	0
15. General administrative expenses.....	35,693,861	0	934,910	0	32,323,871	0	0	2,435,079	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	280,503,593	0	20,118,194	2,527,664	248,932,428	0	0	8,925,308	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	23,074,609	0	13,933,024	142,479	9,941,744	0	0	(942,639)	0	0
19. Net investment income earned.....	1,456,968	0	40,374	0	1,266,476	0	0	150,118	0	0
20. Net realized capital gains/losses.....	15,457	0	457	0	13,316	0	0	1,684	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,472,425	0	40,831	0	1,279,792	0	0	151,802	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).....	24,547,034	0	13,973,855	142,479	11,221,536	0	0	(790,837)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	8,813,415	0	5,035,320	0	4,060,188	0	0	(282,093)	0	0
25. NET INCOME/LOSS (L30 less L31).....	15,733,619	0	8,938,536	142,479	7,161,348	0	0	(508,744)	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 4,905 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 29,395 # 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 **JUNE 30, 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	0									
3. Second Quarter	33,996	0	0	0	0	0	0	0	33,996	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	187,594	0	0	0	0	0	0	0	187,594	0
Total Member Ambulatory Encounters for Year:										
7. Physician	91,715	0	0	0	0	0	0	0	91,715	0
8. Non-Physician	69,926	0	0	0	0	0	0	0	69,926	0
9. Total	161,641	0	0	0	0	0	0	0	161,641	0
10. Hospital Patient Days Incurred	7,492	0	0	0	0	0	0	0	7,492	0
11. Number of Inpatient Admissions	1,511	0	0	0	0	0	0	0	1,511	0
12. Health Premiums Written	54,601,255	0	0	0	0	0	0	0	54,601,255	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	54,601,255	0	0	0	0	0	0	0	54,601,255	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	53,827,395	0	0	0	0	0	0	0	53,827,395	0
18. Amount Incurred for Provision of Health Care Services	56,228,385	0	0	0	0	0	0	0	56,228,385	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.....	33,996	0	0	0	33,996	0	0	0	0	0
2. MEMBER MONTHS.....	99,087	0	0	0	99,087	0	0	0	0	0
3. Direct premium income.....	28,467,239	0	0	0	28,467,239	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	28,439,260	0	0	0	28,439,260	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).....	28,439,260	0	0	0	28,439,260	0	0	0	0	0
11. Hospital & medical.....	30,197,576	0	0	0	30,197,576	0	0	0	0	0
12. Net reinsurance recoveries.....	136,964	0	0	0	136,964	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	30,060,613	0	0	0	30,060,613	0	0	0	0	0
14. Claims adjustment expenses.....	647,146	0	0	0	647,146	0	0	0	0	0
15. General administrative expenses.....	2,930,602	0	0	0	2,930,602	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).....	33,638,361	0	0	0	33,638,361	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(5,199,101)	0	0	0	(5,199,101)	0	0	0	0	0
19. Net investment income earned.....	134,718	0	0	0	134,718	0	0	0	0	0
20. Net realized capital gains/losses.....	3,026	0	0	0	3,026	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	137,744	0	0	0	137,744	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).....	(5,061,357)	0	0	0	(5,061,357)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(1,815,239)	0	0	0	(1,815,239)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(3,246,118)	0	0	0	(3,246,118)	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.....	33,996	0	0	0	33,996	0	0	0	0	0
2. MEMBER MONTHS.....	187,594	0	0	0	187,594	0	0	0	0	0
3. Direct premium income.....	54,601,255	0	0	0	54,601,255	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	54,549,688	0	0	0	54,549,688	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).....	54,549,688	0	0	0	54,549,688	0	0	0	0	0
11. Hospital & medical.....	56,228,385	0	0	0	56,228,385	0	0	0	0	0
12. Net reinsurance recoveries.....	136,964	0	0	0	136,964	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	56,091,422	0	0	0	56,091,422	0	0	0	0	0
14. Claims adjustment expenses.....	1,078,701	0	0	0	1,078,701	0	0	0	0	0
15. General administrative expenses.....	5,802,075	0	0	0	5,802,075	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).....	62,972,198	0	0	0	62,972,198	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(8,422,510)	0	0	0	(8,422,510)	0	0	0	0	0
19. Net investment income earned.....	257,875	0	0	0	257,875	0	0	0	0	0
20. Net realized capital gains/losses.....	3,026	0	0	0	3,026	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	260,901	0	0	0	260,901	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).....	(8,161,609)	0	0	0	(8,161,609)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(2,908,329)	0	0	0	(2,908,329)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(5,253,280)	0	0	0	(5,253,280)	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 **JUNE 30, 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	948	0	0	0	0	0	0	9,205	0
2. First Quarter	0									
3. Second Quarter	9,586	957	0	0	0	0	0	0	8,629	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	58,912	5,746	0	0	0	0	0	0	53,166	0
Total Member Ambulatory Encounters for Year:										
7. Physician	39,276	1,754	0	0	0	0	0	0	37,522	0
8. Non-Physician	13,711	424	0	0	0	0	0	0	13,287	0
9. Total	52,987	2,178	0	0	0	0	0	0	50,809	0
10. Hospital Patient Days Incurred	4,073	34	0	0	0	0	0	0	4,039	0
11. Number of Inpatient Admissions	1,026	10	0	0	0	0	0	0	1,016	0
12. Health Premiums Written	18,177,518	540,526	0	0	0	0	0	0	17,636,992	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	18,177,518	540,526	0	0	0	0	0	0	17,636,992	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	14,029,740	308,191	0	0	0	0	0	0	13,721,549	0
18. Amount Incurred for Provision of Health Care Services	13,891,365	291,642	0	0	0	0	0	0	13,599,723	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.....	9,586	0	0	0	8,629	0	0	957	0	0
2. MEMBER MONTHS.....	29,339	0	0	0	26,460	0	0	2,879	0	0
3. Direct premium income.....	8,432,793	0	0	0	8,158,904	0	XXXXXXXX	273,889	XXXXXXXX	0
4. Net premium income.....	8,423,458	0	0	0	8,150,508	0	0	272,950	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).....	8,423,458	0	0	0	8,150,508	0	0	272,950	0	0
11. Hospital & medical.....	5,391,896	0	0	0	5,240,667	0	0	151,229	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,391,896	0	0	0	5,240,667	0	0	151,229	0	0
14. Claims adjustment expenses.....	125,586	0	0	0	122,319	0	0	3,267	0	0
15. General administrative expenses.....	2,132,080	0	0	0	2,048,765	0	0	83,315	0	0
16. Increase in reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	7,649,561	0	0	0	7,411,751	0	0	237,810	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	773,896	0	0	0	738,756	0	0	35,140	0	0
19. Net investment income earned.....	39,754	0	0	0	35,847	0	0	3,907	0	0
20. Net realized capital gains/losses.....	898	0	0	0	809	0	0	89	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	40,652	0	0	0	36,656	0	0	3,996	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).....	814,548	0	0	0	775,412	0	0	39,136	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	297,461	0	0	0	283,384	0	0	14,077	0	0
25. NET INCOME/LOSS (L30 less L31).....	517,087	0	0	0	492,028	0	0	25,059	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.....	9,586	0	0	0	8,629	0	0	957	0	0
2. MEMBER MONTHS.....	58,912	0	0	0	53,166	0	0	5,746	0	0
3. Direct premium income.....	18,177,518	0	0	0	17,636,992	0	XXXXXXXX	540,526	XXXXXXXX	0
4. Net premium income.....	18,158,748	0	0	0	17,620,091	0	0	538,657	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).....	18,158,748	0	0	0	17,620,091	0	0	538,657	0	0
11. Hospital & medical.....	13,891,365	0	0	0	13,599,723	0	0	291,642	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,891,365	0	0	0	13,599,723	0	0	291,642	0	0
14. Claims adjustment expenses.....	266,496	0	0	0	260,901	0	0	5,595	0	0
15. General administrative expenses.....	3,186,165	0	0	0	3,004,721	0	0	181,444	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).....	17,344,025	0	0	0	16,865,345	0	0	478,680	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	814,722	0	0	0	754,745	0	0	59,977	0	0
19. Net investment income earned.....	81,004	0	0	0	73,106	0	0	7,898	0	0
20. Net realized capital gains/losses.....	898	0	0	0	809	0	0	89	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	81,902	0	0	0	73,915	0	0	7,987	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).....	896,624	0	0	0	828,660	0	0	67,964	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	327,024	0	0	0	302,781	0	0	24,243	0	0
25. NET INCOME/LOSS (L30 less L31).....	569,600	0	0	0	525,879	0	0	43,721	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 **JUNE 30, 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	0									
3. Second Quarter	9,490	0	0	0	0	0	0	599	8,891	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	56,079	0	0	0	0	0	0	3,279	52,800	0
Total Member Ambulatory Encounters for Year:										
7. Physician	19,193	0	0	0	0	0	0	2,613	16,580	0
8. Non-Physician	47,098	0	0	0	0	0	0	1,655	45,443	0
9. Total	66,291	0	0	0	0	0	0	4,268	62,023	0
10. Hospital Patient Days Incurred	2,728	0	0	0	0	0	0	1,007	1,721	0
11. Number of Inpatient Admissions	364	0	0	0	0	0	0	124	240	0
12. Health Premiums Written	28,912,192	0	0	0	0	0	0	4,490,801	24,421,391	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	28,912,192	0	0	0	0	0	0	4,490,801	24,421,391	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	21,351,234	0	0	0	0	0	0	2,391,884	18,959,350	0
18. Amount Incurred for Provision of Health Care Services	21,317,529	0	0	0	0	0	0	2,963,324	18,354,206	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.....	10,089	0	599	599	8,891	0	0	0	0	0
2. MEMBER MONTHS.....	30,071	0	1,752	1,752	26,567	0	0	0	0	0
3. Direct premium income.....	13,878,924	0	2,459,821	(0)	11,419,103	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	13,875,392	0	2,459,552	(0)	11,415,841	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).....	13,875,392	0	2,459,552	(0)	11,415,841	0	0	0	0	0
11. Hospital & medical.....	10,810,857	0	1,456,608	230,420	9,123,830	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).....	10,810,857	0	1,456,608	230,420	9,123,830	0	0	0	0	0
14. Claims adjustment expenses.....	277,993	0	78,908	0	199,085	0	0	0	0	0
15. General administrative expenses.....	1,795,471	0	308,530	0	1,486,941	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).....	12,884,322	0	1,844,046	230,420	10,809,856	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	991,071	0	615,506	(230,420)	605,985	0	0	0	0	0
19. Net investment income earned.....	38,424	0	2,382	0	36,042	0	0	0	0	0
20. Net realized capital gains/losses.....	857	0	54	0	803	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	39,281	0	2,436	0	36,845	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).....	1,030,352	0	617,941	(230,420)	642,831	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	352,727	0	142,331	0	210,396	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	677,624	0	475,610	(230,420)	432,435	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 599 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 1,752 # 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.....	10,089	0	599	599	8,891	0	0	0	0	0
2. MEMBER MONTHS.....	59,358	0	3,279	3,279	52,800	0	0	0	0	0
3. Direct premium income.....	28,912,192	0	4,346,182	144,619	24,421,391	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	28,905,283	0	4,345,700	144,619	24,414,965	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).....	28,905,283	0	4,345,700	144,619	24,414,965	0	0	0	0	0
11. Hospital & medical.....	21,317,529	0	2,524,977	438,347	18,354,206	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).....	21,317,529	0	2,524,977	438,347	18,354,206	0	0	0	0	0
14. Claims adjustment expenses.....	500,642	0	148,530	0	352,112	0	0	0	0	0
15. General administrative expenses.....	4,826,114	0	359,532	0	4,466,582	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).....	26,644,286	0	3,033,039	438,347	23,172,900	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,260,998	0	1,312,661	(293,728)	1,242,065	0	0	0	0	0
19. Net investment income earned.....	77,094	0	4,493	0	72,601	0	0	0	0	0
20. Net realized capital gains/losses.....	857	0	54	0	803	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	77,951	0	4,547	0	73,404	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).....	2,338,949	0	1,317,207	(293,728)	1,315,470	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	814,951	0	366,541	0	448,410	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,523,997	0	950,666	(293,728)	867,060	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 599 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 3,279 # of Member Months in C3-Pt D included in C3-Basic

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