

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.....	504,137	0	5,808	5,808	418,103	0	0	74,418	0	0
2. MEMBER MONTHS.....	1,504,713	0	17,070	17,070	1,247,891	0	0	222,682	0	0
3. Direct premium income.....	318,378,442	0	19,517,519	1,763,110	277,568,049	0	XXXXXXXX	19,529,765	XXXXXXXX	0
4. Net premium income.....	317,940,356	0	19,515,182	1,763,110	277,205,185	0	0	19,456,880	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).....	317,940,356	0	19,515,182	1,763,110	277,205,185	0	0	19,456,880	0	0
11. Hospital & medical.....	264,340,881	0	9,019,555	4,804,617	234,750,832	0	0	15,765,877	0	0
12. Net reinsurance recoveries.....	1,366,963	0	0	0	1,503,482	0	0	(136,519)	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	262,973,918	0	9,019,555	4,804,617	233,247,350	0	0	15,902,396	0	0
14. Claims adjustment expenses.....	14,672,685	0	942,539	0	12,850,682	0	0	879,464	0	0
15. General administrative expenses.....	29,696,691	0	1,309,774	0	24,787,967	0	0	3,598,950	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).....	307,343,294	0	11,271,867	4,804,617	270,885,999	0	0	20,380,810	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	10,597,062	0	8,243,314	(3,041,508)	6,319,186	0	0	(923,930)	0	0
19. Net investment income earned.....	1,344,158	0	15,316	0	1,128,750	0	0	200,092	0	0
20. Net realized capital gains/losses.....	11,418	0	130	0	9,585	0	0	1,703	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,355,576	0	15,446	0	1,138,335	0	0	201,795	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).....	11,770,316	0	8,258,760	(3,041,508)	7,275,199	0	0	(722,135)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	3,947,714	0	1,806,547	0	2,400,731	0	0	(259,564)	0	0
25. NET INCOME/LOSS (L30 less L31).....	7,822,602	0	6,452,213	(3,041,508)	4,874,468	0	0	(462,571)	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,808	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			17,070	# of Member Months in C3-Pt D included in C3-Basic			

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

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	504,137	0	5,808	5,808	418,103	0	0	74,418	0	0
2. MEMBER MONTHS.....	4,292,874	0	49,744	49,744	3,544,768	0	0	648,618	0	0
3. Direct premium income.....	963,076,070	0	57,919,154	4,577,871	836,937,143	0	XXXXXXXX	63,641,902	XXXXXXXX	0
4. Net premium income.....	961,809,742	0	57,912,099	4,577,871	835,888,546	0	0	63,431,226	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).....	961,809,742	0	57,912,099	4,577,871	835,888,546	0	0	63,431,226	0	0
11. Hospital & medical.....	781,834,427	0	27,669,274	7,770,628	698,135,120	0	0	48,259,405	0	0
12. Net reinsurance recoveries.....	1,825,724	0	0	0	1,962,243	0	0	(136,519)	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	780,008,703	0	27,669,274	7,770,628	696,172,877	0	0	48,395,924	0	0
14. Claims adjustment expenses.....	25,269,183	0	2,025,979	0	21,740,375	0	0	1,502,829	0	0
15. General administrative expenses.....	119,831,526	0	4,727,847	0	102,115,133	0	0	12,988,546	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).....	925,109,412	0	34,423,100	7,770,628	820,028,385	0	0	62,887,299	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	36,700,330	0	23,488,999	(3,192,757)	15,860,161	0	0	543,927	0	0
19. Net investment income earned.....	5,131,781	0	60,183	0	4,285,752	0	0	785,846	0	0
20. Net realized capital gains/losses.....	53,487	0	641	0	44,575	0	0	8,271	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	5,185,268	0	60,824	0	4,330,327	0	0	794,117	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).....	41,885,598	0	23,549,823	(3,192,757)	20,190,488	0	0	1,338,044	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	14,888,548	0	7,208,408	0	7,206,341	0	0	473,799	0	0
25. NET INCOME/LOSS (L30 less L31).....	26,997,050	0	16,341,415	(3,192,757)	12,984,147	0	0	864,245	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			5,808	# of Enrollees in C3-Pt D included in C3-Basic			
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			49,744	# 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 **SEPTEMBER 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	0									
4. Third Quarter	153,327	0	33,831	0	0	0	0	0	119,496	0
5. Current Year	0									
6. Current Year Member Months	1,245,894	0	294,012	0	0	0	0	0	951,882	0
Total Member Ambulatory Encounters for Year:										
7. Physician	510,472	0	83,834	0	0	0	0	0	426,638	0
8. Non-Physician	198,033	0	29,623	0	0	0	0	0	168,410	0
9. Total	708,505	0	113,457	0	0	0	0	0	595,048	0
10. Hospital Patient Days Incurred	27,080	0	1,576	0	0	0	0	0	25,504	0
11. Number of Inpatient Admissions	6,584	0	376	0	0	0	0	0	6,208	0
12. Health Premiums Written	183,812,666	0	22,162,643	0	0	0	0	0	161,650,023	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	183,812,666	0	22,162,643	0	0	0	0	0	161,650,023	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	143,223,193	0	15,386,493	0	0	0	0	0	127,836,700	0
18. Amount Incurred for Provision of Health Care Services	149,111,216	0	15,340,354	0	0	0	0	0	133,770,862	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.....	153,327	0	0	0	119,496	0	0	33,831	0	0
2. MEMBER MONTHS.....	459,000	0	0	0	357,416	0	0	101,584	0	0
3. Direct premium income.....	62,214,211	0	0	0	54,719,314	0	XXXXXXXX	7,494,897	XXXXXXXX	0
4. Net premium income.....	62,073,250	0	0	0	54,611,731	0	0	7,461,519	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).....	62,073,250	0	0	0	54,611,731	0	0	7,461,519	0	0
11. Hospital & medical.....	51,483,107	0	0	0	47,192,882	0	0	4,290,225	0	0
12. Net reinsurance recoveries.....	426,054	0	0	0	562,573	0	0	(136,519)	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,057,053	0	0	0	46,630,309	0	0	4,426,745	0	0
14. Claims adjustment expenses.....	2,770,494	0	0	0	2,504,774	0	0	265,720	0	0
15. General administrative expenses.....	6,179,952	0	0	0	4,437,320	0	0	1,742,632	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).....	60,007,499	0	0	0	53,572,403	0	0	6,435,096	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,065,750	0	0	0	1,039,328	0	0	1,026,423	0	0
19. Net investment income earned.....	413,131	0	0	0	321,857	0	0	91,274	0	0
20. Net realized capital gains/losses.....	3,526	0	0	0	2,749	0	0	777	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	416,657	0	0	0	324,606	0	0	92,052	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).....	2,359,474	0	0	0	1,241,000	0	0	1,118,474	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	821,757	0	0	0	427,199	0	0	394,558	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,537,717	0	0	0	813,801	0	0	723,916	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.....	153,327	0	0	0	119,496	0	0	33,831	0	0
2. MEMBER MONTHS.....	1,245,894	0	0	0	951,882	0	0	294,012	0	0
3. Direct premium income.....	183,812,666	0	0	0	161,650,023	0	XXXXXXXX	22,162,643	XXXXXXXX	0
4. Net premium income.....	183,419,900	0	0	0	161,353,021	0	0	22,066,878	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).....	183,419,900	0	0	0	161,353,021	0	0	22,066,878	0	0
11. Hospital & medical.....	149,111,216	0	0	0	133,770,862	0	0	15,340,354	0	0
12. Net reinsurance recoveries.....	957,680	0	0	0	1,094,200	0	0	(136,519)	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	148,153,536	0	0	0	132,676,662	0	0	15,476,873	0	0
14. Claims adjustment expenses.....	4,643,419	0	0	0	4,165,710	0	0	477,708	0	0
15. General administrative expenses.....	24,501,195	0	0	0	19,720,923	0	0	4,780,272	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).....	177,298,149	0	0	0	156,563,296	0	0	20,734,854	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	6,121,751	0	0	0	4,789,726	0	0	1,332,025	0	0
19. Net investment income earned.....	1,496,220	0	0	0	1,140,262	0	0	355,958	0	0
20. Net realized capital gains/losses.....	15,943	0	0	0	12,180	0	0	3,763	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,512,163	0	0	0	1,152,441	0	0	359,721	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).....	7,633,913	0	0	0	5,942,167	0	0	1,691,746	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	2,703,158	0	0	0	2,104,113	0	0	599,045	0	0
25. NET INCOME/LOSS (L30 less L31).....	4,930,755	0	0	0	3,838,054	0	0	1,092,701	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 **SEPTEMBER 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	0									
4. Third Quarter	111,081	0	20,978	0	0	0	0	0	90,103	0
5. Current Year	0									
6. Current Year Member Months	938,366	0	180,564	0	0	0	0	0	757,802	0
Total Member Ambulatory Encounters for Year:										
7. Physician	448,940	0	105,504	0	0	0	0	0	343,436	0
8. Non-Physician	245,019	0	74,900	0	0	0	0	0	170,119	0
9. Total	693,959	0	180,404	0	0	0	0	0	513,555	0
10. Hospital Patient Days Incurred	27,568	0	1,537	0	0	0	0	0	26,031	0
11. Number of Inpatient Admissions	7,172	0	368	0	0	0	0	0	6,804	0
12. Health Premiums Written	171,274,458	0	28,928,308	0	0	0	0	0	142,346,150	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	171,274,458	0	28,928,308	0	0	0	0	0	142,346,150	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	136,651,621	0	22,683,077	0	0	0	0	0	113,968,544	0
18. Amount Incurred for Provision of Health Care Services	136,104,894	0	22,850,923	0	0	0	0	0	113,253,971	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.....	111,081	0	0	0	90,103	0	0	20,978	0	0
2. MEMBER MONTHS.....	333,861	0	0	0	271,953	0	0	61,908	0	0
3. Direct premium income.....	53,749,814	0	0	0	45,707,473	0	XXXXXXXX	8,042,342	XXXXXXXX	0
4. Net premium income.....	53,646,169	0	0	0	45,623,895	0	0	8,022,274	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).....	53,646,169	0	0	0	45,623,895	0	0	8,022,274	0	0
11. Hospital & medical.....	45,021,410	0	0	0	36,954,183	0	0	8,067,226	0	0
12. Net reinsurance recoveries.....	220,890	0	0	0	220,890	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,800,520	0	0	0	36,733,294	0	0	8,067,226	0	0
14. Claims adjustment expenses.....	2,491,023	0	0	0	2,063,045	0	0	427,978	0	0
15. General administrative expenses.....	6,374,121	0	0	0	5,627,940	0	0	746,181	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).....	53,665,664	0	0	0	44,424,278	0	0	9,241,386	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(19,495)	0	0	0	1,199,617	0	0	(1,219,111)	0	0
19. Net investment income earned.....	306,336	0	0	0	250,716	0	0	55,620	0	0
20. Net realized capital gains/losses.....	2,570	0	0	0	2,097	0	0	473	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	308,906	0	0	0	252,812	0	0	56,093	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).....	230,023	0	0	0	1,393,041	0	0	(1,163,018)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(72,399)	0	0	0	343,669	0	0	(416,068)	0	0
25. NET INCOME/LOSS (L30 less L31).....	302,421	0	0	0	1,049,372	0	0	(746,950)	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.....	111,081	0	0	0	90,103	0	0	20,978	0	0
2. MEMBER MONTHS.....	938,366	0	0	0	757,802	0	0	180,564	0	0
3. Direct premium income.....	171,274,458	0	0	0	142,346,150	0	XXXXXXXX	28,928,308	XXXXXXXX	0
4. Net premium income.....	170,976,985	0	0	0	142,107,050	0	0	28,869,935	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).....	170,976,985	0	0	0	142,107,050	0	0	28,869,935	0	0
11. Hospital & medical.....	136,104,894	0	0	0	113,253,971	0	0	22,850,923	0	0
12. Net reinsurance recoveries.....	222,126	0	0	0	222,126	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	135,882,768	0	0	0	113,031,845	0	0	22,850,923	0	0
14. Claims adjustment expenses.....	4,238,394	0	0	0	3,526,802	0	0	711,592	0	0
15. General administrative expenses.....	26,555,867	0	0	0	22,074,253	0	0	4,481,614	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).....	166,677,030	0	0	0	138,632,900	0	0	28,044,130	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4,299,956	0	0	0	3,474,150	0	0	825,806	0	0
19. Net investment income earned.....	1,137,929	0	0	0	919,254	0	0	218,675	0	0
20. Net realized capital gains/losses.....	11,983	0	0	0	9,702	0	0	2,281	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,149,912	0	0	0	928,956	0	0	220,956	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).....	5,449,868	0	0	0	4,403,106	0	0	1,046,762	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,939,973	0	0	0	1,569,316	0	0	370,657	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,509,895	0	0	0	2,833,791	0	0	676,105	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 **SEPTEMBER 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	0									
4. Third Quarter	178,524	0	18,656	0	0	0	0	5,026	154,842	0
5. Current Year	0									
6. Current Year Member Months	1,592,636	0	165,393	0	0	0	0	44,402	1,382,841	0
Total Member Ambulatory Encounters for Year:										
7. Physician	777,821	0	49,456	0	0	0	0	37,029	691,336	0
8. Non-Physician	458,953	0	12,355	0	0	0	0	22,778	423,820	0
9. Total	1,236,774	0	61,811	0	0	0	0	59,807	1,115,156	0
10. Hospital Patient Days Incurred	80,712	0	830	0	0	0	0	8,961	70,921	0
11. Number of Inpatient Admissions	15,788	0	205	0	0	0	0	1,132	14,451	0
12. Health Premiums Written	453,307,362	0	11,784,445	0	0	0	0	55,407,679	386,115,238	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	453,307,362	0	11,784,445	0	0	0	0	55,407,679	386,115,238	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	361,779,045	0	8,885,851	0	0	0	0	32,822,106	320,071,088	0
18. Amount Incurred for Provision of Health Care Services	360,353,010	0	9,624,369	0	0	0	0	31,204,147	319,524,495	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.....	183,550	0	5,026	5,026	154,842	0	0	18,656	0	0
2. MEMBER MONTHS.....	546,140	0	15,007	15,007	459,839	0	0	56,287	0	0
3. Direct premium income.....	149,423,798	0	17,370,647	1,311,435	126,975,168	0	XXXXXXXX	3,766,547	XXXXXXXX	0
4. Net premium income.....	149,269,974	0	17,368,599	1,311,435	126,841,879	0	0	3,748,061	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).....	149,269,974	0	17,368,599	1,311,435	126,841,879	0	0	3,748,061	0	0
11. Hospital & medical.....	123,008,337	0	7,909,413	4,642,328	107,200,290	0	0	3,256,307	0	0
12. Net reinsurance recoveries.....	696,549	0	0	0	696,549	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	122,311,788	0	7,909,413	4,642,328	106,503,741	0	0	3,256,307	0	0
14. Claims adjustment expenses.....	4,779,747	0	(1,274,706)	0	5,876,911	0	0	177,542	0	0
15. General administrative expenses.....	15,635,099	0	3,196,557	0	11,377,812	0	0	1,060,730	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).....	142,726,634	0	9,831,263	4,642,328	123,758,464	0	0	4,494,580	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	6,543,340	0	7,537,336	(3,330,892)	3,083,415	0	0	(746,518)	0	0
19. Net investment income earned.....	477,562	0	13,470	0	413,505	0	0	50,588	0	0
20. Net realized capital gains/losses.....	4,069	0	114	0	3,524	0	0	431	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	481,632	0	13,584	0	417,029	0	0	51,019	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).....	7,024,972	0	7,550,920	(3,330,892)	3,500,444	0	0	(695,499)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	2,411,744	0	1,457,560	0	1,198,401	0	0	(244,217)	0	0
25. NET INCOME/LOSS (L30 less L31).....	4,613,228	0	6,093,360	(3,330,892)	2,302,043	0	0	(451,283)	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 5,026 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 15,007 # 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.....	183,550	0	5,026	5,026	154,842	0	0	18,656	0	0
2. MEMBER MONTHS.....	1,637,038	0	44,402	44,402	1,382,841	0	0	165,393	0	0
3. Direct premium income.....	453,307,362	0	51,426,100	3,981,578	386,115,238	0	XXXXXXXX	11,784,445	XXXXXXXX	0
4. Net premium income.....	452,848,176	0	51,419,816	3,981,578	385,716,051	0	0	11,730,730	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).....	452,848,176	0	51,419,816	3,981,578	385,716,051	0	0	11,730,730	0	0
11. Hospital & medical.....	360,353,010	0	24,034,155	7,169,991	319,524,495	0	0	9,624,369	0	0
12. Net reinsurance recoveries.....	485,484	0	0	0	485,484	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	359,867,526	0	24,034,155	7,169,991	319,039,011	0	0	9,624,369	0	0
14. Claims adjustment expenses.....	12,033,741	0	1,783,835	0	9,950,197	0	0	299,709	0	0
15. General administrative expenses.....	51,328,960	0	4,131,467	0	43,701,684	0	0	3,495,810	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).....	423,230,227	0	29,949,457	7,169,991	372,690,891	0	0	13,419,887	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	29,617,949	0	21,470,360	(3,188,413)	13,025,159	0	0	(1,689,157)	0	0
19. Net investment income earned.....	1,934,530	0	53,844	0	1,679,981	0	0	200,706	0	0
20. Net realized capital gains/losses.....	19,526	0	571	0	16,840	0	0	2,115	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	1,954,057	0	54,415	0	1,696,821	0	0	202,821	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).....	31,572,006	0	21,524,775	(3,188,413)	14,721,980	0	0	(1,486,336)	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	11,225,158	0	6,492,879	0	5,258,589	0	0	(526,310)	0	0
25. NET INCOME/LOSS (L30 less L31).....	20,346,847	0	15,031,896	(3,188,413)	9,463,391	0	0	(960,027)	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 5,026 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 44,402 # 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 **SEPTEMBER 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	0									
4. Third Quarter	35,656	0	0	0	0	0	0	0	35,656	0
5. Current Year	0									
6. Current Year Member Months	292,316	0	0	0	0	0	0	0	292,316	0
Total Member Ambulatory Encounters for Year:										
7. Physician	136,734	0	0	0	0	0	0	0	136,734	0
8. Non-Physician	104,126	0	0	0	0	0	0	0	104,126	0
9. Total	240,860	0	0	0	0	0	0	0	240,860	0
10. Hospital Patient Days Incurred	11,265	0	0	0	0	0	0	0	11,265	0
11. Number of Inpatient Admissions	2,345	0	0	0	0	0	0	0	2,345	0
12. Health Premiums Written	84,399,757	0	0	0	0	0	0	0	84,399,757	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	84,399,757	0	0	0	0	0	0	0	84,399,757	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	82,233,659	0	0	0	0	0	0	0	82,233,659	0
18. Amount Incurred for Provision of Health Care Services	83,562,221	0	0	0	0	0	0	0	83,562,221	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.....	35,656	0	0	0	35,656	0	0	0	0	0
2. MEMBER MONTHS.....	104,722	0	0	0	104,722	0	0	0	0	0
3. Direct premium income.....	29,798,501	0	0	0	29,798,501	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	29,772,117	0	0	0	29,772,117	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).....	29,772,117	0	0	0	29,772,117	0	0	0	0	0
11. Hospital & medical.....	27,333,835	0	0	0	27,333,835	0	0	0	0	0
12. Net reinsurance recoveries.....	23,470	0	0	0	23,470	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,310,365	0	0	0	27,310,365	0	0	0	0	0
14. Claims adjustment expenses.....	1,523,480	0	0	0	1,523,480	0	0	0	0	0
15. General administrative expenses.....	2,082,757	0	0	0	2,082,757	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).....	30,916,603	0	0	0	30,916,603	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(1,144,486)	0	0	0	(1,144,486)	0	0	0	0	0
19. Net investment income earned.....	94,079	0	0	0	94,079	0	0	0	0	0
20. Net realized capital gains/losses.....	800	0	0	0	800	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	94,879	0	0	0	94,879	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).....	(1,049,607)	0	0	0	(1,049,607)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(353,193)	0	0	0	(353,193)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(696,413)	0	0	0	(696,413)	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.....	35,656	0	0	0	35,656	0	0	0	0	0
2. MEMBER MONTHS.....	292,316	0	0	0	292,316	0	0	0	0	0
3. Direct premium income.....	84,399,757	0	0	0	84,399,757	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	84,321,804	0	0	0	84,321,804	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).....	84,321,804	0	0	0	84,321,804	0	0	0	0	0
11. Hospital & medical.....	83,562,221	0	0	0	83,562,221	0	0	0	0	0
12. Net reinsurance recoveries.....	160,434	0	0	0	160,434	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	83,401,787	0	0	0	83,401,787	0	0	0	0	0
14. Claims adjustment expenses.....	2,602,181	0	0	0	2,602,181	0	0	0	0	0
15. General administrative expenses.....	7,884,833	0	0	0	7,884,833	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).....	93,888,800	0	0	0	93,888,800	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	(9,566,996)	0	0	0	(9,566,996)	0	0	0	0	0
19. Net investment income earned.....	351,954	0	0	0	351,954	0	0	0	0	0
20. Net realized capital gains/losses.....	3,827	0	0	0	3,827	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	355,781	0	0	0	355,781	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).....	(9,211,215)	0	0	0	(9,211,215)	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	(3,261,522)	0	0	0	(3,261,522)	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	(5,949,693)	0	0	0	(5,949,693)	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 **SEPTEMBER 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	0	948	0	0	0	0	0	9,205	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	9,897	0	953	0	0	0	0	0	8,944	0
5. Current Year	0									
6. Current Year Member Months	88,589	0	8,649	0	0	0	0	0	79,940	0
Total Member Ambulatory Encounters for Year:										
7. Physician	56,215	0	2,664	0	0	0	0	0	53,551	0
8. Non-Physician	19,772	0	678	0	0	0	0	0	19,094	0
9. Total	75,987	0	3,342	0	0	0	0	0	72,645	0
10. Hospital Patient Days Incurred	5,782	0	41	0	0	0	0	0	5,741	0
11. Number of Inpatient Admissions	1,441	0	12	0	0	0	0	0	1,429	0
12. Health Premiums Written	25,368,603	0	766,506	0	0	0	0	0	24,602,097	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	25,368,603	0	766,506	0	0	0	0	0	24,602,097	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	20,667,449	0	461,318	0	0	0	0	0	20,206,131	0
18. Amount Incurred for Provision of Health Care Services	19,635,282	0	443,759	0	0	0	0	0	19,191,523	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.....	9,897	0	0	0	8,944	0	0	953	0	0
2. MEMBER MONTHS.....	29,677	0	0	0	26,774	0	0	2,903	0	0
3. Direct premium income.....	7,191,085	0	0	0	6,965,105	0	XXXXXXXX	225,980	XXXXXXXX	0
4. Net premium income.....	7,181,466	0	0	0	6,956,441	0	0	225,025	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).....	7,181,466	0	0	0	6,956,441	0	0	225,025	0	0
11. Hospital & medical.....	5,743,917	0	0	0	5,591,799	0	0	152,118	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,743,917	0	0	0	5,591,799	0	0	152,118	0	0
14. Claims adjustment expenses.....	344,959	0	0	0	336,735	0	0	8,224	0	0
15. General administrative expenses.....	618,203	0	0	0	568,796	0	0	49,407	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).....	6,707,079	0	0	0	6,497,330	0	0	209,749	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	474,387	0	0	0	459,111	0	0	15,276	0	0
19. Net investment income earned.....	26,745	0	0	0	24,136	0	0	2,609	0	0
20. Net realized capital gains/losses.....	229	0	0	0	206	0	0	22	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	26,974	0	0	0	24,342	0	0	2,632	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).....	501,361	0	0	0	483,453	0	0	17,908	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	170,185	0	0	0	164,021	0	0	6,164	0	0
25. NET INCOME/LOSS (L30 less L31).....	331,176	0	0	0	319,432	0	0	11,744	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.....	9,897	0	0	0	8,944	0	0	953	0	0
2. MEMBER MONTHS.....	88,589	0	0	0	79,940	0	0	8,649	0	0
3. Direct premium income.....	25,368,603	0	0	0	24,602,097	0	XXXXXXXX	766,506	XXXXXXXX	0
4. Net premium income.....	25,340,214	0	0	0	24,576,531	0	0	763,682	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).....	25,340,214	0	0	0	24,576,531	0	0	763,682	0	0
11. Hospital & medical.....	19,635,282	0	0	0	19,191,522	0	0	443,760	0	0
12. Net reinsurance recoveries.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,635,282	0	0	0	19,191,522	0	0	443,760	0	0
14. Claims adjustment expenses.....	611,455	0	0	0	597,636	0	0	13,819	0	0
15. General administrative expenses.....	3,804,367	0	0	0	3,573,517	0	0	230,850	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).....	24,051,105	0	0	0	23,362,675	0	0	688,429	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	1,289,109	0	0	0	1,213,856	0	0	75,253	0	0
19. Net investment income earned.....	107,749	0	0	0	97,242	0	0	10,507	0	0
20. Net realized capital gains/losses.....	1,127	0	0	0	1,015	0	0	111	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	108,876	0	0	0	98,257	0	0	10,619	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).....	1,397,985	0	0	0	1,312,113	0	0	85,872	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	497,209	0	0	0	466,802	0	0	30,407	0	0
25. NET INCOME/LOSS (L30 less L31).....	900,776	0	0	0	845,311	0	0	55,465	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 **SEPTEMBER 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	0									
4. Third Quarter	9,844	0	0	0	0	0	0	782	9,062	0
5. Current Year	0									
6. Current Year Member Months	85,329	0	0	0	0	0	0	5,342	79,987	0
Total Member Ambulatory Encounters for Year:										
7. Physician	29,194	0	0	0	0	0	0	4,099	25,095	0
8. Non-Physician	68,729	0	0	0	0	0	0	2,587	66,142	0
9. Total	97,923	0	0	0	0	0	0	6,686	91,237	0
10. Hospital Patient Days Incurred	4,020	0	0	0	0	0	0	1,509	2,511	0
11. Number of Inpatient Admissions	550	0	0	0	0	0	0	193	357	0
12. Health Premiums Written	44,913,225	0	0	0	0	0	0	7,089,346	37,823,879	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	44,913,225	0	0	0	0	0	0	7,089,346	37,823,879	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	33,920,585	0	0	0	0	0	0	3,753,522	30,167,063	0
18. Amount Incurred for Provision of Health Care Services	33,067,804	0	0	0	0	0	0	4,235,755	28,832,048	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.....	10,626	0	782	782	9,062	0	0	0	0	0
2. MEMBER MONTHS.....	31,313	0	2,063	2,063	27,187	0	0	0	0	0
3. Direct premium income.....	16,001,033	0	2,146,871	451,674	13,402,488	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	15,997,380	0	2,146,583	451,674	13,399,123	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).....	15,997,380	0	2,146,583	451,674	13,399,123	0	0	0	0	0
11. Hospital & medical.....	11,750,274	0	1,110,142	162,290	10,477,843	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).....	11,750,274	0	1,110,142	162,290	10,477,843	0	0	0	0	0
14. Claims adjustment expenses.....	639,350	0	93,614	0	545,736	0	0	0	0	0
15. General administrative expenses.....	930,190	0	236,848	0	693,341	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).....	13,319,814	0	1,440,604	162,290	11,716,920	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	2,677,566	0	705,979	289,385	1,682,202	0	0	0	0	0
19. Net investment income earned.....	26,305	0	1,846	0	24,459	0	0	0	0	0
20. Net realized capital gains/losses.....	224	0	16	0	209	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	26,529	0	1,862	0	24,667	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).....	2,704,095	0	707,841	289,385	1,706,870	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	969,622	0	348,987	0	620,634	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	1,734,473	0	358,853	289,385	1,086,235	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 782 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 2,063 # 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.....	10,626	0	782	782	9,062	0	0	0	0	0
2. MEMBER MONTHS.....	90,671	0	5,342	5,342	79,987	0	0	0	0	0
3. Direct premium income.....	44,913,225	0	6,493,053	596,293	37,823,879	0	XXXXXXXX	0	XXXXXXXX	0
4. Net premium income.....	44,902,663	0	6,492,283	596,293	37,814,088	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).....	44,902,663	0	6,492,283	596,293	37,814,088	0	0	0	0	0
11. Hospital & medical.....	33,067,804	0	3,635,119	600,637	28,832,048	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).....	33,067,804	0	3,635,119	600,637	28,832,048	0	0	0	0	0
14. Claims adjustment expenses.....	1,139,992	0	242,144	0	897,848	0	0	0	0	0
15. General administrative expenses.....	5,756,304	0	596,380	0	5,159,924	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).....	39,964,100	0	4,473,643	600,637	34,889,820	0	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 less L17).....	4,938,563	0	2,018,640	(4,344)	2,924,268	0	0	0	0	0
19. Net investment income earned.....	103,399	0	6,339	0	97,060	0	0	0	0	0
20. Net realized capital gains/losses.....	1,081	0	69	0	1,012	0	0	0	0	0
21. NET INVESTMENT GAINS/LOSSES (L19 to L20).....	104,480	0	6,408	0	98,072	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).....	5,043,043	0	2,025,048	(4,344)	3,022,339	0	0	0	0	0
24. Extraordinary items & federal & foreign income taxes incurred.....	1,784,573	0	715,529	0	1,069,044	0	0	0	0	0
25. NET INCOME/LOSS (L30 less L31).....	3,258,471	0	1,309,520	(4,344)	1,953,295	0	0	0	0	0

NON-TAXABLE COMMERCIAL RISK ENROLLEES..... 0 (Examples of non-taxable enrollees are State 782 # of Enrollees in C3-Pt D included in C3-Basic

NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS..... 0 of Texas enrollees and Federal employees.) 5,342 # of Member Months in C3-Pt D included in C3-Basic

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