

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	558,569	0	0	7,272	0	474,246	0	0	77,051	0
2. MEMBER MONTHS.....	1,667,126	0	0	21,707	0	1,412,956	0	0	232,463	0
3. Direct Premium Income.....	359,651,830	0	0	22,951,900	0	313,051,519	0	XXXXXXXX	23,648,411	0
4. Net Premium Income.....	359,314,223	0	0	22,949,841	0	312,767,506	0	0	23,596,876	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	359,314,223	0	0	22,949,841	0	312,767,506	0	0	23,596,876	0
11. Hospital & Medical Benefits.....	290,681,824	0	0	16,419,507	0	257,219,673	0	0	17,042,644	0
12. Net Reins Recoveries Incurred.....	523,870	0	0	0	0	523,870	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	290,157,954	0	0	16,419,507	0	256,695,803	0	0	17,042,644	0
14. Claims Adjustment Expenses.....	10,456,302	0	0	642,841	0	9,199,660	0	0	613,801	0
15. General Administrative Expenses.....	45,020,993	0	0	2,473,499	0	38,664,406	0	0	3,863,203	19,885
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).....	345,635,249	0	0	19,535,847	0	304,559,869	0	0	21,519,648	19,885
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,678,974	0	0	3,413,994	0	8,207,637	0	0	2,077,228	(19,885)
19. Net Investments Gains / (Losses).....	839,923	0	0	10,939	0	711,907	0	0	117,077	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	14,518,898	0	0	3,424,934	0	8,919,544	0	0	2,194,305	(19,885)
22. Federal and foreign income taxes incurred.....	4,968,228	0	0	1,373,912	0	2,837,282	0	0	763,946	(6,912)
23. NET INCOME/(LOSS) (L21 less L22).....	9,550,670	0	0	2,051,022	0	6,082,262	0	0	1,430,359	(12,973)
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	558,569	0	0	7,272	0	474,246	0	0	77,051	0
2. MEMBER MONTHS.....	6,436,434	0	0	82,535	0	5,439,906	0	0	913,993	0
3. Direct Premium Income.....	1,399,044,542	0	0	92,458,689	0	1,215,617,779	0	XXXXXXXX	90,968,074	0
4. Net Premium Income.....	1,397,461,460	0	0	92,449,270	0	1,214,291,439	0	0	90,720,751	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	1,397,461,460	0	0	92,449,270	0	1,214,291,439	0	0	90,720,751	0
11. Hospital & Medical Benefits.....	1,129,037,102	0	0	64,565,663	0	993,928,834	0	0	70,542,605	0
12. Net Reins Recoveries Incurred.....	1,854,590	0	0	0	0	1,854,590	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,127,182,512	0	0	64,565,663	0	992,074,244	0	0	70,542,605	0
14. Claims Adjustment Expenses.....	38,000,014	0	0	2,697,484	0	32,963,029	0	0	2,339,501	0
15. General Administrative Expenses.....	171,109,147	0	0	8,104,780	0	147,404,093	0	0	15,580,389	19,885
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,336,291,673	0	0	75,367,927	0	1,172,441,366	0	0	88,462,495	19,885
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	61,169,787	0	0	17,081,343	0	41,850,073	0	0	2,258,256	(19,885)
19. Net Investments Gains / (Losses).....	4,085,910	0	0	52,308	0	3,451,719	0	0	581,883	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	65,255,697	0	0	17,133,651	0	45,301,792	0	0	2,840,139	(19,885)
22. Federal and foreign income taxes incurred.....	22,783,124	0	0	5,956,015	0	15,846,729	0	0	987,292	(6,912)
23. NET INCOME/(LOSS) (L21 less L22).....	42,472,573	0	0	11,177,636	0	29,455,063	0	0	1,852,847	(12,973)
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	157,923	0	34,407	0	0	0	0	0	123,516	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	189,875	0	39,364	0	0	0	0	0	150,511	0
6. Current Year Member Months	2,111,892	0	444,156	0	0	0	0	0	1,667,736	0
Total Member Ambulatory Encounters for Year:										
7. Physician	872,485	0	131,429	0	0	0	0	0	741,056	0
8. Non-Physician	341,350	0	46,597	0	0	0	0	0	294,753	0
9. Total	1,213,835	0	178,026	0	0	0	0	0	1,035,809	0
10. Hospital Patient Days Incurred	36,294	0	1,969	0	0	0	0	0	34,325	0
11. Number of Inpatient Admissions	9,011	0	417	0	0	0	0	0	8,594	0
12. Health Premiums Written	304,247,899	0	37,093,255	0	0	0	0	0	267,154,644	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	304,247,899	0	37,093,255	0	0	0	0	0	267,154,644	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	233,577,000	0	27,923,288	0	0	0	0	0	205,653,712	0
18. Amount Incurred for Provision of Health Care Services	227,511,402	0	26,818,528	0	0	0	0	0	200,692,874	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	189,875	0	0	0	0	150,511	0	0	39,364	0
2. MEMBER MONTHS.....	563,748	0	0	0	0	446,378	0	0	117,370	0
3. Direct Premium Income.....	79,182,482	0	0	0	0	69,523,949	0	XXXXXXXX	9,658,532	0
4. Net Premium Income.....	79,063,747	0	0	0	0	69,431,214	0	0	9,632,533	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	79,063,747	0	0	0	0	69,431,214	0	0	9,632,533	0
11. Hospital & Medical Benefits.....	61,675,414	0	0	0	0	54,362,482	0	0	7,312,932	0
12. Net Reins Recoveries Incurred.....	8	0	0	0	0	8	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	61,675,406	0	0	0	0	54,362,474	0	0	7,312,932	0
14. Claims Adjustment Expenses.....	2,196,050	0	0	0	0	1,935,805	0	0	260,245	0
15. General Administrative Expenses.....	11,527,666	0	0	0	0	9,765,545	0	0	1,762,121	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).....	75,399,122	0	0	0	0	66,063,824	0	0	9,335,297	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,664,625	0	0	0	0	3,367,390	0	0	297,235	0
19. Net Investments Gains / (Losses).....	284,117	0	0	0	0	224,973	0	0	59,144	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	3,948,742	0	0	0	0	3,592,362	0	0	356,380	0
22. Federal and foreign income taxes incurred.....	1,335,088	0	0	0	0	1,213,186	0	0	121,902	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,613,653	0	0	0	0	2,379,176	0	0	234,478	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

STATEMENT FOR THE PERIOD ENDING **DECEMBER 31, 2010**

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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	189,875	0	0	0	0	150,511	0	0	39,364	0
2. MEMBER MONTHS.....	2,111,892	0	0	0	0	1,667,736	0	0	444,156	0
3. Direct Premium Income.....	304,247,899	0	0	0	0	267,154,644	0	XXXXXXXX	37,093,255	0
4. Net Premium Income.....	303,708,903	0	0	0	0	266,735,673	0	0	36,973,230	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	303,708,903	0	0	0	0	266,735,673	0	0	36,973,230	0
11. Hospital & Medical Benefits.....	227,511,402	0	0	0	0	200,692,874	0	0	26,818,528	0
12. Net Reins Recoveries Incurred.....	897,006	0	0	0	0	897,006	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	226,614,396	0	0	0	0	199,795,868	0	0	26,818,528	0
14. Claims Adjustment Expenses.....	7,545,273	0	0	0	0	6,655,854	0	0	889,420	0
15. General Administrative Expenses.....	43,386,368	0	0	0	0	36,920,068	0	0	6,466,301	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).....	277,546,038	0	0	0	0	243,371,790	0	0	34,174,248	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26,162,865	0	0	0	0	23,363,883	0	0	2,798,982	0
19. Net Investments Gains / (Losses).....	1,335,808	0	0	0	0	1,054,105	0	0	281,704	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	27,498,674	0	0	0	0	24,417,987	0	0	3,080,686	0
22. Federal and foreign income taxes incurred.....	9,559,113	0	0	0	0	8,488,203	0	0	1,070,911	0
23. NET INCOME/(LOSS) (L21 less L22).....	17,939,560	0	0	0	0	15,929,785	0	0	2,009,775	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	116,490	0	23,470	0	0	0	0	0	93,020	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	123,800	0	19,950	0	0	0	0	0	103,850	0
6. Current Year Member Months	1,449,222	0	248,878	0	0	0	0	0	1,200,344	0
Total Member Ambulatory Encounters for Year:										
7. Physician	687,185	0	144,481	0	0	0	0	0	542,704	0
8. Non-Physician	377,003	0	96,590	0	0	0	0	0	280,413	0
9. Total	1,064,188	0	241,071	0	0	0	0	0	823,117	0
10. Hospital Patient Days Incurred	35,796	0	1,783	0	0	0	0	0	34,013	0
11. Number of Inpatient Admissions	9,114	0	423	0	0	0	0	0	8,691	0
12. Health Premiums Written	244,449,225	0	36,997,130	0	0	0	0	0	207,452,095	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	244,449,225	0	36,997,130	0	0	0	0	0	207,452,095	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	197,978,589	0	31,362,084	0	0	0	0	0	166,616,505	0
18. Amount Incurred for Provision of Health Care Services	192,555,772	0	29,853,006	0	0	0	0	0	162,702,766	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	123,800	0	0	0	0	103,850	0	0	19,950	0
2. MEMBER MONTHS.....	371,043	0	0	0	0	309,804	0	0	61,239	0
3. Direct Premium Income.....	63,774,589	0	0	0	0	54,181,204	0	XXXXXXXX	9,593,385	0
4. Net Premium Income.....	63,696,023	0	0	0	0	54,116,242	0	0	9,579,781	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	63,696,023	0	0	0	0	54,116,242	0	0	9,579,781	0
11. Hospital & Medical Benefits.....	52,046,803	0	0	0	0	45,799,197	0	0	6,247,606	0
12. Net Reins Recoveries Incurred.....	736,868	0	0	0	0	736,868	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,309,934	0	0	0	0	45,062,329	0	0	6,247,606	0
14. Claims Adjustment Expenses.....	1,853,720	0	0	0	0	1,625,082	0	0	228,638	0
15. General Administrative Expenses.....	8,480,740	0	0	227,489	0	7,144,324	0	0	1,108,927	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	61,644,394	0	0	227,489	0	53,831,735	0	0	7,585,171	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,051,629	0	0	(227,489)	0	284,508	0	0	1,994,610	0
19. Net Investments Gains / (Losses).....	186,903	0	0	0	0	156,090	0	0	30,813	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	2,238,532	0	0	(227,489)	0	440,598	0	0	2,025,423	0
22. Federal and foreign income taxes incurred.....	749,567	0	0	(79,080)	0	127,817	0	0	700,829	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,488,965	0	0	(148,409)	0	312,780	0	0	1,324,594	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	123,800	0	0	0	0	103,850	0	0	19,950	0
2. MEMBER MONTHS.....	1,449,222	0	0	0	0	1,200,344	0	0	248,878	0
3. Direct Premium Income.....	244,449,225	0	0	0	0	207,452,095	0	XXXXXXXX	36,997,130	0
4. Net Premium Income.....	244,075,296	0	0	0	0	207,145,198	0	0	36,930,098	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	244,075,296	0	0	0	0	207,145,198	0	0	36,930,098	0
11. Hospital & Medical Benefits.....	192,555,772	0	0	0	0	162,702,766	0	0	29,853,006	0
12. Net Reins Recoveries Incurred.....	742,514	0	0	0	0	742,513	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	191,813,258	0	0	0	0	161,960,253	0	0	29,853,006	0
14. Claims Adjustment Expenses.....	6,385,992	0	0	0	0	5,395,936	0	0	990,056	0
15. General Administrative Expenses.....	35,718,301	0	0	227,489	0	30,451,076	0	0	5,039,736	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).....	233,917,551	0	0	227,489	0	197,807,264	0	0	35,882,798	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	10,157,745	0	0	(227,489)	0	9,337,934	0	0	1,047,300	0
19. Net Investments Gains / (Losses).....	920,878	0	0	0	0	762,030	0	0	158,848	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	11,078,623	0	0	(227,489)	0	10,099,964	0	0	1,206,148	0
22. Federal and foreign income taxes incurred.....	3,853,793	0	0	(79,080)	0	3,513,590	0	0	419,283	0
23. NET INCOME/(LOSS) (L21 less L22).....	7,224,831	0	0	(148,409)	0	6,586,374	0	0	786,866	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	173,463	0	18,182	0	0	0	0	5,218	150,063	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	182,941	0	16,995	0	0	0	0	6,183	159,763	0
6. Current Year Member Months	2,160,146	0	211,555	0	0	0	0	70,516	1,878,075	0
Total Member Ambulatory Encounters for Year:										
7. Physician	1,154,784	0	65,317	0	0	0	0	70,804	1,018,663	0
8. Non-Physician	734,880	0	18,065	0	0	0	0	47,987	668,828	0
9. Total	1,889,664	0	83,382	0	0	0	0	118,791	1,687,491	0
10. Hospital Patient Days Incurred	99,722	0	1,078	0	0	0	0	14,010	84,634	0
11. Number of Inpatient Admissions	20,087	0	256	0	0	0	0	1,716	18,115	0
12. Health Premiums Written	623,606,318	0	16,194,049	0	0	0	0	78,726,534	528,685,734	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	623,606,318	0	16,194,049	0	0	0	0	78,726,534	528,685,734	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	522,367,995	0	13,408,566	0	0	0	0	57,658,107	451,301,322	0
18. Amount Incurred for Provision of Health Care Services	509,338,378	0	13,291,687	0	0	0	0	54,702,400	441,344,291	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	182,941	0	0	6,183	0	159,763	0	0	16,995	0
2. MEMBER MONTHS.....	547,486	0	0	18,470	0	477,409	0	0	51,607	0
3. Direct Premium Income.....	156,761,734	0	0	19,481,975	0	133,075,087	0	XXXXXXXX	4,204,673	0
4. Net Premium Income.....	156,654,778	0	0	19,480,221	0	132,981,316	0	0	4,193,240	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	156,654,778	0	0	19,480,221	0	132,981,316	0	0	4,193,240	0
11. Hospital & Medical Benefits.....	126,713,588	0	0	13,328,252	0	110,055,623	0	0	3,329,713	0
12. Net Reins Recoveries Incurred.....	(212,997)	0	0	0	0	(212,997)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,926,586	0	0	13,328,252	0	110,268,621	0	0	3,329,713	0
14. Claims Adjustment Expenses.....	4,590,062	0	0	519,761	0	3,950,825	0	0	119,476	0
15. General Administrative Expenses.....	18,208,017	0	0	1,839,091	0	15,426,695	0	0	942,231	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).....	149,724,665	0	0	15,687,104	0	129,646,141	0	0	4,391,420	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	6,930,113	0	0	3,793,117	0	3,335,176	0	0	(198,180)	0
19. Net Investments Gains / (Losses).....	275,756	0	0	9,309	0	240,460	0	0	25,987	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	7,205,869	0	0	3,802,426	0	3,575,635	0	0	(172,192)	0
22. Federal and foreign income taxes incurred.....	2,675,765	0	0	1,505,272	0	1,230,303	0	0	(59,811)	0
23. NET INCOME/(LOSS) (L21 less L22).....	4,530,104	0	0	2,297,153	0	2,345,332	0	0	(112,382)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	182,941	0	0	6,183	0	159,763	0	0	16,995	0
2. MEMBER MONTHS.....	2,160,146	0	0	70,516	0	1,878,075	0	0	211,555	0
3. Direct Premium Income.....	623,606,318	0	0	78,726,534	0	528,685,734	0	XXXXXXXX	16,194,049	0
4. Net Premium Income.....	623,090,182	0	0	78,718,404	0	528,235,424	0	0	16,136,353	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	623,090,182	0	0	78,718,404	0	528,235,424	0	0	16,136,353	0
11. Hospital & Medical Benefits.....	509,338,378	0	0	54,702,400	0	441,344,291	0	0	13,291,687	0
12. Net Reins Recoveries Incurred.....	251,220	0	0	0	0	251,220	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	509,087,158	0	0	54,702,400	0	441,093,071	0	0	13,291,687	0
14. Claims Adjustment Expenses.....	17,363,126	0	0	2,285,408	0	14,636,908	0	0	440,810	0
15. General Administrative Expenses.....	66,660,266	0	0	6,312,169	0	56,443,397	0	0	3,904,699	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).....	593,110,550	0	0	63,299,977	0	512,173,376	0	0	17,637,197	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	29,979,632	0	0	15,418,427	0	16,062,048	0	0	(1,500,844)	0
19. Net Investments Gains / (Losses).....	1,374,808	0	0	44,728	0	1,194,778	0	0	135,302	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	31,354,440	0	0	15,463,155	0	17,256,826	0	0	(1,365,542)	0
22. Federal and foreign income taxes incurred.....	10,989,499	0	0	5,375,316	0	6,088,874	0	0	(474,691)	0
23. NET INCOME/(LOSS) (L21 less L22).....	20,364,941	0	0	10,087,840	0	11,167,952	0	0	(890,851)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	37,128	0	0	0	0	0	0	0	37,128	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	42,169	0	0	0	0	0	0	0	42,169	0
6. Current Year Member Months	480,891	0	0	0	0	0	0	0	480,891	0
Total Member Ambulatory Encounters for Year:										
7. Physician	244,428	0	0	0	0	0	0	0	244,428	0
8. Non-Physician	181,759	0	0	0	0	0	0	0	181,759	0
9. Total	426,187	0	0	0	0	0	0	0	426,187	0
10. Hospital Patient Days Incurred	22,915	0	0	0	0	0	0	0	22,915	0
11. Number of Inpatient Admissions	4,557	0	0	0	0	0	0	0	4,557	0
12. Health Premiums Written	132,622,837	0	0	0	0	0	0	0	132,622,837	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	132,622,837	0	0	0	0	0	0	0	132,622,837	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	125,190,149	0	0	0	0	0	0	0	125,190,149	0
18. Amount Incurred for Provision of Health Care Services	126,225,261	0	0	0	0	0	0	0	126,225,261	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	42,169	0	0	0	0	42,169	0	0	0	0
2. MEMBER MONTHS.....	125,877	0	0	0	0	125,877	0	0	0	0
3. Direct Premium Income.....	36,046,103	0	0	0	0	36,046,103	0	XXXXXXXX	0	0
4. Net Premium Income.....	36,021,633	0	0	0	0	36,021,633	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	36,021,633	0	0	0	0	36,021,633	0	0	0	0
11. Hospital & Medical Benefits.....	31,430,338	0	0	0	0	31,430,338	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,430,338	0	0	0	0	31,430,338	0	0	0	0
14. Claims Adjustment Expenses.....	1,128,467	0	0	0	0	1,128,467	0	0	0	0
15. General Administrative Expenses.....	3,350,833	0	0	0	0	3,330,948	0	0	0	19,885
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).....	35,909,637	0	0	0	0	35,889,752	0	0	0	19,885
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	111,995	0	0	0	0	131,880	0	0	0	(19,885)
19. Net Investments Gains / (Losses).....	63,434	0	0	0	0	63,434	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	175,430	0	0	0	0	195,315	0	0	0	(19,885)
22. Federal and foreign income taxes incurred.....	(176,812)	0	0	0	0	(169,900)	0	0	0	(6,912)
23. NET INCOME/(LOSS) (L21 less L22).....	352,242	0	0	0	0	365,215	0	0	0	(12,973)
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	42,169	0	0	0	0	42,169	0	0	0	0
2. MEMBER MONTHS.....	480,891	0	0	0	0	480,891	0	0	0	0
3. Direct Premium Income.....	132,622,837	0	0	0	0	132,622,837	0	XXXXXXXX	0	0
4. Net Premium Income.....	132,512,085	0	0	0	0	132,512,085	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	132,512,085	0	0	0	0	132,512,085	0	0	0	0
11. Hospital & Medical Benefits.....	126,225,261	0	0	0	0	126,225,261	0	0	0	0
12. Net Reins Recoveries Incurred.....	(36,141)	0	0	0	0	(36,141)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	126,261,402	0	0	0	0	126,261,402	0	0	0	0
14. Claims Adjustment Expenses.....	4,186,182	0	0	0	0	4,186,182	0	0	0	0
15. General Administrative Expenses.....	13,056,489	0	0	0	0	13,036,604	0	0	0	19,885
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).....	143,504,072	0	0	0	0	143,484,187	0	0	0	19,885
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,991,988)	0	0	0	0	(10,972,103)	0	0	0	(19,885)
19. Net Investments Gains / (Losses).....	304,983	0	0	0	0	304,983	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(10,687,005)	0	0	0	0	(10,667,120)	0	0	0	(19,885)
22. Federal and foreign income taxes incurred.....	(3,712,254)	0	0	0	0	(3,705,342)	0	0	0	(6,912)
23. NET INCOME/(LOSS) (L21 less L22).....	(6,974,751)	0	0	0	0	(6,961,778)	0	0	0	(12,973)
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	9,838	0	847	0	0	0	0	0	8,991	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	9,642	0	742	0	0	0	0	0	8,900	0
6. Current Year Member Months	113,686	0	9,404	0	0	0	0	0	104,282	0
Total Member Ambulatory Encounters for Year:										
7. Physician	72,169	0	3,335	0	0	0	0	0	68,834	0
8. Non-Physician	24,542	0	884	0	0	0	0	0	23,658	0
9. Total	96,711	0	4,219	0	0	0	0	0	92,492	0
10. Hospital Patient Days Incurred	4,527	0	41	0	0	0	0	0	4,486	0
11. Number of Inpatient Admissions	1,168	0	11	0	0	0	0	0	1,157	0
12. Health Premiums Written	26,511,529	0	683,640	0	0	0	0	0	25,827,888	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	26,511,529	0	683,640	0	0	0	0	0	25,827,888	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	21,641,486	0	589,941	0	0	0	0	0	21,051,545	0
18. Amount Incurred for Provision of Health Care Services	21,346,184	0	579,385	0	0	0	0	0	20,766,798	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,642	0	0	0	0	8,900	0	0	742	0
2. MEMBER MONTHS.....	28,454	0	0	0	0	26,207	0	0	2,247	0
3. Direct Premium Income.....	6,436,609	0	0	0	0	6,244,789	0	XXXXXXXX	191,821	0
4. Net Premium Income.....	6,430,324	0	0	0	0	6,239,001	0	0	191,323	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	6,430,324	0	0	0	0	6,239,001	0	0	191,323	0
11. Hospital & Medical Benefits.....	4,930,472	0	0	0	0	4,778,078	0	0	152,394	0
12. Net Reins Recoveries Incurred.....	(0)	0	0	0	0	(0)	0	0	(0)	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	4,930,472	0	0	0	0	4,778,078	0	0	152,394	0
14. Claims Adjustment Expenses.....	178,426	0	0	0	0	172,984	0	0	5,442	0
15. General Administrative Expenses.....	1,203,731	0	0	0	0	1,153,806	0	0	49,925	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).....	6,312,629	0	0	0	0	6,104,869	0	0	207,761	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	117,695	0	0	0	0	134,133	0	0	(16,438)	0
19. Net Investments Gains / (Losses).....	14,342	0	0	0	0	13,210	0	0	1,132	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	132,037	0	0	0	0	147,343	0	0	(15,306)	0
22. Federal and foreign income taxes incurred.....	100,355	0	0	0	0	99,330	0	0	1,025	0
23. NET INCOME/(LOSS) (L21 less L22).....	31,682	0	0	0	0	48,013	0	0	(16,331)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	9,642	0	0	0	0	8,900	0	0	742	0
2. MEMBER MONTHS.....	113,686	0	0	0	0	104,282	0	0	9,404	0
3. Direct Premium Income.....	26,511,529	0	0	0	0	25,827,888	0	XXXXXXXX	683,640	0
4. Net Premium Income.....	26,480,707	0	0	0	0	25,799,637	0	0	681,070	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,480,707	0	0	0	0	25,799,637	0	0	681,070	0
11. Hospital & Medical Benefits.....	21,346,184	0	0	0	0	20,766,798	0	0	579,385	0
12. Net Reins Recoveries Incurred.....	(0)	0	0	0	0	(0)	0	0	(0)	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	21,346,184	0	0	0	0	20,766,798	0	0	579,385	0
14. Claims Adjustment Expenses.....	707,933	0	0	0	0	688,718	0	0	19,215	0
15. General Administrative Expenses.....	3,745,806	0	0	0	0	3,576,153	0	0	169,653	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).....	25,799,922	0	0	0	0	25,031,669	0	0	768,253	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	680,785	0	0	0	0	767,968	0	0	(87,183)	0
19. Net Investments Gains / (Losses).....	72,598	0	0	0	0	66,570	0	0	6,028	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	753,383	0	0	0	0	834,538	0	0	(81,155)	0
22. Federal and foreign income taxes incurred.....	264,546	0	0	0	0	292,758	0	0	(28,211)	0
23. NET INCOME/(LOSS) (L21 less L22).....	488,836	0	0	0	0	541,780	0	0	(52,944)	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **DECEMBER 31, 2010**

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	9,814	0	0	0	0	0	0	798	9,016	0
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	10,142	0	0	0	0	0	0	1,089	9,053	0
6. Current Year Member Months	120,597	0	0	0	0	0	0	12,019	108,578	0
Total Member Ambulatory Encounters for Year:										
7. Physician	49,841	0	0	0	0	0	0	12,064	37,777	0
8. Non-Physician	109,129	0	0	0	0	0	0	9,182	99,947	0
9. Total	158,970	0	0	0	0	0	0	21,246	137,724	0
10. Hospital Patient Days Incurred	5,067	0	0	0	0	0	0	2,649	2,418	0
11. Number of Inpatient Admissions	876	0	0	0	0	0	0	406	470	0
12. Health Premiums Written	67,606,735	0	0	0	0	0	0	13,732,155	53,874,581	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	67,606,735	0	0	0	0	0	0	13,732,155	53,874,581	0
Property/Casualty 16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	53,897,529	0	0	0	0	0	0	10,413,802	43,483,727	0
18. Amount Incurred for Provision of Health Care Services	52,060,105	0	0	0	0	0	0	9,863,263	42,196,842	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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,142	0	0	1,089	0	9,053	0	0	0	0
2. MEMBER MONTHS.....	30,518	0	0	3,237	0	27,281	0	0	0	0
3. Direct Premium Income.....	17,450,313	0	0	3,469,925	0	13,980,388	0	XXXXXXXX	0	0
4. Net Premium Income.....	17,447,719	0	0	3,469,620	0	13,978,099	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	17,447,719	0	0	3,469,620	0	13,978,099	0	0	0	0
11. Hospital & Medical Benefits.....	13,885,208	0	0	3,091,255	0	10,793,953	0	0	0	0
12. Net Reins Recoveries Incurred.....	(8)	0	0	0	0	(8)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,885,216	0	0	3,091,255	0	10,793,961	0	0	0	0
14. Claims Adjustment Expenses.....	509,577	0	0	123,080	0	386,497	0	0	0	0
15. General Administrative Expenses.....	2,250,007	0	0	406,919	0	1,843,088	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).....	16,644,800	0	0	3,621,254	0	13,023,546	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	802,919	0	0	(151,634)	0	954,553	0	0	0	0
19. Net Investments Gains / (Losses).....	15,372	0	0	1,631	0	13,741	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	818,291	0	0	(150,003)	0	968,294	0	0	0	0
22. Federal and foreign income taxes incurred.....	284,265	0	0	(52,281)	0	336,546	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	534,025	0	0	(97,722)	0	631,748	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			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. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	10,142	0	0	1,089	0	9,053	0	0	0	0
2. MEMBER MONTHS.....	120,597	0	0	12,019	0	108,578	0	0	0	0
3. Direct Premium Income.....	67,606,735	0	0	13,732,155	0	53,874,581	0	XXXXXXXX	0	0
4. Net Premium Income.....	67,594,288	0	0	13,730,866	0	53,863,422	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	67,594,288	0	0	13,730,866	0	53,863,422	0	0	0	0
11. Hospital & Medical Benefits.....	52,060,105	0	0	9,863,263	0	42,196,842	0	0	0	0
12. Net Reins Recoveries Incurred.....	(8)	0	0	0	0	(8)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	52,060,113	0	0	9,863,263	0	42,196,850	0	0	0	0
14. Claims Adjustment Expenses.....	1,811,508	0	0	412,077	0	1,399,432	0	0	0	0
15. General Administrative Expenses.....	8,541,918	0	0	1,565,121	0	6,976,796	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).....	62,413,539	0	0	11,840,461	0	50,573,078	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,180,749	0	0	1,890,405	0	3,290,344	0	0	0	0
19. Net Investments Gains / (Losses).....	76,835	0	0	7,580	0	69,254	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,257,583	0	0	1,897,985	0	3,359,598	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,828,425	0	0	659,779	0	1,168,646	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,429,158	0	0	1,238,206	0	2,190,952	0	0	0	0
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				