

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	539,169	0	0	6,944	0	456,280	0	0	75,945	0
2. MEMBER MONTHS.....	1,578,554	0	0	20,594	0	1,341,098	0	0	216,862	0
3. Direct Premium Income.....	338,330,082	0	0	23,258,979	0	292,571,310	0	XXXXXXXX	22,499,793	0
4. Net Premium Income.....	337,863,319	0	0	23,256,218	0	292,180,272	0	0	22,426,829	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).....	337,863,319	0	0	23,256,218	0	292,180,272	0	0	22,426,829	0
11. Hospital & Medical Benefits.....	271,005,200	0	0	16,585,518	0	235,928,218	0	0	18,491,464	0
12. Net Reins Recoveries Incurred.....	1,554,639	0	0	0	0	1,554,639	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	269,450,561	0	0	16,585,518	0	234,373,579	0	0	18,491,464	0
14. Claims Adjustment Expenses.....	9,928,553	0	0	690,015	0	8,572,432	0	0	666,106	0
15. General Administrative Expenses.....	42,656,823	0	0	1,905,725	0	37,300,311	0	0	3,450,787	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).....	322,035,937	0	0	19,181,258	0	280,246,322	0	0	22,608,357	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,827,382	0	0	4,074,960	0	11,933,950	0	0	(181,528)	0
19. Net Investments Gains / (Losses).....	1,105,081	0	0	14,327	0	932,890	0	0	157,864	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).....	16,932,463	0	0	4,089,287	0	12,866,840	0	0	(23,664)	0
22. Federal and foreign income taxes incurred.....	5,953,624	0	0	1,431,915	0	4,529,945	0	0	(8,236)	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,978,839	0	0	2,657,372	0	8,336,895	0	0	(15,428)	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

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	539,169	0	0	6,944	0	456,280	0	0	75,945	0
2. MEMBER MONTHS.....	3,114,797	0	0	39,713	0	2,625,047	0	0	450,037	0
3. Direct Premium Income.....	678,562,689	0	0	45,923,020	0	588,081,925	0	XXXXXXXX	44,557,744	0
4. Net Premium Income.....	677,651,741	0	0	45,917,662	0	587,320,983	0	0	44,413,096	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).....	677,651,741	0	0	45,917,662	0	587,320,983	0	0	44,413,096	0
11. Hospital & Medical Benefits.....	548,096,993	0	0	32,016,782	0	480,185,612	0	0	35,894,599	0
12. Net Reins Recoveries Incurred.....	739,535	0	0	0	0	739,535	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	547,357,458	0	0	32,016,782	0	479,446,077	0	0	35,894,599	0
14. Claims Adjustment Expenses.....	18,388,736	0	0	1,410,828	0	15,797,054	0	0	1,180,854	0
15. General Administrative Expenses.....	82,883,297	0	0	3,816,329	0	71,567,604	0	0	7,499,364	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).....	648,629,491	0	0	37,243,939	0	566,810,735	0	0	44,574,817	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	29,022,250	0	0	8,673,723	0	20,510,248	0	0	(161,721)	0
19. Net Investments Gains / (Losses).....	2,273,908	0	0	28,958	0	1,916,147	0	0	328,803	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).....	31,296,158	0	0	8,702,681	0	22,426,395	0	0	167,082	0
22. Federal and foreign income taxes incurred.....	11,001,277	0	0	3,045,052	0	7,897,764	0	0	58,461	0
23. NET INCOME/(LOSS) (L21 less L22).....	20,294,881	0	0	5,657,629	0	14,528,631	0	0	108,621	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 **JUNE 30, 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	176,543	0	36,511	0	0	0	0	0	140,032	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,000,129	0	213,916	0	0	0	0	0	786,213	0
Total Member Ambulatory Encounters for Year:										
7. Physician	406,812	0	61,436	0	0	0	0	0	345,376	0
8. Non-Physician	158,584	0	21,939	0	0	0	0	0	136,645	0
9. Total	565,396	0	83,375	0	0	0	0	0	482,021	0
10. Hospital Patient Days Incurred	17,382	0	977	0	0	0	0	0	16,405	0
11. Number of Inpatient Admissions	4,446	0	211	0	0	0	0	0	4,235	0
12. Health Premiums Written	145,177,861	0	17,811,871	0	0	0	0	0	127,365,991	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	145,177,861	0	17,811,871	0	0	0	0	0	127,365,991	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	116,712,483	0	13,980,260	0	0	0	0	0	102,732,223	0
18. Amount Incurred for Provision of Health Care Services	108,725,078	0	12,449,933	0	0	0	0	0	96,275,145	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.....	176,543	0	0	0	0	140,032	0	0	36,511	0
2. MEMBER MONTHS.....	515,139	0	0	0	0	406,749	0	0	108,390	0
3. Direct Premium Income.....	72,041,944	0	0	0	0	63,057,584	0	XXXXXXXX	8,984,360	0
4. Net Premium Income.....	71,884,401	0	0	0	0	62,935,004	0	0	8,949,397	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).....	71,884,401	0	0	0	0	62,935,004	0	0	8,949,397	0
11. Hospital & Medical Benefits.....	51,906,994	0	0	0	0	44,863,973	0	0	7,043,021	0
12. Net Reins Recoveries Incurred.....	1,664,807	0	0	0	0	1,664,807	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	50,242,188	0	0	0	0	43,199,166	0	0	7,043,021	0
14. Claims Adjustment Expenses.....	1,896,257	0	0	0	0	1,646,606	0	0	249,650	0
15. General Administrative Expenses.....	11,871,542	0	0	0	0	10,892,155	0	0	979,387	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).....	64,009,986	0	0	0	0	55,737,927	0	0	8,272,059	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,874,415	0	0	0	0	7,197,076	0	0	677,338	0
19. Net Investments Gains / (Losses).....	358,251	0	0	0	0	282,841	0	0	75,410	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).....	8,232,665	0	0	0	0	7,479,917	0	0	752,748	0
22. Federal and foreign income taxes incurred.....	2,881,905	0	0	0	0	2,618,211	0	0	263,694	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,350,760	0	0	0	0	4,861,705	0	0	489,054	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 **JUNE 30, 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.....	176,543	0	0	0	0	140,032	0	0	36,511	0
2. MEMBER MONTHS.....	1,000,129	0	0	0	0	786,213	0	0	213,916	0
3. Direct Premium Income.....	145,177,861	0	0	0	0	127,365,991	0	XXXXXXXX	17,811,871	0
4. Net Premium Income.....	144,872,762	0	0	0	0	127,129,924	0	0	17,742,838	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).....	144,872,762	0	0	0	0	127,129,924	0	0	17,742,838	0
11. Hospital & Medical Benefits.....	108,725,078	0	0	0	0	96,275,145	0	0	12,449,933	0
12. Net Reins Recoveries Incurred.....	660,503	0	0	0	0	660,503	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	108,064,575	0	0	0	0	95,614,642	0	0	12,449,933	0
14. Claims Adjustment Expenses.....	3,576,817	0	0	0	0	3,167,241	0	0	409,575	0
15. General Administrative Expenses.....	20,054,046	0	0	0	0	17,084,822	0	0	2,969,223	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).....	131,695,438	0	0	0	0	115,866,706	0	0	15,828,732	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,177,324	0	0	0	0	11,263,218	0	0	1,914,106	0
19. Net Investments Gains / (Losses).....	729,660	0	0	0	0	573,439	0	0	156,221	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).....	13,906,984	0	0	0	0	11,836,657	0	0	2,070,327	0
22. Federal and foreign income taxes incurred.....	4,866,010	0	0	0	0	4,141,606	0	0	724,404	0
23. NET INCOME/(LOSS) (L21 less L22).....	9,040,974	0	0	0	0	7,695,051	0	0	1,345,923	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 **JUNE 30, 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	121,720	0	20,779	0	0	0	0	0	100,941	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	705,081	0	124,286	0	0	0	0	0	580,795	0
Total Member Ambulatory Encounters for Year:										
7. Physician	338,348	0	73,898	0	0	0	0	0	264,450	0
8. Non-Physician	184,071	0	49,846	0	0	0	0	0	134,225	0
9. Total	522,419	0	123,744	0	0	0	0	0	398,675	0
10. Hospital Patient Days Incurred	17,631	0	1,037	0	0	0	0	0	16,594	0
11. Number of Inpatient Admissions	4,627	0	237	0	0	0	0	0	4,390	0
12. Health Premiums Written	116,241,147	0	18,525,884	0	0	0	0	0	97,715,263	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	116,241,147	0	18,525,884	0	0	0	0	0	97,715,263	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	93,647,468	0	16,877,511	0	0	0	0	0	76,769,957	0
18. Amount Incurred for Provision of Health Care Services	89,261,663	0	16,418,187	0	0	0	0	0	72,843,476	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.....	121,720	0	0	0	0	100,941	0	0	20,779	0
2. MEMBER MONTHS.....	359,112	0	0	0	0	296,547	0	0	62,565	0
3. Direct Premium Income.....	58,093,570	0	0	0	0	48,703,326	0	XXXXXXXX	9,390,244	0
4. Net Premium Income.....	57,983,087	0	0	0	0	48,612,815	0	0	9,370,272	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).....	57,983,087	0	0	0	0	48,612,815	0	0	9,370,272	0
11. Hospital & Medical Benefits.....	44,660,017	0	0	0	0	36,983,978	0	0	7,676,039	0
12. Net Reins Recoveries Incurred.....	536	0	0	0	0	536	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	44,659,482	0	0	0	0	36,983,443	0	0	7,676,039	0
14. Claims Adjustment Expenses.....	1,617,290	0	0	0	0	1,335,742	0	0	281,548	0
15. General Administrative Expenses.....	9,050,702	0	0	0	0	7,617,668	0	0	1,433,035	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	55,327,474	0	0	0	0	45,936,852	0	0	9,390,621	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,655,613	0	0	0	0	2,675,962	0	0	(20,349)	0
19. Net Investments Gains / (Losses).....	249,825	0	0	0	0	206,277	0	0	43,548	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).....	2,905,438	0	0	0	0	2,882,239	0	0	23,199	0
22. Federal and foreign income taxes incurred.....	1,019,033	0	0	0	0	1,011,119	0	0	7,914	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,886,405	0	0	0	0	1,871,120	0	0	15,285	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.....	121,720	0	0	0	0	100,941	0	0	20,779	0
2. MEMBER MONTHS.....	705,081	0	0	0	0	580,795	0	0	124,286	0
3. Direct Premium Income.....	116,241,147	0	0	0	0	97,715,263	0	XXXXXXXX	18,525,884	0
4. Net Premium Income.....	116,024,621	0	0	0	0	97,538,273	0	0	18,486,348	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).....	116,024,621	0	0	0	0	97,538,273	0	0	18,486,348	0
11. Hospital & Medical Benefits.....	89,261,663	0	0	0	0	72,843,476	0	0	16,418,187	0
12. Net Reins Recoveries Incurred.....	6,154	0	0	0	0	6,154	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	89,255,509	0	0	0	0	72,837,322	0	0	16,418,187	0
14. Claims Adjustment Expenses.....	2,936,513	0	0	0	0	2,396,391	0	0	540,122	0
15. General Administrative Expenses.....	18,667,985	0	0	0	0	16,205,111	0	0	2,462,874	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).....	110,860,007	0	0	0	0	91,438,824	0	0	19,421,184	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,164,614	0	0	0	0	6,099,449	0	0	(934,835)	0
19. Net Investments Gains / (Losses).....	514,816	0	0	0	0	423,978	0	0	90,838	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).....	5,679,430	0	0	0	0	6,523,427	0	0	(843,997)	0
22. Federal and foreign income taxes incurred.....	1,990,635	0	0	0	0	2,285,948	0	0	(295,313)	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,688,795	0	0	0	0	4,237,479	0	0	(548,684)	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 **JUNE 30, 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	181,355	0	17,869	0	0	0	0	5,923	157,563	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,061,236	0	107,031	0	0	0	0	34,058	920,147	0
Total Member Ambulatory Encounters for Year:										
7. Physician	548,896	0	31,983	0	0	0	0	32,392	484,521	0
8. Non-Physician	350,906	0	8,836	0	0	0	0	21,257	320,813	0
9. Total	899,802	0	40,819	0	0	0	0	53,649	805,334	0
10. Hospital Patient Days Incurred	48,835	0	524	0	0	0	0	7,243	41,068	0
11. Number of Inpatient Admissions	9,731	0	130	0	0	0	0	883	8,718	0
12. Health Premiums Written	307,430,585	0	7,934,000	0	0	0	0	39,241,702	260,254,884	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	307,430,585	0	7,934,000	0	0	0	0	39,241,702	260,254,884	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	256,787,497	0	6,848,101	0	0	0	0	28,774,447	221,164,949	0
18. Amount Incurred for Provision of Health Care Services	251,795,753	0	6,728,858	0	0	0	0	27,578,667	217,488,228	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.....	181,355	0	0	5,923	0	157,563	0	0	17,869	0
2. MEMBER MONTHS.....	537,215	0	0	17,527	0	466,153	0	0	53,535	0
3. Direct Premium Income.....	153,193,240	0	0	19,679,787	0	129,450,663	0	XXXXXXXX	4,062,790	0
4. Net Premium Income.....	153,040,958	0	0	19,677,758	0	129,317,675	0	0	4,045,525	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).....	153,040,958	0	0	19,677,758	0	129,317,675	0	0	4,045,525	0
11. Hospital & Medical Benefits.....	128,127,875	0	0	14,302,762	0	110,172,272	0	0	3,652,841	0
12. Net Reins Recoveries Incurred.....	(99,982)	0	0	0	0	(99,982)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	128,227,858	0	0	14,302,762	0	110,272,255	0	0	3,652,841	0
14. Claims Adjustment Expenses.....	4,706,215	0	0	595,128	0	3,980,705	0	0	130,383	0
15. General Administrative Expenses.....	15,290,466	0	0	1,503,252	0	12,787,090	0	0	1,000,125	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).....	148,224,539	0	0	16,401,141	0	127,040,049	0	0	4,783,348	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,816,419	0	0	3,276,617	0	2,277,625	0	0	(737,823)	0
19. Net Investments Gains / (Losses).....	373,795	0	0	12,195	0	324,345	0	0	37,255	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).....	5,190,213	0	0	3,288,811	0	2,601,970	0	0	(700,568)	0
22. Federal and foreign income taxes incurred.....	1,841,156	0	0	1,151,717	0	934,628	0	0	(245,189)	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,349,057	0	0	2,137,094	0	1,667,342	0	0	(455,379)	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.....	181,355	0	0	5,923	0	157,563	0	0	17,869	0
2. MEMBER MONTHS.....	1,061,236	0	0	34,058	0	920,147	0	0	107,031	0
3. Direct Premium Income.....	307,430,585	0	0	39,241,702	0	260,254,884	0	XXXXXXXX	7,934,000	0
4. Net Premium Income.....	307,129,215	0	0	39,237,027	0	259,992,717	0	0	7,899,471	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).....	307,129,215	0	0	39,237,027	0	259,992,717	0	0	7,899,471	0
11. Hospital & Medical Benefits.....	251,795,753	0	0	27,578,667	0	217,488,228	0	0	6,728,858	0
12. Net Reins Recoveries Incurred.....	106,771	0	0	0	0	106,771	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	251,688,982	0	0	27,578,667	0	217,381,457	0	0	6,728,858	0
14. Claims Adjustment Expenses.....	8,591,512	0	0	1,215,261	0	7,154,886	0	0	221,365	0
15. General Administrative Expenses.....	31,779,564	0	0	3,049,791	0	26,740,727	0	0	1,989,046	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).....	292,060,058	0	0	31,843,719	0	251,277,070	0	0	8,939,269	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,069,157	0	0	7,393,308	0	8,715,647	0	0	(1,039,798)	0
19. Net Investments Gains / (Losses).....	775,080	0	0	24,847	0	672,003	0	0	78,230	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).....	15,844,237	0	0	7,418,155	0	9,387,650	0	0	(961,567)	0
22. Federal and foreign income taxes incurred.....	5,589,004	0	0	2,595,599	0	3,329,855	0	0	(336,451)	0
23. NET INCOME/(LOSS) (L21 less L22).....	10,255,234	0	0	4,822,556	0	6,057,794	0	0	(625,117)	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 **JUNE 30, 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	39,988	0	0	0	0	0	0	0	39,988	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	231,670	0	0	0	0	0	0	0	231,670	0
Total Member Ambulatory Encounters for Year:										
7. Physician	115,022	0	0	0	0	0	0	0	115,022	0
8. Non-Physician	82,642	0	0	0	0	0	0	0	82,642	0
9. Total	197,664	0	0	0	0	0	0	0	197,664	0
10. Hospital Patient Days Incurred	13,047	0	0	0	0	0	0	0	13,047	0
11. Number of Inpatient Admissions	2,497	0	0	0	0	0	0	0	2,497	0
12. Health Premiums Written	62,985,137	0	0	0	0	0	0	0	62,985,137	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	62,985,137	0	0	0	0	0	0	0	62,985,137	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	61,946,937	0	0	0	0	0	0	0	61,946,937	0
18. Amount Incurred for Provision of Health Care Services	62,542,852	0	0	0	0	0	0	0	62,542,852	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.....	39,988	0	0	0	0	39,988	0	0	0	0
2. MEMBER MONTHS.....	118,729	0	0	0	0	118,729	0	0	0	0
3. Direct Premium Income.....	31,572,285	0	0	0	0	31,572,285	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,538,898	0	0	0	0	31,538,898	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).....	31,538,898	0	0	0	0	31,538,898	0	0	0	0
11. Hospital & Medical Benefits.....	28,114,221	0	0	0	0	28,114,221	0	0	0	0
12. Net Reins Recoveries Incurred.....	(10,721)	0	0	0	0	(10,721)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,124,942	0	0	0	0	28,124,942	0	0	0	0
14. Claims Adjustment Expenses.....	1,039,196	0	0	0	0	1,039,196	0	0	0	0
15. General Administrative Expenses.....	3,651,813	0	0	0	0	3,651,813	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).....	32,815,951	0	0	0	0	32,815,951	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,277,053)	0	0	0	0	(1,277,053)	0	0	0	0
19. Net Investments Gains / (Losses).....	82,602	0	0	0	0	82,602	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).....	(1,194,451)	0	0	0	0	(1,194,451)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(419,106)	0	0	0	0	(419,106)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(775,345)	0	0	0	0	(775,345)	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				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2010**

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.....	39,988	0	0	0	0	39,988	0	0	0	0
2. MEMBER MONTHS.....	231,670	0	0	0	0	231,670	0	0	0	0
3. Direct Premium Income.....	62,985,137	0	0	0	0	62,985,137	0	XXXXXXXX	0	0
4. Net Premium Income.....	62,922,748	0	0	0	0	62,922,748	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).....	62,922,748	0	0	0	0	62,922,748	0	0	0	0
11. Hospital & Medical Benefits.....	62,542,852	0	0	0	0	62,542,852	0	0	0	0
12. Net Reins Recoveries Incurred.....	(33,892)	0	0	0	0	(33,892)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	62,576,744	0	0	0	0	62,576,744	0	0	0	0
14. Claims Adjustment Expenses.....	2,057,523	0	0	0	0	2,057,523	0	0	0	0
15. General Administrative Expenses.....	6,326,828	0	0	0	0	6,326,828	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).....	70,961,095	0	0	0	0	70,961,095	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,038,347)	0	0	0	0	(8,038,347)	0	0	0	0
19. Net Investments Gains / (Losses).....	169,068	0	0	0	0	169,068	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).....	(7,869,279)	0	0	0	0	(7,869,279)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(2,752,845)	0	0	0	0	(2,752,845)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,116,434)	0	0	0	0	(5,116,434)	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	9,464	0	786	0	0	0	0	0	8,678	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	56,931	0	4,804	0	0	0	0	0	52,127	0
Total Member Ambulatory Encounters for Year:										
7. Physician	36,370	0	1,670	0	0	0	0	0	34,700	0
8. Non-Physician	12,329	0	440	0	0	0	0	0	11,889	0
9. Total	48,699	0	2,110	0	0	0	0	0	46,589	0
10. Hospital Patient Days Incurred	2,614	0	30	0	0	0	0	0	2,584	0
11. Number of Inpatient Admissions	682	0	6	0	0	0	0	0	676	0
12. Health Premiums Written	13,444,819	0	285,989	0	0	0	0	0	13,158,829	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	13,444,819	0	285,989	0	0	0	0	0	13,158,829	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	11,251,444	0	307,505	0	0	0	0	0	10,943,939	0
18. Amount Incurred for Provision of Health Care Services	11,207,225	0	297,621	0	0	0	0	0	10,909,603	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.....	9,464	0	0	0	0	8,678	0	0	786	0
2. MEMBER MONTHS.....	28,179	0	0	0	0	25,807	0	0	2,372	0
3. Direct Premium Income.....	6,626,318	0	0	0	0	6,563,918	0	XXXXXXXX	62,399	0
4. Net Premium Income.....	6,617,271	0	0	0	0	6,555,637	0	0	61,634	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).....	6,617,271	0	0	0	0	6,555,637	0	0	61,634	0
11. Hospital & Medical Benefits.....	5,778,884	0	0	0	0	5,659,321	0	0	119,563	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,778,884	0	0	0	0	5,659,321	0	0	119,563	0
14. Claims Adjustment Expenses.....	208,134	0	0	0	0	203,610	0	0	4,524	0
15. General Administrative Expenses.....	686,869	0	0	0	0	648,629	0	0	38,240	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).....	6,673,887	0	0	0	0	6,511,560	0	0	162,327	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(56,616)	0	0	0	0	44,077	0	0	(100,693)	0
19. Net Investments Gains / (Losses).....	19,609	0	0	0	0	17,958	0	0	1,651	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).....	(37,007)	0	0	0	0	62,035	0	0	(99,043)	0
22. Federal and foreign income taxes incurred.....	(12,209)	0	0	0	0	22,445	0	0	(34,655)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(24,798)	0	0	0	0	39,590	0	0	(64,388)	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.....	9,464	0	0	0	0	8,678	0	0	786	0
2. MEMBER MONTHS.....	56,931	0	0	0	0	52,127	0	0	4,804	0
3. Direct Premium Income.....	13,444,819	0	0	0	0	13,158,829	0	XXXXXXXX	285,989	0
4. Net Premium Income.....	13,426,536	0	0	0	0	13,142,098	0	0	284,438	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).....	13,426,536	0	0	0	0	13,142,098	0	0	284,438	0
11. Hospital & Medical Benefits.....	11,207,225	0	0	0	0	10,909,603	0	0	297,621	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	11,207,225	0	0	0	0	10,909,603	0	0	297,621	0
14. Claims Adjustment Expenses.....	368,693	0	0	0	0	358,902	0	0	9,791	0
15. General Administrative Expenses.....	1,599,040	0	0	0	0	1,520,820	0	0	78,220	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).....	13,174,958	0	0	0	0	12,789,326	0	0	385,632	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	251,578	0	0	0	0	352,772	0	0	(101,194)	0
19. Net Investments Gains / (Losses).....	41,641	0	0	0	0	38,127	0	0	3,514	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).....	293,219	0	0	0	0	390,899	0	0	(97,680)	0
22. Federal and foreign income taxes incurred.....	103,896	0	0	0	0	138,074	0	0	(34,178)	0
23. NET INCOME/(LOSS) (L21 less L22).....	189,323	0	0	0	0	252,825	0	0	(63,502)	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 **JUNE 30, 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	10,099	0	0	0	0	0	0	1,021	9,078	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	59,750	0	0	0	0	0	0	5,655	54,095	0
Total Member Ambulatory Encounters for Year:										
7. Physician	23,144	0	0	0	0	0	0	5,130	18,014	0
8. Non-Physician	51,210	0	0	0	0	0	0	3,464	47,746	0
9. Total	74,354	0	0	0	0	0	0	8,594	65,760	0
10. Hospital Patient Days Incurred	2,331	0	0	0	0	0	0	1,225	1,106	0
11. Number of Inpatient Admissions	394	0	0	0	0	0	0	193	201	0
12. Health Premiums Written	33,283,140	0	0	0	0	0	0	6,681,318	26,601,821	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	33,283,140	0	0	0	0	0	0	6,681,318	26,601,821	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	25,725,638	0	0	0	0	0	0	4,383,693	21,341,945	0
18. Amount Incurred for Provision of Health Care Services	24,564,421	0	0	0	0	0	0	4,438,115	20,126,307	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.....	10,099	0	0	1,021	0	9,078	0	0	0	0
2. MEMBER MONTHS.....	30,180	0	0	3,067	0	27,113	0	0	0	0
3. Direct Premium Income.....	16,802,725	0	0	3,579,192	0	13,223,533	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,798,703	0	0	3,578,460	0	13,220,243	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).....	16,798,703	0	0	3,578,460	0	13,220,243	0	0	0	0
11. Hospital & Medical Benefits.....	12,417,207	0	0	2,282,756	0	10,134,451	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).....	12,417,207	0	0	2,282,756	0	10,134,451	0	0	0	0
14. Claims Adjustment Expenses.....	461,460	0	0	94,887	0	366,573	0	0	0	0
15. General Administrative Expenses.....	2,105,430	0	0	402,473	0	1,702,957	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).....	14,984,097	0	0	2,780,116	0	12,203,980	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,814,606	0	0	798,344	0	1,016,262	0	0	0	0
19. Net Investments Gains / (Losses).....	20,999	0	0	2,132	0	18,867	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).....	1,835,605	0	0	800,476	0	1,035,129	0	0	0	0
22. Federal and foreign income taxes incurred.....	642,846	0	0	280,199	0	362,647	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,192,760	0	0	520,278	0	672,482	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.....	10,099	0	0	1,021	0	9,078	0	0	0	0
2. MEMBER MONTHS.....	59,750	0	0	5,655	0	54,095	0	0	0	0
3. Direct Premium Income.....	33,283,139	0	0	6,681,318	0	26,601,821	0	XXXXXXXX	0	0
4. Net Premium Income.....	33,275,858	0	0	6,680,634	0	26,595,224	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).....	33,275,858	0	0	6,680,634	0	26,595,224	0	0	0	0
11. Hospital & Medical Benefits.....	24,564,422	0	0	4,438,115	0	20,126,307	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).....	24,564,422	0	0	4,438,115	0	20,126,307	0	0	0	0
14. Claims Adjustment Expenses.....	857,678	0	0	195,567	0	662,111	0	0	0	0
15. General Administrative Expenses.....	4,455,834	0	0	766,538	0	3,689,296	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	29,877,935	0	0	5,400,220	0	24,477,714	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	3,397,924	0	0	1,280,414	0	2,117,510	0	0	0	0
19. Net Investments Gains / (Losses).....	43,641	0	0	4,111	0	39,531	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).....	3,441,565	0	0	1,284,525	0	2,157,041	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,204,579	0	0	449,453	0	755,126	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,236,986	0	0	835,072	0	1,401,915	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				