

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	557,272	0	0	7,203	0	472,287	0	0	77,782	0
2. MEMBER MONTHS.....	1,654,511	0	0	21,115	0	1,401,903	0	0	231,493	0
3. Direct Premium Income.....	360,830,023	0	0	23,583,769	0	314,484,335	0	XXXXXXXX	22,761,919	0
4. Net Premium Income.....	360,495,496	0	0	23,581,767	0	314,202,950	0	0	22,710,779	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).....	360,495,496	0	0	23,581,767	0	314,202,950	0	0	22,710,779	0
11. Hospital & Medical Benefits.....	290,258,286	0	0	16,129,375	0	256,523,549	0	0	17,605,362	0
12. Net Reins Recoveries Incurred.....	591,185	0	0	0	0	591,185	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	289,667,101	0	0	16,129,375	0	255,932,364	0	0	17,605,362	0
14. Claims Adjustment Expenses.....	9,154,976	0	0	643,815	0	7,966,315	0	0	544,846	0
15. General Administrative Expenses.....	43,204,857	0	0	1,814,952	0	37,172,083	0	0	4,217,822	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).....	342,026,934	0	0	18,588,142	0	301,070,762	0	0	22,368,030	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	18,468,562	0	0	4,993,625	0	13,132,188	0	0	342,749	0
19. Net Investments Gains / (Losses).....	972,079	0	0	12,411	0	823,665	0	0	136,003	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).....	19,440,641	0	0	5,006,036	0	13,955,853	0	0	478,752	0
22. Federal and foreign income taxes incurred.....	6,813,619	0	0	1,537,051	0	5,111,683	0	0	164,885	0
23. NET INCOME/(LOSS) (L21 less L22).....	12,627,022	0	0	3,468,985	0	8,844,170	0	0	313,867	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 **SEPTEMBER 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.....	557,272	0	0	7,203	0	472,287	0	0	77,782	0
2. MEMBER MONTHS.....	4,769,308	0	0	60,828	0	4,026,950	0	0	681,530	0
3. Direct Premium Income.....	1,039,392,712	0	0	69,506,789	0	902,566,260	0	XXXXXXXX	67,319,663	0
4. Net Premium Income.....	1,038,147,237	0	0	69,499,429	0	901,523,933	0	0	67,123,875	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).....	1,038,147,237	0	0	69,499,429	0	901,523,933	0	0	67,123,875	0
11. Hospital & Medical Benefits.....	838,355,279	0	0	48,146,157	0	736,709,161	0	0	53,499,961	0
12. Net Reins Recoveries Incurred.....	1,330,720	0	0	0	0	1,330,720	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	837,024,559	0	0	48,146,157	0	735,378,441	0	0	53,499,961	0
14. Claims Adjustment Expenses.....	27,543,712	0	0	2,054,643	0	23,763,369	0	0	1,725,700	0
15. General Administrative Expenses.....	126,088,154	0	0	5,631,281	0	108,739,687	0	0	11,717,186	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).....	990,656,425	0	0	55,832,081	0	867,881,497	0	0	66,942,847	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	47,490,812	0	0	13,667,348	0	33,642,436	0	0	181,028	0
19. Net Investments Gains / (Losses).....	3,245,987	0	0	41,369	0	2,739,812	0	0	464,806	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).....	50,736,799	0	0	13,708,717	0	36,382,248	0	0	645,834	0
22. Federal and foreign income taxes incurred.....	17,814,896	0	0	4,582,103	0	13,009,447	0	0	223,346	0
23. NET INCOME/(LOSS) (L21 less L22).....	32,921,903	0	0	9,126,614	0	23,372,801	0	0	422,488	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 **SEPTEMBER 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	0									
4. Third Quarter	185,185	0	38,032	0	0	0	0	0	147,153	0
5. Current Year	0									
6. Current Year Member Months	1,548,144	0	326,786	0	0	0	0	0	1,221,358	0
Total Member Ambulatory Encounters for Year:										
7. Physician	626,713	0	95,164	0	0	0	0	0	531,549	0
8. Non-Physician	248,781	0	34,375	0	0	0	0	0	214,406	0
9. Total	875,494	0	129,539	0	0	0	0	0	745,955	0
10. Hospital Patient Days Incurred	26,583	0	1,439	0	0	0	0	0	25,144	0
11. Number of Inpatient Admissions	6,758	0	310	0	0	0	0	0	6,448	0
12. Health Premiums Written	225,065,418	0	27,434,723	0	0	0	0	0	197,630,695	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	225,065,418	0	27,434,723	0	0	0	0	0	197,630,695	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	173,609,108	0	20,834,480	0	0	0	0	0	152,774,628	0
18. Amount Incurred for Provision of Health Care Services	165,835,988	0	19,505,596	0	0	0	0	0	146,330,392	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.....	185,185	0	0	0	0	147,153	0	0	38,032	0
2. MEMBER MONTHS.....	548,015	0	0	0	0	435,145	0	0	112,870	0
3. Direct Premium Income.....	79,887,556	0	0	0	0	70,264,704	0	XXXXXXXX	9,622,852	0
4. Net Premium Income.....	79,772,395	0	0	0	0	70,174,535	0	0	9,597,860	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).....	79,772,395	0	0	0	0	70,174,535	0	0	9,597,860	0
11. Hospital & Medical Benefits.....	57,110,910	0	0	0	0	50,055,247	0	0	7,055,663	0
12. Net Reins Recoveries Incurred.....	236,495	0	0	0	0	236,495	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	56,874,415	0	0	0	0	49,818,752	0	0	7,055,663	0
14. Claims Adjustment Expenses.....	1,772,406	0	0	0	0	1,552,807	0	0	219,599	0
15. General Administrative Expenses.....	11,804,657	0	0	0	0	10,069,700	0	0	1,734,957	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).....	70,451,478	0	0	0	0	61,441,259	0	0	9,010,219	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	9,320,917	0	0	0	0	8,733,276	0	0	587,641	0
19. Net Investments Gains / (Losses).....	322,031	0	0	0	0	255,693	0	0	66,339	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).....	9,642,948	0	0	0	0	8,988,968	0	0	653,979	0
22. Federal and foreign income taxes incurred.....	3,358,015	0	0	0	0	3,133,410	0	0	224,605	0
23. NET INCOME/(LOSS) (L21 less L22).....	6,284,932	0	0	0	0	5,855,558	0	0	429,374	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

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.....	185,185	0	0	0	0	147,153	0	0	38,032	0
2. MEMBER MONTHS.....	1,548,144	0	0	0	0	1,221,358	0	0	326,786	0
3. Direct Premium Income.....	225,065,418	0	0	0	0	197,630,695	0	XXXXXXXX	27,434,723	0
4. Net Premium Income.....	224,645,156	0	0	0	0	197,304,459	0	0	27,340,698	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).....	224,645,156	0	0	0	0	197,304,459	0	0	27,340,698	0
11. Hospital & Medical Benefits.....	165,835,988	0	0	0	0	146,330,392	0	0	19,505,596	0
12. Net Reins Recoveries Incurred.....	896,998	0	0	0	0	896,998	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	164,938,990	0	0	0	0	145,433,394	0	0	19,505,596	0
14. Claims Adjustment Expenses.....	5,349,223	0	0	0	0	4,720,049	0	0	629,175	0
15. General Administrative Expenses.....	31,858,703	0	0	0	0	27,154,523	0	0	4,704,180	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).....	202,146,916	0	0	0	0	177,307,965	0	0	24,838,951	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	22,498,241	0	0	0	0	19,996,493	0	0	2,501,747	0
19. Net Investments Gains / (Losses).....	1,051,691	0	0	0	0	829,132	0	0	222,559	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).....	23,549,932	0	0	0	0	20,825,625	0	0	2,724,306	0
22. Federal and foreign income taxes incurred.....	8,224,025	0	0	0	0	7,275,016	0	0	949,009	0
23. NET INCOME/(LOSS) (L21 less L22).....	15,325,907	0	0	0	0	13,550,609	0	0	1,775,298	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 **SEPTEMBER 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	0									
4. Third Quarter	125,716	0	21,450	0	0	0	0	0	104,266	0
5. Current Year	0									
6. Current Year Member Months	1,078,179	0	187,639	0	0	0	0	0	890,540	0
Total Member Ambulatory Encounters for Year:										
7. Physician	509,656	0	110,590	0	0	0	0	0	399,066	0
8. Non-Physician	282,238	0	75,354	0	0	0	0	0	206,884	0
9. Total	791,894	0	185,944	0	0	0	0	0	605,950	0
10. Hospital Patient Days Incurred	27,040	0	1,484	0	0	0	0	0	25,556	0
11. Number of Inpatient Admissions	7,017	0	345	0	0	0	0	0	6,672	0
12. Health Premiums Written	180,674,635	0	27,403,745	0	0	0	0	0	153,270,891	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	180,674,635	0	27,403,745	0	0	0	0	0	153,270,891	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	141,253,481	0	24,850,921	0	0	0	0	0	116,402,560	0
18. Amount Incurred for Provision of Health Care Services	140,508,969	0	23,605,400	0	0	0	0	0	116,903,569	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.....	125,716	0	0	0	0	104,266	0	0	21,450	0
2. MEMBER MONTHS.....	373,098	0	0	0	0	309,745	0	0	63,353	0
3. Direct Premium Income.....	64,433,488	0	0	0	0	55,555,628	0	XXXXXXXX	8,877,860	0
4. Net Premium Income.....	64,354,652	0	0	0	0	55,490,683	0	0	8,863,969	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).....	64,354,652	0	0	0	0	55,490,683	0	0	8,863,969	0
11. Hospital & Medical Benefits.....	51,247,306	0	0	0	0	44,060,093	0	0	7,187,213	0
12. Net Reins Recoveries Incurred.....	(509)	0	0	0	0	(509)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	51,247,815	0	0	0	0	44,060,602	0	0	7,187,213	0
14. Claims Adjustment Expenses.....	1,595,759	0	0	0	0	1,374,463	0	0	221,296	0
15. General Administrative Expenses.....	8,569,575	0	0	0	0	7,101,641	0	0	1,467,934	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).....	61,413,149	0	0	0	0	52,536,706	0	0	8,876,444	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,941,503	0	0	0	0	2,953,978	0	0	(12,475)	0
19. Net Investments Gains / (Losses).....	219,159	0	0	0	0	181,962	0	0	37,197	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).....	3,160,662	0	0	0	0	3,135,939	0	0	24,723	0
22. Federal and foreign income taxes incurred.....	1,113,591	0	0	0	0	1,099,825	0	0	13,766	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,047,071	0	0	0	0	2,036,114	0	0	10,956	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.....	125,716	0	0	0	0	104,266	0	0	21,450	0
2. MEMBER MONTHS.....	1,078,179	0	0	0	0	890,540	0	0	187,639	0
3. Direct Premium Income.....	180,674,635	0	0	0	0	153,270,891	0	XXXXXXXX	27,403,745	0
4. Net Premium Income.....	180,379,273	0	0	0	0	153,028,956	0	0	27,350,317	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).....	180,379,273	0	0	0	0	153,028,956	0	0	27,350,317	0
11. Hospital & Medical Benefits.....	140,508,969	0	0	0	0	116,903,569	0	0	23,605,400	0
12. Net Reins Recoveries Incurred.....	5,645	0	0	0	0	5,645	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	140,503,324	0	0	0	0	116,897,924	0	0	23,605,400	0
14. Claims Adjustment Expenses.....	4,532,272	0	0	0	0	3,770,854	0	0	761,418	0
15. General Administrative Expenses.....	27,237,560	0	0	0	0	23,306,751	0	0	3,930,809	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).....	172,273,156	0	0	0	0	143,975,529	0	0	28,297,627	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	8,106,117	0	0	0	0	9,053,427	0	0	(947,310)	0
19. Net Investments Gains / (Losses).....	733,975	0	0	0	0	605,940	0	0	128,035	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).....	8,840,092	0	0	0	0	9,659,367	0	0	(819,275)	0
22. Federal and foreign income taxes incurred.....	3,104,226	0	0	0	0	3,385,773	0	0	(281,547)	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,735,866	0	0	0	0	6,273,594	0	0	(537,728)	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 **SEPTEMBER 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	0									
4. Third Quarter	185,178	0	17,539	0	0	0	0	6,129	161,510	0
5. Current Year	0									
6. Current Year Member Months	1,612,660	0	159,948	0	0	0	0	52,046	1,400,666	0
Total Member Ambulatory Encounters for Year:										
7. Physician	858,555	0	49,106	0	0	0	0	52,478	756,971	0
8. Non-Physician	549,629	0	13,727	0	0	0	0	35,123	500,779	0
9. Total	1,408,184	0	62,833	0	0	0	0	87,601	1,257,750	0
10. Hospital Patient Days Incurred	74,597	0	826	0	0	0	0	10,803	62,968	0
11. Number of Inpatient Admissions	14,862	0	195	0	0	0	0	1,311	13,356	0
12. Health Premiums Written	466,844,584	0	11,989,376	0	0	0	0	59,244,560	395,610,648	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	466,844,584	0	11,989,376	0	0	0	0	59,244,560	395,610,648	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	391,391,598	0	10,128,730	0	0	0	0	43,133,539	338,129,329	0
18. Amount Incurred for Provision of Health Care Services	382,624,790	0	9,961,974	0	0	0	0	41,374,148	331,288,668	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.....	185,178	0	0	6,129	0	161,510	0	0	17,539	0
2. MEMBER MONTHS.....	551,424	0	0	17,988	0	480,519	0	0	52,917	0
3. Direct Premium Income.....	159,413,999	0	0	20,002,859	0	135,355,764	0	XXXXXXXX	4,055,377	0
4. Net Premium Income.....	159,306,189	0	0	20,001,156	0	135,261,391	0	0	4,043,642	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).....	159,306,189	0	0	20,001,156	0	135,261,391	0	0	4,043,642	0
11. Hospital & Medical Benefits.....	130,829,037	0	0	13,795,481	0	113,800,440	0	0	3,233,116	0
12. Net Reins Recoveries Incurred.....	357,447	0	0	0	0	357,447	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	130,471,590	0	0	13,795,481	0	113,442,993	0	0	3,233,116	0
14. Claims Adjustment Expenses.....	4,181,551	0	0	550,385	0	3,531,196	0	0	99,970	0
15. General Administrative Expenses.....	16,672,685	0	0	1,423,287	0	14,275,975	0	0	973,423	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).....	151,325,827	0	0	15,769,153	0	131,250,165	0	0	4,306,508	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	7,980,362	0	0	4,232,002	0	4,011,226	0	0	(262,866)	0
19. Net Investments Gains / (Losses).....	323,972	0	0	10,572	0	282,315	0	0	31,085	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).....	8,304,334	0	0	4,242,574	0	4,293,541	0	0	(231,782)	0
22. Federal and foreign income taxes incurred.....	2,724,730	0	0	1,274,444	0	1,528,716	0	0	(78,429)	0
23. NET INCOME/(LOSS) (L21 less L22).....	5,579,603	0	0	2,968,130	0	2,764,825	0	0	(153,352)	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.....	185,178	0	0	6,129	0	161,510	0	0	17,539	0
2. MEMBER MONTHS.....	1,612,660	0	0	52,046	0	1,400,666	0	0	159,948	0
3. Direct Premium Income.....	466,844,584	0	0	59,244,560	0	395,610,648	0	XXXXXXXX	11,989,376	0
4. Net Premium Income.....	466,435,404	0	0	59,238,183	0	395,254,108	0	0	11,943,113	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).....	466,435,404	0	0	59,238,183	0	395,254,108	0	0	11,943,113	0
11. Hospital & Medical Benefits.....	382,624,790	0	0	41,374,148	0	331,288,668	0	0	9,961,974	0
12. Net Reins Recoveries Incurred.....	464,217	0	0	0	0	464,217	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	382,160,573	0	0	41,374,148	0	330,824,451	0	0	9,961,974	0
14. Claims Adjustment Expenses.....	12,773,063	0	0	1,765,646	0	10,686,082	0	0	321,334	0
15. General Administrative Expenses.....	48,452,249	0	0	4,473,078	0	41,016,702	0	0	2,962,469	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).....	443,385,885	0	0	47,612,873	0	382,527,235	0	0	13,245,777	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	23,049,519	0	0	11,625,310	0	12,726,873	0	0	(1,302,664)	0
19. Net Investments Gains / (Losses).....	1,099,052	0	0	35,419	0	954,318	0	0	109,315	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).....	24,148,571	0	0	11,660,730	0	13,681,191	0	0	(1,193,349)	0
22. Federal and foreign income taxes incurred.....	8,313,734	0	0	3,870,043	0	4,858,571	0	0	(414,880)	0
23. NET INCOME/(LOSS) (L21 less L22).....	15,834,837	0	0	7,790,686	0	8,822,620	0	0	(778,469)	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 **SEPTEMBER 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	0									
4. Third Quarter	41,665	0	0	0	0	0	0	0	41,665	0
5. Current Year	0									
6. Current Year Member Months	355,014	0	0	0	0	0	0	0	355,014	0
Total Member Ambulatory Encounters for Year:										
7. Physician	178,472	0	0	0	0	0	0	0	178,472	0
8. Non-Physician	132,005	0	0	0	0	0	0	0	132,005	0
9. Total	310,477	0	0	0	0	0	0	0	310,477	0
10. Hospital Patient Days Incurred	18,394	0	0	0	0	0	0	0	18,394	0
11. Number of Inpatient Admissions	3,662	0	0	0	0	0	0	0	3,662	0
12. Health Premiums Written	96,576,734	0	0	0	0	0	0	0	96,576,734	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	96,576,734	0	0	0	0	0	0	0	96,576,734	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	92,853,317	0	0	0	0	0	0	0	92,853,317	0
18. Amount Incurred for Provision of Health Care Services	94,794,923	0	0	0	0	0	0	0	94,794,923	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.....	41,665	0	0	0	0	41,665	0	0	0	0
2. MEMBER MONTHS.....	123,344	0	0	0	0	123,344	0	0	0	0
3. Direct Premium Income.....	33,591,597	0	0	0	0	33,591,597	0	XXXXXXXX	0	0
4. Net Premium Income.....	33,567,704	0	0	0	0	33,567,704	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).....	33,567,704	0	0	0	0	33,567,704	0	0	0	0
11. Hospital & Medical Benefits.....	32,252,070	0	0	0	0	32,252,070	0	0	0	0
12. Net Reins Recoveries Incurred.....	(2,249)	0	0	0	0	(2,249)	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,254,319	0	0	0	0	32,254,319	0	0	0	0
14. Claims Adjustment Expenses.....	1,000,192	0	0	0	0	1,000,192	0	0	0	0
15. General Administrative Expenses.....	3,378,828	0	0	0	0	3,378,828	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).....	36,633,340	0	0	0	0	36,633,340	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,065,636)	0	0	0	0	(3,065,636)	0	0	0	0
19. Net Investments Gains / (Losses).....	72,480	0	0	0	0	72,480	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).....	(2,993,155)	0	0	0	0	(2,993,155)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(782,596)	0	0	0	0	(782,596)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,210,559)	0	0	0	0	(2,210,559)	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

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.....	41,665	0	0	0	0	41,665	0	0	0	0
2. MEMBER MONTHS.....	355,014	0	0	0	0	355,014	0	0	0	0
3. Direct Premium Income.....	96,576,734	0	0	0	0	96,576,734	0	XXXXXXXX	0	0
4. Net Premium Income.....	96,490,452	0	0	0	0	96,490,452	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).....	96,490,452	0	0	0	0	96,490,452	0	0	0	0
11. Hospital & Medical Benefits.....	94,794,923	0	0	0	0	94,794,923	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).....	94,831,064	0	0	0	0	94,831,064	0	0	0	0
14. Claims Adjustment Expenses.....	3,057,715	0	0	0	0	3,057,715	0	0	0	0
15. General Administrative Expenses.....	9,705,656	0	0	0	0	9,705,656	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).....	107,594,435	0	0	0	0	107,594,435	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(11,103,983)	0	0	0	0	(11,103,983)	0	0	0	0
19. Net Investments Gains / (Losses).....	241,549	0	0	0	0	241,549	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).....	(10,862,434)	0	0	0	0	(10,862,434)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(3,535,441)	0	0	0	0	(3,535,441)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(7,326,993)	0	0	0	0	(7,326,993)	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 **SEPTEMBER 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	0									
4. Third Quarter	9,402	0	761	0	0	0	0	0	8,641	0
5. Current Year	0									
6. Current Year Member Months	85,232	0	7,157	0	0	0	0	0	78,075	0
Total Member Ambulatory Encounters for Year:										
7. Physician	54,172	0	2,514	0	0	0	0	0	51,658	0
8. Non-Physician	18,494	0	685	0	0	0	0	0	17,809	0
9. Total	72,666	0	3,199	0	0	0	0	0	69,467	0
10. Hospital Patient Days Incurred	3,496	0	37	0	0	0	0	0	3,459	0
11. Number of Inpatient Admissions	922	0	9	0	0	0	0	0	913	0
12. Health Premiums Written	20,074,919	0	491,820	0	0	0	0	0	19,583,100	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	20,074,919	0	491,820	0	0	0	0	0	19,583,100	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	16,718,170	0	447,250	0	0	0	0	0	16,270,920	0
18. Amount Incurred for Provision of Health Care Services	16,415,712	0	426,991	0	0	0	0	0	15,988,720	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.....	9,402	0	0	0	0	8,641	0	0	761	0
2. MEMBER MONTHS.....	28,301	0	0	0	0	25,948	0	0	2,353	0
3. Direct Premium Income.....	6,630,101	0	0	0	0	6,424,270	0	XXXXXXXX	205,830	0
4. Net Premium Income.....	6,623,847	0	0	0	0	6,418,538	0	0	205,309	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).....	6,623,847	0	0	0	0	6,418,538	0	0	205,309	0
11. Hospital & Medical Benefits.....	5,208,487	0	0	0	0	5,079,117	0	0	129,370	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	5,208,487	0	0	0	0	5,079,117	0	0	129,370	0
14. Claims Adjustment Expenses.....	160,814	0	0	0	0	156,832	0	0	3,982	0
15. General Administrative Expenses.....	943,034	0	0	0	0	901,526	0	0	41,508	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).....	6,312,335	0	0	0	0	6,137,474	0	0	174,860	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	311,512	0	0	0	0	281,063	0	0	30,448	0
19. Net Investments Gains / (Losses).....	16,615	0	0	0	0	15,233	0	0	1,382	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).....	328,127	0	0	0	0	296,296	0	0	31,830	0
22. Federal and foreign income taxes incurred.....	60,296	0	0	0	0	55,354	0	0	4,942	0
23. NET INCOME/(LOSS) (L21 less L22).....	267,831	0	0	0	0	240,942	0	0	26,889	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.....	9,402	0	0	0	0	8,641	0	0	761	0
2. MEMBER MONTHS.....	85,232	0	0	0	0	78,075	0	0	7,157	0
3. Direct Premium Income.....	20,074,919	0	0	0	0	19,583,100	0	XXXXXXXX	491,820	0
4. Net Premium Income.....	20,050,383	0	0	0	0	19,560,635	0	0	489,747	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).....	20,050,383	0	0	0	0	19,560,635	0	0	489,747	0
11. Hospital & Medical Benefits.....	16,415,712	0	0	0	0	15,988,720	0	0	426,991	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	16,415,712	0	0	0	0	15,988,720	0	0	426,991	0
14. Claims Adjustment Expenses.....	529,507	0	0	0	0	515,734	0	0	13,773	0
15. General Administrative Expenses.....	2,542,074	0	0	0	0	2,422,346	0	0	119,728	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).....	19,487,293	0	0	0	0	18,926,800	0	0	560,493	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	563,090	0	0	0	0	633,835	0	0	(70,746)	0
19. Net Investments Gains / (Losses).....	58,256	0	0	0	0	53,360	0	0	4,896	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).....	621,346	0	0	0	0	687,195	0	0	(65,849)	0
22. Federal and foreign income taxes incurred.....	164,191	0	0	0	0	193,428	0	0	(29,236)	0
23. NET INCOME/(LOSS) (L21 less L22).....	457,154	0	0	0	0	493,767	0	0	(36,613)	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 **SEPTEMBER 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	0									
4. Third Quarter	10,126	0	0	0	0	0	0	1,074	9,052	0
5. Current Year	0									
6. Current Year Member Months	90,079	0	0	0	0	0	0	8,782	81,297	0
Total Member Ambulatory Encounters for Year:										
7. Physician	37,226	0	0	0	0	0	0	8,731	28,495	0
8. Non-Physician	81,544	0	0	0	0	0	0	6,499	75,045	0
9. Total	118,770	0	0	0	0	0	0	15,230	103,540	0
10. Hospital Patient Days Incurred	3,722	0	0	0	0	0	0	1,959	1,763	0
11. Number of Inpatient Admissions	632	0	0	0	0	0	0	309	323	0
12. Health Premiums Written	50,156,423	0	0	0	0	0	0	10,262,230	39,894,193	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	50,156,423	0	0	0	0	0	0	10,262,230	39,894,193	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	39,361,412	0	0	0	0	0	0	7,192,740	32,168,672	0
18. Amount Incurred for Provision of Health Care Services	38,174,897	0	0	0	0	0	0	6,772,008	31,402,889	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.....	10,126	0	0	1,074	0	9,052	0	0	0	0
2. MEMBER MONTHS.....	30,329	0	0	3,127	0	27,202	0	0	0	0
3. Direct Premium Income.....	16,873,283	0	0	3,580,911	0	13,292,372	0	XXXXXXXX	0	0
4. Net Premium Income.....	16,870,710	0	0	3,580,612	0	13,290,099	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).....	16,870,710	0	0	3,580,612	0	13,290,099	0	0	0	0
11. Hospital & Medical Benefits.....	13,610,476	0	0	2,333,894	0	11,276,582	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).....	13,610,476	0	0	2,333,894	0	11,276,582	0	0	0	0
14. Claims Adjustment Expenses.....	444,253	0	0	93,430	0	350,824	0	0	0	0
15. General Administrative Expenses.....	1,836,076	0	0	391,664	0	1,444,412	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).....	15,890,806	0	0	2,818,988	0	13,071,817	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	979,904	0	0	761,623	0	218,281	0	0	0	0
19. Net Investments Gains / (Losses).....	17,821	0	0	1,839	0	15,983	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).....	997,726	0	0	763,462	0	234,264	0	0	0	0
22. Federal and foreign income taxes incurred.....	339,580	0	0	262,607	0	76,974	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	658,145	0	0	500,855	0	157,290	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.....	10,126	0	0	1,074	0	9,052	0	0	0	0
2. MEMBER MONTHS.....	90,079	0	0	8,782	0	81,297	0	0	0	0
3. Direct Premium Income.....	50,156,423	0	0	10,262,230	0	39,894,193	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,146,569	0	0	10,261,246	0	39,885,323	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).....	50,146,569	0	0	10,261,246	0	39,885,323	0	0	0	0
11. Hospital & Medical Benefits.....	38,174,897	0	0	6,772,008	0	31,402,889	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).....	38,174,897	0	0	6,772,008	0	31,402,889	0	0	0	0
14. Claims Adjustment Expenses.....	1,301,931	0	0	288,996	0	1,012,935	0	0	0	0
15. General Administrative Expenses.....	6,291,911	0	0	1,158,203	0	5,133,708	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).....	45,768,739	0	0	8,219,207	0	37,549,532	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,377,830	0	0	2,042,039	0	2,335,791	0	0	0	0
19. Net Investments Gains / (Losses).....	61,463	0	0	5,949	0	55,513	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).....	4,439,293	0	0	2,047,988	0	2,391,305	0	0	0	0
22. Federal and foreign income taxes incurred.....	1,544,160	0	0	712,060	0	832,100	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	2,895,133	0	0	1,335,928	0	1,559,205	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				