

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	691,705	0	0	36,588	0	600,970	0	0	54,147	0
2. MEMBER MONTHS.....	2,052,096	0	0	108,890	0	1,784,464	0	0	158,742	0
3. Direct Premium Income.....	794,576,297	0	0	113,906,225	0	655,776,226	0	XXXXXXXX	24,893,846	0
4. Net Premium Income.....	794,496,189	0	0	113,905,170	0	655,703,529	0	0	24,887,490	0
5. Change in unearned premium reserve and reserve for rate credits.....	(18,766,627)	0	0	(1,376,649)	0	(15,503,016)	0	0	(1,886,962)	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).....	775,729,562	0	0	112,528,521	0	640,200,513	0	0	23,000,528	0
11. Hospital & Medical Benefits.....	628,643,837	0	0	95,181,963	0	516,793,748	0	0	16,668,126	0
12. Net Reins Recoveries Incurred.....	51,912	0	0	0	0	51,912	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	628,591,925	0	0	95,181,963	0	516,741,836	0	0	16,668,126	0
14. Claims Adjustment Expenses.....	42,121,874	0	0	5,772,120	0	34,482,989	0	0	1,866,765	0
15. General Administrative Expenses.....	118,110,342	0	0	17,978,272	0	95,218,438	0	0	4,913,632	0
16. Increase in Reserves for A&H contracts.....	(3,072,213)	0	0	(3,072,213)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	785,751,928	0	0	115,860,142	0	646,443,263	0	0	23,448,523	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,022,366)	0	0	(3,331,621)	0	(6,242,750)	0	0	(447,995)	0
19. Net Investments Gains / (Losses).....	4,947,209	0	0	1,165,687	0	4,812,664	0	0	(1,031,142)	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).....	(5,075,157)	0	0	(2,165,934)	0	(1,430,086)	0	0	(1,479,137)	0
22. Federal and foreign income taxes incurred.....	15,226,963	0	0	808,210	0	14,123,037	0	0	295,716	0
23. NET INCOME/(LOSS) (L21 less L22).....	(20,302,120)	0	0	(2,974,144)	0	(15,553,123)	0	0	(1,774,853)	0
24 Medical Loss Ratio	79.1%	0.0%	0.0%	83.6%	0.0%	78.8%	0.0%	0.0%	67.0%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	691,705	0	0	36,588	0	600,970	0	0	54,147	0
2. MEMBER MONTHS.....	2,052,096	0	0	108,890	0	1,784,464	0	0	158,742	0
3. Direct Premium Income.....	794,576,297	0	0	113,906,225	0	655,776,226	0	XXXXXXXX	24,893,846	0
4. Net Premium Income.....	794,496,189	0	0	113,905,170	0	655,703,529	0	0	24,887,490	0
5. Change in unearned premium reserve and reserve for rate credits.....	(18,766,627)	0	0	(1,376,649)	0	(15,503,016)	0	0	(1,886,962)	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).....	775,729,562	0	0	112,528,521	0	640,200,513	0	0	23,000,528	0
11. Hospital & Medical Benefits.....	628,643,837	0	0	95,181,963	0	516,793,748	0	0	16,668,126	0
12. Net Reins Recoveries Incurred.....	51,912	0	0	0	0	51,912	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	628,591,925	0	0	95,181,963	0	516,741,836	0	0	16,668,126	0
14. Claims Adjustment Expenses.....	42,121,874	0	0	5,772,120	0	34,482,989	0	0	1,866,765	0
15. General Administrative Expenses.....	118,110,342	0	0	17,978,272	0	95,218,438	0	0	4,913,632	0
16. Increase in Reserves for A&H contracts.....	(3,072,213)	0	0	(3,072,213)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	785,751,928	0	0	115,860,142	0	646,443,263	0	0	23,448,523	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(10,022,366)	0	0	(3,331,621)	0	(6,242,750)	0	0	(447,995)	0
19. Net Investments Gains / (Losses).....	4,947,209	0	0	1,165,687	0	4,812,664	0	0	(1,031,142)	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).....	(5,075,157)	0	0	(2,165,934)	0	(1,430,086)	0	0	(1,479,137)	0
22. Federal and foreign income taxes incurred.....	15,226,963	0	0	808,210	0	14,123,037	0	0	295,716	0
23. NET INCOME/(LOSS) (L21 less L22).....	(20,302,120)	0	0	(2,974,144)	0	(15,553,123)	0	0	(1,774,853)	0
24 Medical Loss Ratio	79.1%	0.0%	0.0%	83.6%	0.0%	78.8%	0.0%	0.0%	67.0%	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 **MARCH 31, 2015**

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	241,147	29,433	0	0	0	0	0	0	211,714	0
2. First Quarter	236,914	29,225	0	0	0	0	0	0	207,689	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	709,852	85,717	0	0	0	0	0	0	624,135	0
Total Member Ambulatory Encounters for Year:										
7. Physician	273,345	26,089	0	0	0	0	0	0	247,256	0
8. Non-Physician	132,157	12,615	0	0	0	0	0	0	119,542	0
9. Total	405,502	38,704	0	0	0	0	0	0	366,798	0
10. Hospital Patient Days Incurred	15,728	626	0	0	0	0	0	0	15,102	0
11. Number of Inpatient Admissions	3,432	110	0	0	0	0	0	0	3,322	0
12. Health Premiums Written	139,236,414	12,838,475	0	0	0	0	0	0	126,397,939	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	136,858,508	11,876,310	0	0	0	0	0	0	124,982,198	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	106,770,702	7,951,467	0	0	0	0	0	0	98,819,235	0
18. Amount Incurred for Provision of Health Care Services	110,906,227	7,948,098	0	0	0	0	0	0	102,958,129	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	236,914	0	0	0	0	207,689	0	0	29,225	0
2. MEMBER MONTHS.....	709,852	0	0	0	0	624,135	0	0	85,717	0
3. Direct Premium Income.....	139,236,415	0	0	0	0	126,397,939	0	XXXXXXXX	12,838,476	0
4. Net Premium Income.....	139,207,547	0	0	0	0	126,372,493	0	0	12,835,054	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,377,907)	0	0	0	0	(1,415,741)	0	0	(962,166)	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).....	136,829,640	0	0	0	0	124,956,752	0	0	11,872,888	0
11. Hospital & Medical Benefits.....	110,906,227	0	0	0	0	102,958,129	0	0	7,948,098	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	110,906,227	0	0	0	0	102,958,129	0	0	7,948,098	0
14. Claims Adjustment Expenses.....	9,053,304	0	0	0	0	8,120,493	0	0	932,811	0
15. General Administrative Expenses.....	25,408,168	0	0	0	0	22,924,495	0	0	2,483,673	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).....	145,367,699	0	0	0	0	134,003,117	0	0	11,364,582	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,538,059)	0	0	0	0	(9,046,365)	0	0	508,306	0
19. Net Investments Gains / (Losses).....	(7,583,534)	0	0	0	0	(6,882,232)	0	0	(701,302)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,121,593)	0	0	0	0	(15,928,597)	0	0	(192,996)	0
22. Federal and foreign income taxes incurred.....	(2,446,594)	0	0	0	0	(2,802,250)	0	0	355,656	0
23. NET INCOME/(LOSS) (L21 less L22).....	(13,674,999)	0	0	0	0	(13,126,347)	0	0	(548,652)	0
24 Medical Loss Ratio	79.7%	0.0%	0.0%	0.0%	0.0%	81.5%	0.0%	0.0%	61.9%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	236,914	0	0	0	0	207,689	0	0	29,225	0
2. MEMBER MONTHS.....	709,852	0	0	0	0	624,135	0	0	85,717	0
3. Direct Premium Income.....	139,236,415	0	0	0	0	126,397,939	0	XXXXXXXX	12,838,476	0
4. Net Premium Income.....	139,207,547	0	0	0	0	126,372,493	0	0	12,835,054	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,377,907)	0	0	0	0	(1,415,741)	0	0	(962,166)	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).....	136,829,640	0	0	0	0	124,956,752	0	0	11,872,888	0
11. Hospital & Medical Benefits.....	110,906,227	0	0	0	0	102,958,129	0	0	7,948,098	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	110,906,227	0	0	0	0	102,958,129	0	0	7,948,098	0
14. Claims Adjustment Expenses.....	9,053,304	0	0	0	0	8,120,493	0	0	932,811	0
15. General Administrative Expenses.....	25,408,168	0	0	0	0	22,924,495	0	0	2,483,673	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).....	145,367,699	0	0	0	0	134,003,117	0	0	11,364,582	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,538,059)	0	0	0	0	(9,046,365)	0	0	508,306	0
19. Net Investments Gains / (Losses).....	(7,583,534)	0	0	0	0	(6,882,232)	0	0	(701,302)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(16,121,593)	0	0	0	0	(15,928,597)	0	0	(192,996)	0
22. Federal and foreign income taxes incurred.....	(2,446,594)	0	0	0	0	(2,802,250)	0	0	355,656	0
23. NET INCOME/(LOSS) (L21 less L22).....	(13,674,999)	0	0	0	0	(13,126,347)	0	0	(548,652)	0
24 Medical Loss Ratio	79.7%	0.0%	0.0%	0.0%	0.0%	81.5%	0.0%	0.0%	61.9%	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 **MARCH 31, 2015**

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	166,883	14,144	0	0	0	0	0	0	152,739	0
2. First Quarter	167,208	13,976	0	0	0	0	0	0	153,232	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	494,274	41,035	0	0	0	0	0	0	453,239	0
Total Member Ambulatory Encounters for Year:										
7. Physician	208,072	16,320	0	0	0	0	0	0	191,752	0
8. Non-Physician	204,336	9,778	0	0	0	0	0	0	194,558	0
9. Total	412,408	26,098	0	0	0	0	0	0	386,310	0
10. Hospital Patient Days Incurred	18,257	285	0	0	0	0	0	0	17,972	0
11. Number of Inpatient Admissions	3,290	70	0	0	0	0	0	0	3,220	0
12. Health Premiums Written	173,972,654	6,198,118	0	0	0	0	0	0	167,774,536	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	170,457,480	5,846,014	0	0	0	0	0	0	164,611,466	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	132,290,463	4,599,764	0	0	0	0	0	0	127,690,699	0
18. Amount Incurred for Provision of Health Care Services	137,636,644	4,597,815	0	0	0	0	0	0	133,038,829	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	167,208	0	0	0	0	153,232	0	0	13,976	0
2. MEMBER MONTHS.....	494,274	0	0	0	0	453,239	0	0	41,035	0
3. Direct Premium Income.....	173,972,654	0	0	0	0	167,774,536	0	XXXXXXXX	6,198,118	0
4. Net Premium Income.....	173,952,538	0	0	0	0	167,756,079	0	0	6,196,459	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,515,173)	0	0	0	0	(3,163,070)	0	0	(352,103)	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).....	170,437,365	0	0	0	0	164,593,009	0	0	5,844,356	0
11. Hospital & Medical Benefits.....	137,636,644	0	0	0	0	133,038,829	0	0	4,597,815	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	137,636,644	0	0	0	0	133,038,829	0	0	4,597,815	0
14. Claims Adjustment Expenses.....	8,960,733	0	0	0	0	8,479,729	0	0	481,004	0
15. General Administrative Expenses.....	25,165,569	0	0	0	0	23,916,149	0	0	1,249,420	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).....	171,762,946	0	0	0	0	165,434,707	0	0	6,328,239	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,325,581)	0	0	0	0	(841,698)	0	0	(483,883)	0
19. Net Investments Gains / (Losses).....	27,318,400	0	0	0	0	27,629,010	0	0	(310,610)	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).....	25,992,819	0	0	0	0	26,787,312	0	0	(794,493)	0
22. Federal and foreign income taxes incurred.....	14,620,443	0	0	0	0	14,721,644	0	0	(101,201)	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,372,376	0	0	0	0	12,065,668	0	0	(693,292)	0
24 Medical Loss Ratio	79.1%	0.0%	0.0%	0.0%	0.0%	79.3%	0.0%	0.0%	74.2%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	167,208	0	0	0	0	153,232	0	0	13,976	0
2. MEMBER MONTHS.....	494,274	0	0	0	0	453,239	0	0	41,035	0
3. Direct Premium Income.....	173,972,654	0	0	0	0	167,774,536	0	XXXXXXXX	6,198,118	0
4. Net Premium Income.....	173,952,538	0	0	0	0	167,756,079	0	0	6,196,459	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,515,173)	0	0	0	0	(3,163,070)	0	0	(352,103)	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).....	170,437,365	0	0	0	0	164,593,009	0	0	5,844,356	0
11. Hospital & Medical Benefits.....	137,636,644	0	0	0	0	133,038,829	0	0	4,597,815	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	137,636,644	0	0	0	0	133,038,829	0	0	4,597,815	0
14. Claims Adjustment Expenses.....	8,960,733	0	0	0	0	8,479,729	0	0	481,004	0
15. General Administrative Expenses.....	25,165,569	0	0	0	0	23,916,149	0	0	1,249,420	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).....	171,762,946	0	0	0	0	165,434,707	0	0	6,328,239	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,325,581)	0	0	0	0	(841,698)	0	0	(483,883)	0
19. Net Investments Gains / (Losses).....	27,318,400	0	0	0	0	27,629,010	0	0	(310,610)	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).....	25,992,819	0	0	0	0	26,787,312	0	0	(794,493)	0
22. Federal and foreign income taxes incurred.....	14,620,443	0	0	0	0	14,721,644	0	0	(101,201)	0
23. NET INCOME/(LOSS) (L21 less L22).....	11,372,376	0	0	0	0	12,065,668	0	0	(693,292)	0
24 Medical Loss Ratio	79.1%	0.0%	0.0%	0.0%	0.0%	79.3%	0.0%	0.0%	74.2%	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 **MARCH 31, 2015**

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	172,138	10,077	0	0	0	0	0	0	162,061	0
2. First Quarter	170,209	9,772	0	0	0	0	0	0	160,437	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	507,123	28,621	0	0	0	0	0	0	478,502	0
Total Member Ambulatory Encounters for Year:										
7. Physician	194,639	10,359	0	0	0	0	0	0	184,280	0
8. Non-Physician	167,443	5,231	0	0	0	0	0	0	162,212	0
9. Total	362,082	15,590	0	0	0	0	0	0	346,492	0
10. Hospital Patient Days Incurred	21,871	175	0	0	0	0	0	0	21,696	0
11. Number of Inpatient Admissions	3,817	63	0	0	0	0	0	0	3,754	0
12. Health Premiums Written	202,145,497	5,370,286	0	0	0	0	0	0	196,775,211	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	193,502,451	4,790,406	0	0	0	0	0	0	188,712,045	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	144,959,468	3,496,123	0	0	0	0	0	0	141,463,345	0
18. Amount Incurred for Provision of Health Care Services	150,882,963	3,494,642	0	0	0	0	0	0	147,388,321	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	170,209	0	0	0	0	160,437	0	0	9,772	0
2. MEMBER MONTHS.....	507,123	0	0	0	0	478,502	0	0	28,621	0
3. Direct Premium Income.....	202,145,496	0	0	0	0	196,775,211	0	XXXXXXXX	5,370,285	0
4. Net Premium Income.....	202,124,922	0	0	0	0	196,755,775	0	0	5,369,147	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,643,046)	0	0	0	0	(8,063,166)	0	0	(579,880)	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).....	193,481,876	0	0	0	0	188,692,609	0	0	4,789,267	0
11. Hospital & Medical Benefits.....	150,882,963	0	0	0	0	147,388,321	0	0	3,494,642	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	150,882,963	0	0	0	0	147,388,321	0	0	3,494,642	0
14. Claims Adjustment Expenses.....	10,775,679	0	0	0	0	10,365,996	0	0	409,683	0
15. General Administrative Expenses.....	29,070,430	0	0	0	0	27,997,566	0	0	1,072,864	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).....	190,729,072	0	0	0	0	185,751,883	0	0	4,977,189	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,752,804	0	0	0	0	2,940,726	0	0	(187,922)	0
19. Net Investments Gains / (Losses).....	(9,233,304)	0	0	0	0	(9,215,692)	0	0	(17,612)	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).....	(6,480,500)	0	0	0	0	(6,274,966)	0	0	(205,534)	0
22. Federal and foreign income taxes incurred.....	1,946,162	0	0	0	0	1,808,993	0	0	137,169	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,426,662)	0	0	0	0	(8,083,959)	0	0	(342,703)	0
24 Medical Loss Ratio	74.6%	0.0%	0.0%	0.0%	0.0%	74.9%	0.0%	0.0%	65.1%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	170,209	0	0	0	0	160,437	0	0	9,772	0
2. MEMBER MONTHS.....	507,123	0	0	0	0	478,502	0	0	28,621	0
3. Direct Premium Income.....	202,145,496	0	0	0	0	196,775,211	0	XXXXXXXX	5,370,285	0
4. Net Premium Income.....	202,124,922	0	0	0	0	196,755,775	0	0	5,369,147	0
5. Change in unearned premium reserve and reserve for rate credits.....	(8,643,046)	0	0	0	0	(8,063,166)	0	0	(579,880)	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).....	193,481,876	0	0	0	0	188,692,609	0	0	4,789,267	0
11. Hospital & Medical Benefits.....	150,882,963	0	0	0	0	147,388,321	0	0	3,494,642	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	150,882,963	0	0	0	0	147,388,321	0	0	3,494,642	0
14. Claims Adjustment Expenses.....	10,775,679	0	0	0	0	10,365,996	0	0	409,683	0
15. General Administrative Expenses.....	29,070,430	0	0	0	0	27,997,566	0	0	1,072,864	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).....	190,729,072	0	0	0	0	185,751,883	0	0	4,977,189	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,752,804	0	0	0	0	2,940,726	0	0	(187,922)	0
19. Net Investments Gains / (Losses).....	(9,233,304)	0	0	0	0	(9,215,692)	0	0	(17,612)	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).....	(6,480,500)	0	0	0	0	(6,274,966)	0	0	(205,534)	0
22. Federal and foreign income taxes incurred.....	1,946,162	0	0	0	0	1,808,993	0	0	137,169	0
23. NET INCOME/(LOSS) (L21 less L22).....	(8,426,662)	0	0	0	0	(8,083,959)	0	0	(342,703)	0
24 Medical Loss Ratio	74.6%	0.0%	0.0%	0.0%	0.0%	74.9%	0.0%	0.0%	65.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

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	11,972	0	0	0	0	0	0	0	11,972	0
2. First Quarter	13,363	0	0	0	0	0	0	0	13,363	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	37,052	0	0	0	0	0	0	0	37,052	0
Total Member Ambulatory Encounters for Year:										
7. Physician	13,644	0	0	0	0	0	0	0	13,644	0
8. Non-Physician	39,962	0	0	0	0	0	0	0	39,962	0
9. Total	53,606	0	0	0	0	0	0	0	53,606	0
10. Hospital Patient Days Incurred	3,010	0	0	0	0	0	0	0	3,010	0
11. Number of Inpatient Admissions	395	0	0	0	0	0	0	0	395	0
12. Health Premiums Written	39,762,451	0	0	0	0	0	0	0	39,762,451	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	39,265,975	0	0	0	0	0	0	0	39,265,975	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	32,547,404	0	0	0	0	0	0	0	32,547,404	0
18. Amount Incurred for Provision of Health Care Services	33,910,603	0	0	0	0	0	0	0	33,910,603	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	13,363	0	0	0	0	13,363	0	0	0	0
2. MEMBER MONTHS.....	37,052	0	0	0	0	37,052	0	0	0	0
3. Direct Premium Income.....	39,762,451	0	0	0	0	39,762,451	0	XXXXXXXX	0	0
4. Net Premium Income.....	39,760,930	0	0	0	0	39,760,930	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(496,476)	0	0	0	0	(496,476)	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).....	39,264,454	0	0	0	0	39,264,454	0	0	0	0
11. Hospital & Medical Benefits.....	33,910,603	0	0	0	0	33,910,603	0	0	0	0
12. Net Reins Recoveries Incurred.....	51,912	0	0	0	0	51,912	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,858,691	0	0	0	0	33,858,691	0	0	0	0
14. Claims Adjustment Expenses.....	1,683,190	0	0	0	0	1,683,190	0	0	0	0
15. General Administrative Expenses.....	4,539,830	0	0	0	0	4,539,830	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).....	40,081,711	0	0	0	0	40,081,711	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(817,257)	0	0	0	0	(817,257)	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,631,704)	0	0	0	0	(1,631,704)	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).....	(2,448,961)	0	0	0	0	(2,448,961)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(316,517)	0	0	0	0	(316,517)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,132,444)	0	0	0	0	(2,132,444)	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	0.0%	0.0%	0.0%	85.2%	0.0%	0.0%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	13,363	0	0	0	0	13,363	0	0	0	0
2. MEMBER MONTHS.....	37,052	0	0	0	0	37,052	0	0	0	0
3. Direct Premium Income.....	39,762,451	0	0	0	0	39,762,451	0	XXXXXXXX	0	0
4. Net Premium Income.....	39,760,930	0	0	0	0	39,760,930	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(496,476)	0	0	0	0	(496,476)	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).....	39,264,454	0	0	0	0	39,264,454	0	0	0	0
11. Hospital & Medical Benefits.....	33,910,603	0	0	0	0	33,910,603	0	0	0	0
12. Net Reins Recoveries Incurred.....	51,912	0	0	0	0	51,912	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	33,858,691	0	0	0	0	33,858,691	0	0	0	0
14. Claims Adjustment Expenses.....	1,683,190	0	0	0	0	1,683,190	0	0	0	0
15. General Administrative Expenses.....	4,539,830	0	0	0	0	4,539,830	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).....	40,081,711	0	0	0	0	40,081,711	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(817,257)	0	0	0	0	(817,257)	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,631,704)	0	0	0	0	(1,631,704)	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).....	(2,448,961)	0	0	0	0	(2,448,961)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(316,517)	0	0	0	0	(316,517)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,132,444)	0	0	0	0	(2,132,444)	0	0	0	0
24 Medical Loss Ratio	85.2%	0.0%	0.0%	0.0%	0.0%	85.2%	0.0%	0.0%	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 **MARCH 31, 2015**

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	0	0	0	0	0	0	0	0	0	0
2. First Quarter	0	0	0	0	0	0	0	0	0	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0	0	0	0	0	0	0	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	0	0	0	0	0	0	0	0	0	0
8. Non-Physician	0	0	0	0	0	0	0	0	0	0
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written	0	0	0	0	0	0	0	0	0	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	0	0	0	0	0	0	0	0	0	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	18,463	16	0	0	0	0	0	0	18,447	0
18. Amount Incurred for Provision of Health Care Services	19,235	16	0	0	0	0	0	0	19,219	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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,235	0	0	0	0	19,219	0	0	16	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,235	0	0	0	0	19,219	0	0	16	0
14. Claims Adjustment Expenses.....	49	0	0	0	0	49	0	0	0	0
15. General Administrative Expenses.....	75	0	0	0	0	74	0	0	1	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).....	19,359	0	0	0	0	19,342	0	0	17	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,359)	0	0	0	0	(19,342)	0	0	(17)	0
19. Net Investments Gains / (Losses).....	(1,088)	0	0	0	0	(1,026)	0	0	(62)	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).....	(20,447)	0	0	0	0	(20,368)	0	0	(79)	0
22. Federal and foreign income taxes incurred.....	115	0	0	0	0	115	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(20,562)	0	0	0	0	(20,483)	0	0	(79)	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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

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.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	0	0	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).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	19,235	0	0	0	0	19,219	0	0	16	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	19,235	0	0	0	0	19,219	0	0	16	0
14. Claims Adjustment Expenses.....	49	0	0	0	0	49	0	0	0	0
15. General Administrative Expenses.....	75	0	0	0	0	74	0	0	1	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).....	19,359	0	0	0	0	19,342	0	0	17	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(19,359)	0	0	0	0	(19,342)	0	0	(17)	0
19. Net Investments Gains / (Losses).....	(1,088)	0	0	0	0	(1,026)	0	0	(62)	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).....	(20,447)	0	0	0	0	(20,368)	0	0	(79)	0
22. Federal and foreign income taxes incurred.....	115	0	0	0	0	115	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(20,562)	0	0	0	0	(20,483)	0	0	(79)	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	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 **MARCH 31, 2015**

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	21,855	855	0	0	0	0	0	0	21,000	0
2. First Quarter	22,783	860	0	0	0	0	0	0	21,923	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	65,627	2,482	0	0	0	0	0	0	63,145	0
Total Member Ambulatory Encounters for Year:										
7. Physician	24,981	685	0	0	0	0	0	0	24,296	0
8. Non-Physician	43,036	741	0	0	0	0	0	0	42,295	0
9. Total	68,017	1,426	0	0	0	0	0	0	66,591	0
10. Hospital Patient Days Incurred	3,478	17	0	0	0	0	0	0	3,461	0
11. Number of Inpatient Admissions	551	4	0	0	0	0	0	0	547	0
12. Health Premiums Written	37,892,345	324,056	0	0	0	0	0	0	37,568,289	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	36,607,587	305,600	0	0	0	0	0	0	36,301,987	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	26,523,048	225,649	0	0	0	0	0	0	26,297,399	0
18. Amount Incurred for Provision of Health Care Services	27,624,378	225,553	0	0	0	0	0	0	27,398,825	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	22,783	0	0	0	0	21,923	0	0	860	0
2. MEMBER MONTHS.....	65,627	0	0	0	0	63,145	0	0	2,482	0
3. Direct Premium Income.....	37,892,345	0	0	0	0	37,568,289	0	XXXXXXXX	324,056	0
4. Net Premium Income.....	37,889,674	0	0	0	0	37,565,718	0	0	323,956	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,284,757)	0	0	0	0	(1,266,301)	0	0	(18,456)	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	36,604,917	0	0	0	0	36,299,417	0	0	305,500	0
11. Hospital & Medical Benefits.....	27,624,378	0	0	0	0	27,398,825	0	0	225,553	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,624,378	0	0	0	0	27,398,825	0	0	225,553	0
14. Claims Adjustment Expenses.....	1,800,248	0	0	0	0	1,768,831	0	0	31,417	0
15. General Administrative Expenses.....	4,938,680	0	0	0	0	4,862,662	0	0	76,018	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).....	34,363,306	0	0	0	0	34,030,318	0	0	332,988	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,241,611	0	0	0	0	2,269,099	0	0	(27,488)	0
19. Net Investments Gains / (Losses).....	(1,599,830)	0	0	0	0	(1,598,011)	0	0	(1,819)	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).....	641,781	0	0	0	0	671,088	0	0	(29,307)	0
22. Federal and foreign income taxes incurred.....	1,021,140	0	0	0	0	1,016,292	0	0	4,848	0
23. NET INCOME/(LOSS) (L21 less L22).....	(379,359)	0	0	0	0	(345,204)	0	0	(34,155)	0
24 Medical Loss Ratio	72.9%	0.0%	0.0%	0.0%	0.0%	72.9%	0.0%	0.0%	69.6%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

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.....	22,783	0	0	0	0	21,923	0	0	860	0
2. MEMBER MONTHS.....	65,627	0	0	0	0	63,145	0	0	2,482	0
3. Direct Premium Income.....	37,892,345	0	0	0	0	37,568,289	0	XXXXXXXX	324,056	0
4. Net Premium Income.....	37,889,674	0	0	0	0	37,565,718	0	0	323,956	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,284,757)	0	0	0	0	(1,266,301)	0	0	(18,456)	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	36,604,917	0	0	0	0	36,299,417	0	0	305,500	0
11. Hospital & Medical Benefits.....	27,624,378	0	0	0	0	27,398,825	0	0	225,553	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	27,624,378	0	0	0	0	27,398,825	0	0	225,553	0
14. Claims Adjustment Expenses.....	1,800,248	0	0	0	0	1,768,831	0	0	31,417	0
15. General Administrative Expenses.....	4,938,680	0	0	0	0	4,862,662	0	0	76,018	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).....	34,363,306	0	0	0	0	34,030,318	0	0	332,988	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,241,611	0	0	0	0	2,269,099	0	0	(27,488)	0
19. Net Investments Gains / (Losses).....	(1,599,830)	0	0	0	0	(1,598,011)	0	0	(1,819)	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).....	641,781	0	0	0	0	671,088	0	0	(29,307)	0
22. Federal and foreign income taxes incurred.....	1,021,140	0	0	0	0	1,016,292	0	0	4,848	0
23. NET INCOME/(LOSS) (L21 less L22).....	(379,359)	0	0	0	0	(345,204)	0	0	(34,155)	0
24 Medical Loss Ratio	72.9%	0.0%	0.0%	0.0%	0.0%	72.9%	0.0%	0.0%	69.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Beaumont**

(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	14,794	299	0	0	0	0	0	0	14,495	0
2. First Quarter	15,226	314	0	0	0	0	0	0	14,912	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	44,499	887	0	0	0	0	0	0	43,612	0
Total Member Ambulatory Encounters for Year:										
7. Physician	18,556	385	0	0	0	0	0	0	18,171	0
8. Non-Physician	31,130	276	0	0	0	0	0	0	30,854	0
9. Total	49,686	661	0	0	0	0	0	0	49,025	0
10. Hospital Patient Days Incurred	2,603	28	0	0	0	0	0	0	2,575	0
11. Number of Inpatient Admissions	473	4	0	0	0	0	0	0	469	0
12. Health Premiums Written	26,214,168	162,911	0	0	0	0	0	0	26,051,257	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	26,237,457	188,554	0	0	0	0	0	0	26,048,903	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	24,204,137	402,172	0	0	0	0	0	0	23,801,965	0
18. Amount Incurred for Provision of Health Care Services	25,200,877	402,002	0	0	0	0	0	0	24,798,875	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont

(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.....	15,226	0	0	0	0	14,912	0	0	314	0
2. MEMBER MONTHS.....	44,499	0	0	0	0	43,612	0	0	887	0
3. Direct Premium Income.....	26,214,168	0	0	0	0	26,051,257	0	XXXXXXXX	162,911	0
4. Net Premium Income.....	26,212,346	0	0	0	0	26,049,472	0	0	162,874	0
5. Change in unearned premium reserve and reserve for rate credits.....	23,288	0	0	0	0	(2,355)	0	0	25,643	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,235,634	0	0	0	0	26,047,117	0	0	188,517	0
11. Hospital & Medical Benefits.....	25,200,877	0	0	0	0	24,798,875	0	0	402,002	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,200,877	0	0	0	0	24,798,875	0	0	402,002	0
14. Claims Adjustment Expenses.....	1,227,973	0	0	0	0	1,216,123	0	0	11,850	0
15. General Administrative Expenses.....	3,330,423	0	0	0	0	3,298,766	0	0	31,657	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).....	29,759,273	0	0	0	0	29,313,764	0	0	445,509	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,523,639)	0	0	0	0	(3,266,647)	0	0	(256,992)	0
19. Net Investments Gains / (Losses).....	(1,116,830)	0	0	0	0	(1,117,093)	0	0	263	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).....	(4,640,469)	0	0	0	0	(4,383,740)	0	0	(256,729)	0
22. Federal and foreign income taxes incurred.....	(1,334,615)	0	0	0	0	(1,233,859)	0	0	(100,756)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,305,854)	0	0	0	0	(3,149,881)	0	0	(155,973)	0
24 Medical Loss Ratio	96.1%	0.0%	0.0%	0.0%	0.0%	95.2%	0.0%	0.0%	246.8%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Beaumont

(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.....	15,226	0	0	0	0	14,912	0	0	314	0
2. MEMBER MONTHS.....	44,499	0	0	0	0	43,612	0	0	887	0
3. Direct Premium Income.....	26,214,168	0	0	0	0	26,051,257	0	XXXXXXXX	162,911	0
4. Net Premium Income.....	26,212,346	0	0	0	0	26,049,472	0	0	162,874	0
5. Change in unearned premium reserve and reserve for rate credits.....	23,288	0	0	0	0	(2,355)	0	0	25,643	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	26,235,634	0	0	0	0	26,047,117	0	0	188,517	0
11. Hospital & Medical Benefits.....	25,200,877	0	0	0	0	24,798,875	0	0	402,002	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,200,877	0	0	0	0	24,798,875	0	0	402,002	0
14. Claims Adjustment Expenses.....	1,227,973	0	0	0	0	1,216,123	0	0	11,850	0
15. General Administrative Expenses.....	3,330,423	0	0	0	0	3,298,766	0	0	31,657	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).....	29,759,273	0	0	0	0	29,313,764	0	0	445,509	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(3,523,639)	0	0	0	0	(3,266,647)	0	0	(256,992)	0
19. Net Investments Gains / (Losses).....	(1,116,830)	0	0	0	0	(1,117,093)	0	0	263	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).....	(4,640,469)	0	0	0	0	(4,383,740)	0	0	(256,729)	0
22. Federal and foreign income taxes incurred.....	(1,334,615)	0	0	0	0	(1,233,859)	0	0	(100,756)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,305,854)	0	0	0	0	(3,149,881)	0	0	(155,973)	0
24 Medical Loss Ratio	96.1%	0.0%	0.0%	0.0%	0.0%	95.2%	0.0%	0.0%	246.8%	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 **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **EI Paso**

(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	13,509	0	0	0	0	0	0	0	13,509	0
2. First Quarter	13,964	0	0	0	0	0	0	0	13,964	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	40,951	0	0	0	0	0	0	0	40,951	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,476	0	0	0	0	0	0	0	15,476	0
8. Non-Physician	56,271	0	0	0	0	0	0	0	56,271	0
9. Total	71,747	0	0	0	0	0	0	0	71,747	0
10. Hospital Patient Days Incurred	2,412	0	0	0	0	0	0	0	2,412	0
11. Number of Inpatient Admissions	346	0	0	0	0	0	0	0	346	0
12. Health Premiums Written	40,566,907	0	0	0	0	0	0	0	40,566,907	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	39,782,608	0	0	0	0	0	0	0	39,782,608	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	29,429,094	0	0	0	0	0	0	0	29,429,094	0
18. Amount Incurred for Provision of Health Care Services	30,661,687	0	0	0	0	0	0	0	30,661,687	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(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.....	13,964	0	0	0	0	13,964	0	0	0	0
2. MEMBER MONTHS.....	40,951	0	0	0	0	40,951	0	0	0	0
3. Direct Premium Income.....	40,566,907	0	0	0	0	40,566,907	0	XXXXXXXX	0	0
4. Net Premium Income.....	40,565,222	0	0	0	0	40,565,222	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(784,299)	0	0	0	0	(784,299)	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).....	39,780,923	0	0	0	0	39,780,923	0	0	0	0
11. Hospital & Medical Benefits.....	30,661,687	0	0	0	0	30,661,687	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).....	30,661,687	0	0	0	0	30,661,687	0	0	0	0
14. Claims Adjustment Expenses.....	1,741,067	0	0	0	0	1,741,067	0	0	0	0
15. General Administrative Expenses.....	4,727,771	0	0	0	0	4,727,771	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).....	37,130,525	0	0	0	0	37,130,525	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,650,398	0	0	0	0	2,650,398	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,601,741)	0	0	0	0	(1,601,741)	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,048,657	0	0	0	0	1,048,657	0	0	0	0
22. Federal and foreign income taxes incurred.....	881,326	0	0	0	0	881,326	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	167,331	0	0	0	0	167,331	0	0	0	0
24 Medical Loss Ratio	75.6%	0.0%	0.0%	0.0%	0.0%	75.6%	0.0%	0.0%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

El Paso

(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.....	13,964	0	0	0	0	13,964	0	0	0	0
2. MEMBER MONTHS.....	40,951	0	0	0	0	40,951	0	0	0	0
3. Direct Premium Income.....	40,566,907	0	0	0	0	40,566,907	0	XXXXXXXX	0	0
4. Net Premium Income.....	40,565,222	0	0	0	0	40,565,222	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(784,299)	0	0	0	0	(784,299)	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).....	39,780,923	0	0	0	0	39,780,923	0	0	0	0
11. Hospital & Medical Benefits.....	30,661,687	0	0	0	0	30,661,687	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).....	30,661,687	0	0	0	0	30,661,687	0	0	0	0
14. Claims Adjustment Expenses.....	1,741,067	0	0	0	0	1,741,067	0	0	0	0
15. General Administrative Expenses.....	4,727,771	0	0	0	0	4,727,771	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).....	37,130,525	0	0	0	0	37,130,525	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,650,398	0	0	0	0	2,650,398	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,601,741)	0	0	0	0	(1,601,741)	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	1,048,657	0	0	0	0	1,048,657	0	0	0	0
22. Federal and foreign income taxes incurred.....	881,326	0	0	0	0	881,326	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	167,331	0	0	0	0	167,331	0	0	0	0
24. Medical Loss Ratio	75.6%	0.0%	0.0%	0.0%	0.0%	75.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

REPORT FOR DIVISION: **Lubbock**

(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	14,412	0	0	0	0	0	0	0	14,412	0
2. First Quarter	15,450	0	0	0	0	0	0	0	15,450	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	43,828	0	0	0	0	0	0	0	43,828	0
Total Member Ambulatory Encounters for Year:										
7. Physician	14,318	0	0	0	0	0	0	0	14,318	0
8. Non-Physician	23,541	0	0	0	0	0	0	0	23,541	0
9. Total	37,859	0	0	0	0	0	0	0	37,859	0
10. Hospital Patient Days Incurred	2,257	0	0	0	0	0	0	0	2,257	0
11. Number of Inpatient Admissions	441	0	0	0	0	0	0	0	441	0
12. Health Premiums Written	20,879,636	0	0	0	0	0	0	0	20,879,636	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	20,568,029	0	0	0	0	0	0	0	20,568,029	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	15,951,169	0	0	0	0	0	0	0	15,951,169	0
18. Amount Incurred for Provision of Health Care Services	16,619,260	0	0	0	0	0	0	0	16,619,260	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	15,450	0	0	0	0	15,450	0	0	0	0
2. MEMBER MONTHS.....	43,828	0	0	0	0	43,828	0	0	0	0
3. Direct Premium Income.....	20,879,636	0	0	0	0	20,879,636	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,877,840	0	0	0	0	20,877,840	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(311,607)	0	0	0	0	(311,607)	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).....	20,566,233	0	0	0	0	20,566,233	0	0	0	0
11. Hospital & Medical Benefits.....	16,619,260	0	0	0	0	16,619,260	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).....	16,619,260	0	0	0	0	16,619,260	0	0	0	0
14. Claims Adjustment Expenses.....	1,107,511	0	0	0	0	1,107,511	0	0	0	0
15. General Administrative Expenses.....	2,951,125	0	0	0	0	2,951,125	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).....	20,677,896	0	0	0	0	20,677,896	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(111,663)	0	0	0	0	(111,663)	0	0	0	0
19. Net Investments Gains / (Losses).....	(768,847)	0	0	0	0	(768,847)	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).....	(880,510)	0	0	0	0	(880,510)	0	0	0	0
22. Federal and foreign income taxes incurred.....	47,293	0	0	0	0	47,293	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(927,803)	0	0	0	0	(927,803)	0	0	0	0
24 Medical Loss Ratio	79.6%	0.0%	0.0%	0.0%	0.0%	79.6%	0.0%	0.0%	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

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2015**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

Lubbock

(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.....	15,450	0	0	0	0	15,450	0	0	0	0
2. MEMBER MONTHS.....	43,828	0	0	0	0	43,828	0	0	0	0
3. Direct Premium Income.....	20,879,636	0	0	0	0	20,879,636	0	XXXXXXXX	0	0
4. Net Premium Income.....	20,877,840	0	0	0	0	20,877,840	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(311,607)	0	0	0	0	(311,607)	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).....	20,566,233	0	0	0	0	20,566,233	0	0	0	0
11. Hospital & Medical Benefits.....	16,619,260	0	0	0	0	16,619,260	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).....	16,619,260	0	0	0	0	16,619,260	0	0	0	0
14. Claims Adjustment Expenses.....	1,107,511	0	0	0	0	1,107,511	0	0	0	0
15. General Administrative Expenses.....	2,951,125	0	0	0	0	2,951,125	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).....	20,677,896	0	0	0	0	20,677,896	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(111,663)	0	0	0	0	(111,663)	0	0	0	0
19. Net Investments Gains / (Losses).....	(768,847)	0	0	0	0	(768,847)	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).....	(880,510)	0	0	0	0	(880,510)	0	0	0	0
22. Federal and foreign income taxes incurred.....	47,293	0	0	0	0	47,293	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(927,803)	0	0	0	0	(927,803)	0	0	0	0
24. Medical Loss Ratio	79.6%	0.0%	0.0%	0.0%	0.0%	79.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				