

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	685,057	0	0	43,129	0	587,272	0	0	54,656	0
2. MEMBER MONTHS.....	2,052,801	0	0	123,869	0	1,766,613	0	0	162,319	0
3. Direct Premium Income.....	891,489,584	0	0	147,617,672	0	717,325,336	0	XXXXXXXX	26,546,576	0
4. Net Premium Income.....	891,409,544	0	0	147,616,704	0	717,252,910	0	0	26,539,930	0
5. Change in unearned premium reserve and reserve for rate credits.....	16,529,405	0	0	(2,151,383)	0	18,012,929	0	0	667,859	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).....	907,938,949	0	0	145,465,321	0	735,265,839	0	0	27,207,789	0
11. Hospital & Medical Benefits.....	767,494,245	0	0	117,360,518	0	631,931,856	0	0	18,201,871	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).....	767,546,157	0	0	117,360,518	0	631,983,768	0	0	18,201,871	0
14. Claims Adjustment Expenses.....	43,616,862	0	0	7,768,204	0	34,082,654	0	0	1,766,004	0
15. General Administrative Expenses.....	68,535,184	0	0	12,675,297	0	53,141,037	0	0	2,718,850	0
16. Increase in Reserves for A&H contracts.....	1,641,301	0	0	1,641,301	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	881,339,504	0	0	139,445,320	0	719,207,459	0	0	22,686,725	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	26,599,445	0	0	6,020,001	0	16,058,380	0	0	4,521,064	0
19. Net Investments Gains / (Losses).....	6,649,872	0	0	1,020,410	0	6,774,356	0	0	(1,144,894)	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).....	33,249,317	0	0	7,040,411	0	22,832,736	0	0	3,376,170	0
22. Federal and foreign income taxes incurred.....	11,567,826	0	0	3,457,767	0	8,136,454	0	0	(26,395)	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,681,491	0	0	3,582,644	0	14,696,282	0	0	3,402,565	0
24 Medical Loss Ratio	86.1%	0.0%	0.0%	79.5%	0.0%	88.1%	0.0%	0.0%	68.6%	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 **JUNE 30, 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.....	685,057	0	0	43,129	0	587,272	0	0	54,656	0
2. MEMBER MONTHS.....	4,104,897	0	0	232,759	0	3,551,077	0	0	321,061	0
3. Direct Premium Income.....	1,686,065,881	0	0	261,523,897	0	1,373,101,562	0	XXXXXXXX	51,440,422	0
4. Net Premium Income.....	1,685,905,733	0	0	261,521,874	0	1,372,956,439	0	0	51,427,420	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,237,222)	0	0	(3,528,032)	0	2,509,913	0	0	(1,219,103)	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).....	1,683,668,511	0	0	257,993,842	0	1,375,466,352	0	0	50,208,317	0
11. Hospital & Medical Benefits.....	1,396,138,082	0	0	212,542,481	0	1,148,725,604	0	0	34,869,997	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	1,396,138,082	0	0	212,542,481	0	1,148,725,604	0	0	34,869,997	0
14. Claims Adjustment Expenses.....	85,738,736	0	0	13,540,324	0	68,565,643	0	0	3,632,769	0
15. General Administrative Expenses.....	186,645,526	0	0	30,653,569	0	148,359,475	0	0	7,632,482	0
16. Increase in Reserves for A&H contracts.....	(1,430,912)	0	0	(1,430,912)	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	1,667,091,432	0	0	255,305,462	0	1,365,650,722	0	0	46,135,248	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	16,577,079	0	0	2,688,380	0	9,815,630	0	0	4,073,069	0
19. Net Investments Gains / (Losses).....	11,597,081	0	0	2,186,097	0	11,587,020	0	0	(2,176,036)	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).....	28,174,160	0	0	4,874,477	0	21,402,650	0	0	1,897,033	0
22. Federal and foreign income taxes incurred.....	26,794,789	0	0	4,265,977	0	22,259,491	0	0	269,321	0
23. NET INCOME/(LOSS) (L21 less L22).....	1,379,371	0	0	608,500	0	(856,841)	0	0	1,627,712	0
24 Medical Loss Ratio	82.8%	0.0%	0.0%	81.3%	0.0%	83.7%	0.0%	0.0%	67.8%	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 **JUNE 30, 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	0									
3. Second Quarter	236,684	29,097	0	0	0	0	0	0	207,587	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,416,575	172,422	0	0	0	0	0	0	1,244,153	0
Total Member Ambulatory Encounters for Year:										
7. Physician	574,293	56,733	0	0	0	0	0	0	517,560	0
8. Non-Physician	294,173	29,783	0	0	0	0	0	0	264,390	0
9. Total	868,466	86,516	0	0	0	0	0	0	781,950	0
10. Hospital Patient Days Incurred	30,337	1,172	0	0	0	0	0	0	29,165	0
11. Number of Inpatient Admissions	6,623	241	0	0	0	0	0	0	6,382	0
12. Health Premiums Written	279,632,393	26,308,145	0	0	0	0	0	0	253,324,248	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	278,405,525	25,574,489	0	0	0	0	0	0	252,831,036	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	206,733,129	16,930,642	0	0	0	0	0	0	189,802,487	0
18. Amount Incurred for Provision of Health Care Services	218,274,243	17,120,549	0	0	0	0	0	0	201,153,694	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	236,684	0	0	0	0	207,587	0	0	29,097	0
2. MEMBER MONTHS.....	706,723	0	0	0	0	620,018	0	0	86,705	0
3. Direct Premium Income.....	140,395,978	0	0	0	0	126,926,309	0	XXXXXXXX	13,469,669	0
4. Net Premium Income.....	140,367,035	0	0	0	0	126,900,916	0	0	13,466,119	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,151,039	0	0	0	0	922,530	0	0	228,509	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).....	141,518,074	0	0	0	0	127,823,446	0	0	13,694,628	0
11. Hospital & Medical Benefits.....	107,368,016	0	0	0	0	98,195,565	0	0	9,172,451	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	107,368,016	0	0	0	0	98,195,565	0	0	9,172,451	0
14. Claims Adjustment Expenses.....	8,244,293	0	0	0	0	7,366,905	0	0	877,388	0
15. General Administrative Expenses.....	12,366,862	0	0	0	0	11,022,133	0	0	1,344,729	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).....	127,979,171	0	0	0	0	116,584,603	0	0	11,394,568	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	13,538,903	0	0	0	0	11,238,843	0	0	2,300,060	0
19. Net Investments Gains / (Losses).....	(8,771,349)	0	0	0	0	(7,971,172)	0	0	(800,177)	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).....	4,767,554	0	0	0	0	3,267,671	0	0	1,499,883	0
22. Federal and foreign income taxes incurred.....	1,000,436	0	0	0	0	392,600	0	0	607,836	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,767,118	0	0	0	0	2,875,071	0	0	892,047	0
24 Medical Loss Ratio	76.5%	0.0%	0.0%	0.0%	0.0%	77.4%	0.0%	0.0%	68.1%	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 **JUNE 30, 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.....	236,684	0	0	0	0	207,587	0	0	29,097	0
2. MEMBER MONTHS.....	1,416,575	0	0	0	0	1,244,153	0	0	172,422	0
3. Direct Premium Income.....	279,632,393	0	0	0	0	253,324,248	0	XXXXXXXX	26,308,145	0
4. Net Premium Income.....	279,574,582	0	0	0	0	253,273,409	0	0	26,301,173	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,226,868)	0	0	0	0	(493,211)	0	0	(733,657)	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).....	278,347,714	0	0	0	0	252,780,198	0	0	25,567,516	0
11. Hospital & Medical Benefits.....	218,274,243	0	0	0	0	201,153,694	0	0	17,120,549	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	218,274,243	0	0	0	0	201,153,694	0	0	17,120,549	0
14. Claims Adjustment Expenses.....	17,297,597	0	0	0	0	15,487,398	0	0	1,810,199	0
15. General Administrative Expenses.....	37,775,030	0	0	0	0	33,946,628	0	0	3,828,402	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).....	273,346,870	0	0	0	0	250,587,720	0	0	22,759,150	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,000,844	0	0	0	0	2,192,478	0	0	2,808,366	0
19. Net Investments Gains / (Losses).....	(16,354,883)	0	0	0	0	(14,853,404)	0	0	(1,501,479)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(11,354,039)	0	0	0	0	(12,660,926)	0	0	1,306,887	0
22. Federal and foreign income taxes incurred.....	(1,446,158)	0	0	0	0	(2,409,650)	0	0	963,492	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,907,881)	0	0	0	0	(10,251,276)	0	0	343,395	0
24 Medical Loss Ratio	78.1%	0.0%	0.0%	0.0%	0.0%	79.4%	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 **JUNE 30, 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	0									
3. Second Quarter	164,634	14,260	0	0	0	0	0	0	150,374	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	987,806	83,148	0	0	0	0	0	0	904,658	0
Total Member Ambulatory Encounters for Year:										
7. Physician	457,795	35,904	0	0	0	0	0	0	421,891	0
8. Non-Physician	461,493	21,996	0	0	0	0	0	0	439,497	0
9. Total	919,288	57,900	0	0	0	0	0	0	861,388	0
10. Hospital Patient Days Incurred	36,866	513	0	0	0	0	0	0	36,353	0
11. Number of Inpatient Admissions	6,566	131	0	0	0	0	0	0	6,435	0
12. Health Premiums Written	371,784,555	12,723,379	0	0	0	0	0	0	359,061,176	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	373,370,549	12,580,064	0	0	0	0	0	0	360,790,485	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	304,569,217	9,158,508	0	0	0	0	0	0	295,410,709	0
18. Amount Incurred for Provision of Health Care Services	322,339,092	9,261,237	0	0	0	0	0	0	313,077,855	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	164,634	0	0	0	0	150,374	0	0	14,260	0
2. MEMBER MONTHS.....	493,532	0	0	0	0	451,419	0	0	42,113	0
3. Direct Premium Income.....	197,811,901	0	0	0	0	191,286,640	0	XXXXXXXX	6,525,261	0
4. Net Premium Income.....	197,791,668	0	0	0	0	191,268,128	0	0	6,523,540	0
5. Change in unearned premium reserve and reserve for rate credits.....	5,101,167	0	0	0	0	4,892,379	0	0	208,788	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).....	202,892,835	0	0	0	0	196,160,507	0	0	6,732,328	0
11. Hospital & Medical Benefits.....	184,702,448	0	0	0	0	180,039,026	0	0	4,663,422	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	184,702,448	0	0	0	0	180,039,026	0	0	4,663,422	0
14. Claims Adjustment Expenses.....	9,488,066	0	0	0	0	9,018,012	0	0	470,054	0
15. General Administrative Expenses.....	15,013,069	0	0	0	0	14,293,646	0	0	719,423	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).....	209,203,583	0	0	0	0	203,350,684	0	0	5,852,899	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(6,310,748)	0	0	0	0	(7,190,177)	0	0	879,429	0
19. Net Investments Gains / (Losses).....	32,861,383	0	0	0	0	33,199,943	0	0	(338,560)	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).....	26,550,635	0	0	0	0	26,009,766	0	0	540,869	0
22. Federal and foreign income taxes incurred.....	12,269,449	0	0	0	0	12,109,876	0	0	159,573	0
23. NET INCOME/(LOSS) (L21 less L22).....	14,281,186	0	0	0	0	13,899,890	0	0	381,296	0
24 Medical Loss Ratio	93.4%	0.0%	0.0%	0.0%	0.0%	94.1%	0.0%	0.0%	71.5%	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 **JUNE 30, 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.....	164,634	0	0	0	0	150,374	0	0	14,260	0
2. MEMBER MONTHS.....	987,806	0	0	0	0	904,658	0	0	83,148	0
3. Direct Premium Income.....	371,784,555	0	0	0	0	359,061,176	0	XXXXXXXX	12,723,379	0
4. Net Premium Income.....	371,744,206	0	0	0	0	359,024,207	0	0	12,719,999	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,585,994	0	0	0	0	1,729,309	0	0	(143,315)	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).....	373,330,200	0	0	0	0	360,753,516	0	0	12,576,684	0
11. Hospital & Medical Benefits.....	322,339,092	0	0	0	0	313,077,855	0	0	9,261,237	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	322,339,092	0	0	0	0	313,077,855	0	0	9,261,237	0
14. Claims Adjustment Expenses.....	18,448,799	0	0	0	0	17,497,741	0	0	951,058	0
15. General Administrative Expenses.....	40,178,638	0	0	0	0	38,209,795	0	0	1,968,843	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).....	380,966,529	0	0	0	0	368,785,391	0	0	12,181,138	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,636,329)	0	0	0	0	(8,031,875)	0	0	395,546	0
19. Net Investments Gains / (Losses).....	60,179,783	0	0	0	0	60,828,953	0	0	(649,170)	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).....	52,543,454	0	0	0	0	52,797,078	0	0	(253,624)	0
22. Federal and foreign income taxes incurred.....	26,889,892	0	0	0	0	26,831,520	0	0	58,372	0
23. NET INCOME/(LOSS) (L21 less L22).....	25,653,562	0	0	0	0	25,965,558	0	0	(311,996)	0
24 Medical Loss Ratio	86.7%	0.0%	0.0%	0.0%	0.0%	87.2%	0.0%	0.0%	72.8%	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 **JUNE 30, 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	0									
3. Second Quarter	164,270	10,047	0	0	0	0	0	0	154,223	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	1,002,962	58,454	0	0	0	0	0	0	944,508	0
Total Member Ambulatory Encounters for Year:										
7. Physician	412,651	22,547	0	0	0	0	0	0	390,104	0
8. Non-Physician	374,517	12,079	0	0	0	0	0	0	362,438	0
9. Total	787,168	34,626	0	0	0	0	0	0	752,542	0
10. Hospital Patient Days Incurred	43,771	408	0	0	0	0	0	0	43,363	0
11. Number of Inpatient Admissions	7,648	138	0	0	0	0	0	0	7,510	0
12. Health Premiums Written	413,362,247	11,322,266	0	0	0	0	0	0	402,039,981	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	411,656,167	10,963,087	0	0	0	0	0	0	400,693,080	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	309,612,784	7,225,673	0	0	0	0	0	0	302,387,111	0
18. Amount Incurred for Provision of Health Care Services	327,778,206	7,306,722	0	0	0	0	0	0	320,471,484	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	164,270	0	0	0	0	154,223	0	0	10,047	0
2. MEMBER MONTHS.....	495,839	0	0	0	0	466,006	0	0	29,833	0
3. Direct Premium Income.....	211,216,751	0	0	0	0	205,264,770	0	XXXXXXXX	5,951,981	0
4. Net Premium Income.....	211,196,421	0	0	0	0	205,245,665	0	0	5,950,756	0
5. Change in unearned premium reserve and reserve for rate credits.....	6,936,967	0	0	0	0	6,716,265	0	0	220,702	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).....	218,133,388	0	0	0	0	211,961,930	0	0	6,171,458	0
11. Hospital & Medical Benefits.....	176,895,243	0	0	0	0	173,083,163	0	0	3,812,080	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	176,895,243	0	0	0	0	173,083,163	0	0	3,812,080	0
14. Claims Adjustment Expenses.....	10,218,863	0	0	0	0	9,845,851	0	0	373,012	0
15. General Administrative Expenses.....	15,855,684	0	0	0	0	15,273,551	0	0	582,133	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).....	202,969,790	0	0	0	0	198,202,565	0	0	4,767,225	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	15,163,598	0	0	0	0	13,759,365	0	0	1,404,233	0
19. Net Investments Gains / (Losses).....	(10,796,275)	0	0	0	0	(10,788,385)	0	0	(7,890)	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).....	4,367,323	0	0	0	0	2,970,980	0	0	1,396,343	0
22. Federal and foreign income taxes incurred.....	916,417	0	0	0	0	313,087	0	0	603,330	0
23. NET INCOME/(LOSS) (L21 less L22).....	3,450,906	0	0	0	0	2,657,893	0	0	793,013	0
24 Medical Loss Ratio	83.8%	0.0%	0.0%	0.0%	0.0%	84.3%	0.0%	0.0%	64.1%	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 **JUNE 30, 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.....	164,270	0	0	0	0	154,223	0	0	10,047	0
2. MEMBER MONTHS.....	1,002,962	0	0	0	0	944,508	0	0	58,454	0
3. Direct Premium Income.....	413,362,247	0	0	0	0	402,039,981	0	XXXXXXXX	11,322,266	0
4. Net Premium Income.....	413,321,343	0	0	0	0	402,001,440	0	0	11,319,903	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,706,079)	0	0	0	0	(1,346,901)	0	0	(359,178)	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).....	411,615,264	0	0	0	0	400,654,539	0	0	10,960,725	0
11. Hospital & Medical Benefits.....	327,778,206	0	0	0	0	320,471,484	0	0	7,306,722	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	327,778,206	0	0	0	0	320,471,484	0	0	7,306,722	0
14. Claims Adjustment Expenses.....	20,994,542	0	0	0	0	20,211,847	0	0	782,695	0
15. General Administrative Expenses.....	44,926,114	0	0	0	0	43,271,117	0	0	1,654,997	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).....	393,698,862	0	0	0	0	383,954,448	0	0	9,744,414	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	17,916,402	0	0	0	0	16,700,091	0	0	1,216,311	0
19. Net Investments Gains / (Losses).....	(20,029,579)	0	0	0	0	(20,004,077)	0	0	(25,502)	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).....	(2,113,177)	0	0	0	0	(3,303,986)	0	0	1,190,809	0
22. Federal and foreign income taxes incurred.....	2,862,579	0	0	0	0	2,122,080	0	0	740,499	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,975,756)	0	0	0	0	(5,426,066)	0	0	450,310	0
24 Medical Loss Ratio	79.3%	0.0%	0.0%	0.0%	0.0%	79.7%	0.0%	0.0%	64.5%	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 **JUNE 30, 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	0									
3. Second Quarter	13,178	0	0	0	0	0	0	0	13,178	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	76,570	0	0	0	0	0	0	0	76,570	0
Total Member Ambulatory Encounters for Year:										
7. Physician	30,768	0	0	0	0	0	0	0	30,768	0
8. Non-Physician	91,745	0	0	0	0	0	0	0	91,745	0
9. Total	122,513	0	0	0	0	0	0	0	122,513	0
10. Hospital Patient Days Incurred	6,028	0	0	0	0	0	0	0	6,028	0
11. Number of Inpatient Admissions	859	0	0	0	0	0	0	0	859	0
12. Health Premiums Written	88,593,592	0	0	0	0	0	0	0	88,593,592	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	89,961,731	0	0	0	0	0	0	0	89,961,731	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	75,977,933	0	0	0	0	0	0	0	75,977,933	0
18. Amount Incurred for Provision of Health Care Services	80,521,821	0	0	0	0	0	0	0	80,521,821	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	13,178	0	0	0	0	13,178	0	0	0	0
2. MEMBER MONTHS.....	39,518	0	0	0	0	39,518	0	0	0	0
3. Direct Premium Income.....	48,831,141	0	0	0	0	48,831,141	0	XXXXXXXX	0	0
4. Net Premium Income.....	48,829,515	0	0	0	0	48,829,515	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,864,615	0	0	0	0	1,864,615	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).....	50,694,130	0	0	0	0	50,694,130	0	0	0	0
11. Hospital & Medical Benefits.....	46,611,218	0	0	0	0	46,611,218	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).....	46,663,130	0	0	0	0	46,663,130	0	0	0	0
14. Claims Adjustment Expenses.....	1,923,982	0	0	0	0	1,923,982	0	0	0	0
15. General Administrative Expenses.....	3,135,762	0	0	0	0	3,135,762	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).....	51,722,874	0	0	0	0	51,722,874	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,028,744)	0	0	0	0	(1,028,744)	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,855,563)	0	0	0	0	(1,855,563)	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).....	(2,884,307)	0	0	0	0	(2,884,307)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,397,872)	0	0	0	0	(1,397,872)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,486,435)	0	0	0	0	(1,486,435)	0	0	0	0
24 Medical Loss Ratio	95.6%	0.0%	0.0%	0.0%	0.0%	95.6%	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 **JUNE 30, 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.....	13,178	0	0	0	0	13,178	0	0	0	0
2. MEMBER MONTHS.....	76,570	0	0	0	0	76,570	0	0	0	0
3. Direct Premium Income.....	88,593,592	0	0	0	0	88,593,592	0	XXXXXXXX	0	0
4. Net Premium Income.....	88,590,445	0	0	0	0	88,590,445	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,368,139	0	0	0	0	1,368,139	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).....	89,958,584	0	0	0	0	89,958,584	0	0	0	0
11. Hospital & Medical Benefits.....	80,521,821	0	0	0	0	80,521,821	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).....	80,521,821	0	0	0	0	80,521,821	0	0	0	0
14. Claims Adjustment Expenses.....	3,607,172	0	0	0	0	3,607,172	0	0	0	0
15. General Administrative Expenses.....	7,675,592	0	0	0	0	7,675,592	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).....	91,804,585	0	0	0	0	91,804,585	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,846,001)	0	0	0	0	(1,846,001)	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,487,267)	0	0	0	0	(3,487,267)	0	0	0	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(5,333,268)	0	0	0	0	(5,333,268)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,714,389)	0	0	0	0	(1,714,389)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,618,879)	0	0	0	0	(3,618,879)	0	0	0	0
24 Medical Loss Ratio	90.9%	0.0%	0.0%	0.0%	0.0%	90.9%	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 **JUNE 30, 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									
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	30,487	716	0	0	0	0	0	0	29,771	0
18. Amount Incurred for Provision of Health Care Services	32,275	724	0	0	0	0	0	0	31,551	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.....	13,040	0	0	0	0	12,332	0	0	708	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	13,040	0	0	0	0	12,332	0	0	708	0
14. Claims Adjustment Expenses.....	856	0	0	0	0	856	0	0	0	0
15. General Administrative Expenses.....	1,310	0	0	0	0	1,310	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).....	15,206	0	0	0	0	14,498	0	0	708	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(15,206)	0	0	0	0	(14,498)	0	0	(708)	0
19. Net Investments Gains / (Losses).....	(1,150)	0	0	0	0	(1,091)	0	0	(59)	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).....	(16,356)	0	0	0	0	(15,589)	0	0	(767)	0
22. Federal and foreign income taxes incurred.....	(2,632)	0	0	0	0	(2,632)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(13,724)	0	0	0	0	(12,957)	0	0	(767)	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				

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

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.....	32,275	0	0	0	0	31,551	0	0	724	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	32,275	0	0	0	0	31,551	0	0	724	0
14. Claims Adjustment Expenses.....	905	0	0	0	0	905	0	0	0	0
15. General Administrative Expenses.....	1,385	0	0	0	0	1,384	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).....	34,565	0	0	0	0	33,840	0	0	725	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(34,565)	0	0	0	0	(33,840)	0	0	(725)	0
19. Net Investments Gains / (Losses).....	(2,238)	0	0	0	0	(2,117)	0	0	(121)	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).....	(36,803)	0	0	0	0	(35,957)	0	0	(846)	0
22. Federal and foreign income taxes incurred.....	(2,517)	0	0	0	0	(2,517)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(34,286)	0	0	0	0	(33,440)	0	0	(846)	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 **JUNE 30, 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	0									
3. Second Quarter	21,087	909	0	0	0	0	0	0	20,178	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	130,297	5,113	0	0	0	0	0	0	125,184	0
Total Member Ambulatory Encounters for Year:										
7. Physician	54,354	1,530	0	0	0	0	0	0	52,824	0
8. Non-Physician	96,794	1,690	0	0	0	0	0	0	95,104	0
9. Total	151,148	3,220	0	0	0	0	0	0	147,928	0
10. Hospital Patient Days Incurred	7,199	37	0	0	0	0	0	0	7,162	0
11. Number of Inpatient Admissions	1,181	9	0	0	0	0	0	0	1,172	0
12. Health Premiums Written	82,346,626	705,473	0	0	0	0	0	0	81,641,153	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	82,682,836	682,506	0	0	0	0	0	0	82,000,330	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	65,284,232	423,526	0	0	0	0	0	0	64,860,706	0
18. Amount Incurred for Provision of Health Care Services	69,168,002	428,277	0	0	0	0	0	0	68,739,725	0

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 2015**

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.....	21,087	0	0	0	0	20,178	0	0	909	0
2. MEMBER MONTHS.....	64,670	0	0	0	0	62,039	0	0	2,631	0
3. Direct Premium Income.....	44,454,281	0	0	0	0	44,072,864	0	XXXXXXXX	381,417	0
4. Net Premium Income.....	44,451,621	0	0	0	0	44,070,312	0	0	381,309	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,620,967	0	0	0	0	1,625,478	0	0	(4,511)	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).....	46,072,588	0	0	0	0	45,695,790	0	0	376,798	0
11. Hospital & Medical Benefits.....	41,543,624	0	0	0	0	41,340,900	0	0	202,724	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	41,543,624	0	0	0	0	41,340,900	0	0	202,724	0
14. Claims Adjustment Expenses.....	1,994,770	0	0	0	0	1,963,843	0	0	30,927	0
15. General Administrative Expenses.....	3,169,288	0	0	0	0	3,120,928	0	0	48,360	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).....	46,707,682	0	0	0	0	46,425,671	0	0	282,011	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(635,094)	0	0	0	0	(729,881)	0	0	94,787	0
19. Net Investments Gains / (Losses).....	(1,831,562)	0	0	0	0	(1,830,316)	0	0	(1,246)	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).....	(2,466,656)	0	0	0	0	(2,560,197)	0	0	93,541	0
22. Federal and foreign income taxes incurred.....	(1,170,327)	0	0	0	0	(1,210,022)	0	0	39,695	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,296,329)	0	0	0	0	(1,350,175)	0	0	53,846	0
24 Medical Loss Ratio	93.5%	0.0%	0.0%	0.0%	0.0%	93.8%	0.0%	0.0%	53.2%	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

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.....	21,087	0	0	0	0	20,178	0	0	909	0
2. MEMBER MONTHS.....	130,297	0	0	0	0	125,184	0	0	5,113	0
3. Direct Premium Income.....	82,346,626	0	0	0	0	81,641,153	0	XXXXXXXX	705,473	0
4. Net Premium Income.....	82,341,295	0	0	0	0	81,636,030	0	0	705,265	0
5. Change in unearned premium reserve and reserve for rate credits.....	336,210	0	0	0	0	359,177	0	0	(22,967)	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).....	82,677,505	0	0	0	0	81,995,207	0	0	682,298	0
11. Hospital & Medical Benefits.....	69,168,002	0	0	0	0	68,739,725	0	0	428,277	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	69,168,002	0	0	0	0	68,739,725	0	0	428,277	0
14. Claims Adjustment Expenses.....	3,795,018	0	0	0	0	3,732,674	0	0	62,344	0
15. General Administrative Expenses.....	8,107,968	0	0	0	0	7,983,590	0	0	124,378	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).....	81,070,988	0	0	0	0	80,455,989	0	0	614,999	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,606,517	0	0	0	0	1,539,218	0	0	67,299	0
19. Net Investments Gains / (Losses).....	(3,431,392)	0	0	0	0	(3,428,327)	0	0	(3,065)	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).....	(1,824,875)	0	0	0	0	(1,889,109)	0	0	64,234	0
22. Federal and foreign income taxes incurred.....	(149,187)	0	0	0	0	(193,730)	0	0	44,543	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,675,688)	0	0	0	0	(1,695,379)	0	0	19,691	0
24 Medical Loss Ratio	84.0%	0.0%	0.0%	0.0%	0.0%	84.2%	0.0%	0.0%	60.7%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **JUNE 30, 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	0									
3. Second Quarter	15,159	343	0	0	0	0	0	0	14,816	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	90,108	1,924	0	0	0	0	0	0	88,184	0
Total Member Ambulatory Encounters for Year:										
7. Physician	40,095	916	0	0	0	0	0	0	39,179	0
8. Non-Physician	71,263	684	0	0	0	0	0	0	70,579	0
9. Total	111,358	1,600	0	0	0	0	0	0	109,758	0
10. Hospital Patient Days Incurred	5,908	65	0	0	0	0	0	0	5,843	0
11. Number of Inpatient Admissions	1,008	12	0	0	0	0	0	0	996	0
12. Health Premiums Written	55,915,969	381,159	0	0	0	0	0	0	55,534,810	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	57,009,425	421,173	0	0	0	0	0	0	56,588,252	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	50,941,653	744,142	0	0	0	0	0	0	50,197,511	0
18. Amount Incurred for Provision of Health Care Services	53,952,079	752,488	0	0	0	0	0	0	53,199,591	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	15,159	0	0	0	0	14,816	0	0	343	0
2. MEMBER MONTHS.....	45,609	0	0	0	0	44,572	0	0	1,037	0
3. Direct Premium Income.....	29,701,801	0	0	0	0	29,483,553	0	XXXXXXXX	218,248	0
4. Net Premium Income.....	29,699,933	0	0	0	0	29,481,727	0	0	218,206	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,070,168	0	0	0	0	1,055,797	0	0	14,371	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).....	30,770,101	0	0	0	0	30,537,524	0	0	232,577	0
11. Hospital & Medical Benefits.....	28,751,202	0	0	0	0	28,400,716	0	0	350,486	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	28,751,202	0	0	0	0	28,400,716	0	0	350,486	0
14. Claims Adjustment Expenses.....	1,235,269	0	0	0	0	1,220,646	0	0	14,623	0
15. General Administrative Expenses.....	1,899,694	0	0	0	0	1,875,490	0	0	24,204	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).....	31,886,165	0	0	0	0	31,496,852	0	0	389,313	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(1,116,064)	0	0	0	0	(959,328)	0	0	(156,736)	0
19. Net Investments Gains / (Losses).....	(1,245,601)	0	0	0	0	(1,248,639)	0	0	3,038	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).....	(2,361,665)	0	0	0	0	(2,207,967)	0	0	(153,698)	0
22. Federal and foreign income taxes incurred.....	(1,312,373)	0	0	0	0	(1,233,935)	0	0	(78,438)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,049,292)	0	0	0	0	(974,032)	0	0	(75,260)	0
24 Medical Loss Ratio	96.8%	0.0%	0.0%	0.0%	0.0%	96.3%	0.0%	0.0%	160.6%	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 **JUNE 30, 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.....	15,159	0	0	0	0	14,816	0	0	343	0
2. MEMBER MONTHS.....	90,108	0	0	0	0	88,184	0	0	1,924	0
3. Direct Premium Income.....	55,915,969	0	0	0	0	55,534,810	0	XXXXXXXX	381,159	0
4. Net Premium Income.....	55,912,279	0	0	0	0	55,531,199	0	0	381,080	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,093,456	0	0	0	0	1,053,442	0	0	40,014	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	57,005,735	0	0	0	0	56,584,641	0	0	421,094	0
11. Hospital & Medical Benefits.....	53,952,079	0	0	0	0	53,199,591	0	0	752,488	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	53,952,079	0	0	0	0	53,199,591	0	0	752,488	0
14. Claims Adjustment Expenses.....	2,463,242	0	0	0	0	2,436,769	0	0	26,473	0
15. General Administrative Expenses.....	5,230,117	0	0	0	0	5,174,256	0	0	55,861	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).....	61,645,438	0	0	0	0	60,810,616	0	0	834,822	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(4,639,703)	0	0	0	0	(4,225,975)	0	0	(413,728)	0
19. Net Investments Gains / (Losses).....	(2,362,431)	0	0	0	0	(2,365,732)	0	0	3,301	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(7,002,134)	0	0	0	0	(6,591,707)	0	0	(410,427)	0
22. Federal and foreign income taxes incurred.....	(2,646,988)	0	0	0	0	(2,467,794)	0	0	(179,194)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,355,146)	0	0	0	0	(4,123,913)	0	0	(231,233)	0
24 Medical Loss Ratio	96.5%	0.0%	0.0%	0.0%	0.0%	95.8%	0.0%	0.0%	197.5%	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 **JUNE 30, 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	0									
3. Second Quarter	11,738	0	0	0	0	0	0	0	11,738	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	78,416	0	0	0	0	0	0	0	78,416	0
Total Member Ambulatory Encounters for Year:										
7. Physician	33,166	0	0	0	0	0	0	0	33,166	0
8. Non-Physician	117,894	0	0	0	0	0	0	0	117,894	0
9. Total	151,060	0	0	0	0	0	0	0	151,060	0
10. Hospital Patient Days Incurred	4,951	0	0	0	0	0	0	0	4,951	0
11. Number of Inpatient Admissions	703	0	0	0	0	0	0	0	703	0
12. Health Premiums Written	81,958,524	0	0	0	0	0	0	0	81,958,524	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	81,713,276	0	0	0	0	0	0	0	81,713,276	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	63,598,506	0	0	0	0	0	0	0	63,598,506	0
18. Amount Incurred for Provision of Health Care Services	67,402,038	0	0	0	0	0	0	0	67,402,038	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	11,738	0	0	0	0	11,738	0	0	0	0
2. MEMBER MONTHS.....	37,465	0	0	0	0	37,465	0	0	0	0
3. Direct Premium Income.....	41,391,617	0	0	0	0	41,391,617	0	XXXXXXXX	0	0
4. Net Premium Income.....	41,390,072	0	0	0	0	41,390,072	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	539,050	0	0	0	0	539,050	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).....	41,929,122	0	0	0	0	41,929,122	0	0	0	0
11. Hospital & Medical Benefits.....	36,740,351	0	0	0	0	36,740,351	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).....	36,740,351	0	0	0	0	36,740,351	0	0	0	0
14. Claims Adjustment Expenses.....	1,437,036	0	0	0	0	1,437,036	0	0	0	0
15. General Administrative Expenses.....	2,218,035	0	0	0	0	2,218,035	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).....	40,395,422	0	0	0	0	40,395,422	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,533,700	0	0	0	0	1,533,700	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,829,256)	0	0	0	0	(1,829,256)	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).....	(295,556)	0	0	0	0	(295,556)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(194,786)	0	0	0	0	(194,786)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(100,770)	0	0	0	0	(100,770)	0	0	0	0
24 Medical Loss Ratio	88.8%	0.0%	0.0%	0.0%	0.0%	88.8%	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 **JUNE 30, 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.....	11,738	0	0	0	0	11,738	0	0	0	0
2. MEMBER MONTHS.....	78,416	0	0	0	0	78,416	0	0	0	0
3. Direct Premium Income.....	81,958,524	0	0	0	0	81,958,524	0	XXXXXXXX	0	0
4. Net Premium Income.....	81,955,294	0	0	0	0	81,955,294	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(245,249)	0	0	0	0	(245,249)	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).....	81,710,045	0	0	0	0	81,710,045	0	0	0	0
11. Hospital & Medical Benefits.....	67,402,038	0	0	0	0	67,402,038	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).....	67,402,038	0	0	0	0	67,402,038	0	0	0	0
14. Claims Adjustment Expenses.....	3,178,103	0	0	0	0	3,178,103	0	0	0	0
15. General Administrative Expenses.....	6,945,806	0	0	0	0	6,945,806	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).....	77,525,947	0	0	0	0	77,525,947	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	4,184,098	0	0	0	0	4,184,098	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,430,997)	0	0	0	0	(3,430,997)	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).....	753,101	0	0	0	0	753,101	0	0	0	0
22. Federal and foreign income taxes incurred.....	686,540	0	0	0	0	686,540	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	66,561	0	0	0	0	66,561	0	0	0	0
24. Medical Loss Ratio	82.2%	0.0%	0.0%	0.0%	0.0%	82.2%	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 **JUNE 30, 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	0									
3. Second Quarter	15,178	0	0	0	0	0	0	0	15,178	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	89,404	0	0	0	0	0	0	0	89,404	0
Total Member Ambulatory Encounters for Year:										
7. Physician	31,547	0	0	0	0	0	0	0	31,547	0
8. Non-Physician	59,374	0	0	0	0	0	0	0	59,374	0
9. Total	90,921	0	0	0	0	0	0	0	90,921	0
10. Hospital Patient Days Incurred	4,306	0	0	0	0	0	0	0	4,306	0
11. Number of Inpatient Admissions	831	0	0	0	0	0	0	0	831	0
12. Health Premiums Written	50,948,078	0	0	0	0	0	0	0	50,948,078	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	51,033,285	0	0	0	0	0	0	0	51,033,285	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	41,637,688	0	0	0	0	0	0	0	41,637,688	0
18. Amount Incurred for Provision of Health Care Services	44,127,845	0	0	0	0	0	0	0	44,127,845	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **JUNE 30, 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.....	15,178	0	0	0	0	15,178	0	0	0	0
2. MEMBER MONTHS.....	45,576	0	0	0	0	45,576	0	0	0	0
3. Direct Premium Income.....	30,068,442	0	0	0	0	30,068,442	0	XXXXXXXX	0	0
4. Net Premium Income.....	30,066,575	0	0	0	0	30,066,575	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	396,814	0	0	0	0	396,814	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).....	30,463,389	0	0	0	0	30,463,389	0	0	0	0
11. Hospital & Medical Benefits.....	27,508,585	0	0	0	0	27,508,585	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).....	27,508,585	0	0	0	0	27,508,585	0	0	0	0
14. Claims Adjustment Expenses.....	1,305,523	0	0	0	0	1,305,523	0	0	0	0
15. General Administrative Expenses.....	2,200,182	0	0	0	0	2,200,182	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).....	31,014,290	0	0	0	0	31,014,290	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(550,901)	0	0	0	0	(550,901)	0	0	0	0
19. Net Investments Gains / (Losses).....	(901,165)	0	0	0	0	(901,165)	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).....	(1,452,066)	0	0	0	0	(1,452,066)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(639,862)	0	0	0	0	(639,862)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(812,204)	0	0	0	0	(812,204)	0	0	0	0
24 Medical Loss Ratio	91.5%	0.0%	0.0%	0.0%	0.0%	91.5%	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 **JUNE 30, 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.....	15,178	0	0	0	0	15,178	0	0	0	0
2. MEMBER MONTHS.....	89,404	0	0	0	0	89,404	0	0	0	0
3. Direct Premium Income.....	50,948,078	0	0	0	0	50,948,078	0	XXXXXXXX	0	0
4. Net Premium Income.....	50,944,415	0	0	0	0	50,944,415	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	85,207	0	0	0	0	85,207	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).....	51,029,622	0	0	0	0	51,029,622	0	0	0	0
11. Hospital & Medical Benefits.....	44,127,845	0	0	0	0	44,127,845	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).....	44,127,845	0	0	0	0	44,127,845	0	0	0	0
14. Claims Adjustment Expenses.....	2,413,034	0	0	0	0	2,413,034	0	0	0	0
15. General Administrative Expenses.....	5,151,307	0	0	0	0	5,151,307	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).....	51,692,186	0	0	0	0	51,692,186	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(662,564)	0	0	0	0	(662,564)	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,670,012)	0	0	0	0	(1,670,012)	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).....	(2,332,576)	0	0	0	0	(2,332,576)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(592,569)	0	0	0	0	(592,569)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,740,007)	0	0	0	0	(1,740,007)	0	0	0	0
24 Medical Loss Ratio	86.6%	0.0%	0.0%	0.0%	0.0%	86.6%	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				