

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	693,772	0	0	47,053	0	588,264	0	0	58,455	0
2. MEMBER MONTHS.....	2,063,599	0	0	137,659	0	1,755,416	0	0	170,524	0
3. Direct Premium Income.....	956,900,500	0	0	191,882,307	0	737,661,586	0	XXXXXXXX	27,356,607	0
4. Net Premium Income.....	956,831,855	0	0	191,881,630	0	737,599,770	0	0	27,350,455	0
5. Change in unearned premium reserve and reserve for rate credits.....	(4,210,082)	0	0	(1,482,706)	0	(2,352,350)	0	0	(375,026)	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).....	952,621,773	0	0	190,398,924	0	735,247,420	0	0	26,975,429	0
11. Hospital & Medical Benefits.....	800,509,919	0	0	159,204,968	0	620,208,394	0	0	21,096,557	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	800,509,919	0	0	159,204,968	0	620,208,394	0	0	21,096,557	0
14. Claims Adjustment Expenses.....	51,225,639	0	0	8,310,296	0	40,796,752	0	0	2,118,591	0
15. General Administrative Expenses.....	75,667,430	0	0	13,192,923	0	59,360,868	0	0	3,113,639	0
16. Increase in Reserves for A&H contracts.....	2,639,963	0	0	2,639,963	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	930,042,951	0	0	183,348,150	0	720,366,014	0	0	26,328,787	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	22,578,822	0	0	7,050,774	0	14,881,406	0	0	646,642	0
19. Net Investments Gains / (Losses).....	4,827,076	0	0	1,680,507	0	4,555,092	0	0	(1,408,523)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	27,405,898	0	0	8,731,281	0	19,436,498	0	0	(761,881)	0
22. Federal and foreign income taxes incurred.....	10,792,147	0	0	4,321,406	0	6,870,026	0	0	(399,285)	0
23. NET INCOME/(LOSS) (L21 less L22).....	16,613,751	0	0	4,409,875	0	12,566,472	0	0	(362,596)	0
24 Medical Loss Ratio	83.7%	0.0%	0.0%	83.0%	0.0%	84.1%	0.0%	0.0%	77.1%	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 **SEPTEMBER 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.....	693,772	0	0	47,053	0	588,264	0	0	58,455	0
2. MEMBER MONTHS.....	6,168,496	0	0	370,418	0	5,306,493	0	0	491,585	0
3. Direct Premium Income.....	2,642,966,381	0	0	453,406,204	0	2,110,763,148	0	XXXXXXXX	78,797,029	0
4. Net Premium Income.....	2,642,737,588	0	0	453,403,504	0	2,110,556,209	0	0	78,777,875	0
5. Change in unearned premium reserve and reserve for rate credits.....	(6,447,304)	0	0	(5,010,738)	0	157,563	0	0	(1,594,129)	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).....	2,636,290,284	0	0	448,392,766	0	2,110,713,772	0	0	77,183,746	0
11. Hospital & Medical Benefits.....	2,196,648,001	0	0	371,747,449	0	1,768,933,998	0	0	55,966,554	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	2,196,648,001	0	0	371,747,449	0	1,768,933,998	0	0	55,966,554	0
14. Claims Adjustment Expenses.....	136,964,375	0	0	21,850,620	0	109,362,395	0	0	5,751,360	0
15. General Administrative Expenses.....	262,312,956	0	0	43,846,492	0	207,720,343	0	0	10,746,121	0
16. Increase in Reserves for A&H contracts.....	1,209,051	0	0	1,209,051	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	2,597,134,383	0	0	438,653,612	0	2,086,016,736	0	0	72,464,035	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	39,155,901	0	0	9,739,154	0	24,697,036	0	0	4,719,711	0
19. Net Investments Gains / (Losses).....	16,424,157	0	0	3,866,604	0	16,142,112	0	0	(3,584,559)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	55,580,058	0	0	13,605,758	0	40,839,148	0	0	1,135,152	0
22. Federal and foreign income taxes incurred.....	38,945,327	0	0	8,587,383	0	29,129,517	0	0	1,228,427	0
23. NET INCOME/(LOSS) (L21 less L22).....	16,634,731	0	0	5,018,375	0	11,709,631	0	0	(93,275)	0
24 Medical Loss Ratio	83.1%	0.0%	0.0%	82.0%	0.0%	83.8%	0.0%	0.0%	71.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 30, 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	0									
4. Third Quarter	242,265	31,342	0	0	0	0	0	0	210,923	0
5. Current Year	0									
6. Current Year Member Months	2,134,438	263,781	0	0	0	0	0	0	1,870,657	0
Total Member Ambulatory Encounters for Year:										
7. Physician	863,028	87,815	0	0	0	0	0	0	775,213	0
8. Non-Physician	455,555	47,901	0	0	0	0	0	0	407,654	0
9. Total	1,318,583	135,716	0	0	0	0	0	0	1,182,867	0
10. Hospital Patient Days Incurred	48,036	1,660	0	0	0	0	0	0	46,376	0
11. Number of Inpatient Admissions	11,084	396	0	0	0	0	0	0	10,688	0
12. Health Premiums Written	419,908,264	40,273,978	0	0	0	0	0	0	379,634,286	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	415,957,149	39,066,417	0	0	0	0	0	0	376,890,732	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	328,494,155	26,308,812	0	0	0	0	0	0	302,185,343	0
18. Amount Incurred for Provision of Health Care Services	339,513,007	27,044,604	0	0	0	0	0	0	312,468,403	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	242,265	0	0	0	0	210,923	0	0	31,342	0
2. MEMBER MONTHS.....	717,863	0	0	0	0	626,504	0	0	91,359	0
3. Direct Premium Income.....	140,275,871	0	0	0	0	126,310,038	0	XXXXXXXX	13,965,833	0
4. Net Premium Income.....	140,250,401	0	0	0	0	126,287,877	0	0	13,962,524	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,724,247)	0	0	0	0	(2,250,343)	0	0	(473,904)	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).....	137,526,154	0	0	0	0	124,037,534	0	0	13,488,620	0
11. Hospital & Medical Benefits.....	121,238,764	0	0	0	0	111,314,709	0	0	9,924,055	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	121,238,764	0	0	0	0	111,314,709	0	0	9,924,055	0
14. Claims Adjustment Expenses.....	9,920,801	0	0	0	0	8,864,692	0	0	1,056,109	0
15. General Administrative Expenses.....	14,314,717	0	0	0	0	12,764,203	0	0	1,550,514	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).....	145,474,282	0	0	0	0	132,943,604	0	0	12,530,678	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(7,948,128)	0	0	0	0	(8,906,070)	0	0	957,942	0
19. Net Investments Gains / (Losses).....	(11,050,924)	0	0	0	0	(10,071,939)	0	0	(978,985)	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).....	(18,999,052)	0	0	0	0	(18,978,009)	0	0	(21,043)	0
22. Federal and foreign income taxes incurred.....	(9,628,652)	0	0	0	0	(9,580,558)	0	0	(48,094)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(9,370,400)	0	0	0	0	(9,397,451)	0	0	27,051	0
24 Medical Loss Ratio	86.4%	0.0%	0.0%	0.0%	0.0%	88.1%	0.0%	0.0%	71.1%	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 **SEPTEMBER 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.....	242,265	0	0	0	0	210,923	0	0	31,342	0
2. MEMBER MONTHS.....	2,134,438	0	0	0	0	1,870,657	0	0	263,781	0
3. Direct Premium Income.....	419,908,264	0	0	0	0	379,634,286	0	XXXXXXXX	40,273,978	0
4. Net Premium Income.....	419,824,983	0	0	0	0	379,561,286	0	0	40,263,697	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,951,115)	0	0	0	0	(2,743,554)	0	0	(1,207,561)	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).....	415,873,868	0	0	0	0	376,817,732	0	0	39,056,136	0
11. Hospital & Medical Benefits.....	339,513,007	0	0	0	0	312,468,403	0	0	27,044,604	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	339,513,007	0	0	0	0	312,468,403	0	0	27,044,604	0
14. Claims Adjustment Expenses.....	27,218,398	0	0	0	0	24,352,090	0	0	2,866,308	0
15. General Administrative Expenses.....	52,089,747	0	0	0	0	46,710,831	0	0	5,378,916	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).....	418,821,152	0	0	0	0	383,531,324	0	0	35,289,828	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,947,284)	0	0	0	0	(6,713,592)	0	0	3,766,308	0
19. Net Investments Gains / (Losses).....	(27,405,807)	0	0	0	0	(24,925,343)	0	0	(2,480,464)	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).....	(30,353,091)	0	0	0	0	(31,638,935)	0	0	1,285,844	0
22. Federal and foreign income taxes incurred.....	(11,074,810)	0	0	0	0	(11,990,208)	0	0	915,398	0
23. NET INCOME/(LOSS) (L21 less L22).....	(19,278,281)	0	0	0	0	(19,648,727)	0	0	370,446	0
24 Medical Loss Ratio	80.9%	0.0%	0.0%	0.0%	0.0%	82.3%	0.0%	0.0%	67.2%	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 **SEPTEMBER 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	0									
4. Third Quarter	165,965	15,376	0	0	0	0	0	0	150,589	0
5. Current Year	0									
6. Current Year Member Months	1,481,688	127,825	0	0	0	0	0	0	1,353,863	0
Total Member Ambulatory Encounters for Year:										
7. Physician	696,206	55,208	0	0	0	0	0	0	640,998	0
8. Non-Physician	728,341	34,212	0	0	0	0	0	0	694,129	0
9. Total	1,424,547	89,420	0	0	0	0	0	0	1,335,127	0
10. Hospital Patient Days Incurred	54,329	743	0	0	0	0	0	0	53,586	0
11. Number of Inpatient Admissions	10,651	185	0	0	0	0	0	0	10,466	0
12. Health Premiums Written	580,768,421	19,584,797	0	0	0	0	0	0	561,183,624	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	583,842,033	19,487,448	0	0	0	0	0	0	564,354,585	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	486,376,783	14,514,155	0	0	0	0	0	0	471,862,628	0
18. Amount Incurred for Provision of Health Care Services	502,839,713	14,920,080	0	0	0	0	0	0	487,919,633	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	165,965	0	0	0	0	150,589	0	0	15,376	0
2. MEMBER MONTHS.....	493,882	0	0	0	0	449,205	0	0	44,677	0
3. Direct Premium Income.....	208,983,866	0	0	0	0	202,122,448	0	XXXXXXXX	6,861,418	0
4. Net Premium Income.....	208,966,438	0	0	0	0	202,106,638	0	0	6,859,800	0
5. Change in unearned premium reserve and reserve for rate credits.....	1,487,618	0	0	0	0	1,441,652	0	0	45,966	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).....	210,454,056	0	0	0	0	203,548,290	0	0	6,905,766	0
11. Hospital & Medical Benefits.....	180,500,621	0	0	0	0	174,841,778	0	0	5,658,843	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	180,500,621	0	0	0	0	174,841,778	0	0	5,658,843	0
14. Claims Adjustment Expenses.....	11,280,414	0	0	0	0	10,709,534	0	0	570,880	0
15. General Administrative Expenses.....	16,517,852	0	0	0	0	15,674,067	0	0	843,785	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).....	208,298,887	0	0	0	0	201,225,379	0	0	7,073,508	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,155,169	0	0	0	0	2,322,911	0	0	(167,742)	0
19. Net Investments Gains / (Losses).....	38,080,377	0	0	0	0	38,483,275	0	0	(402,898)	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).....	40,235,546	0	0	0	0	40,806,186	0	0	(570,640)	0
22. Federal and foreign income taxes incurred.....	18,329,939	0	0	0	0	18,591,273	0	0	(261,334)	0
23. NET INCOME/(LOSS) (L21 less L22).....	21,905,607	0	0	0	0	22,214,913	0	0	(309,306)	0
24 Medical Loss Ratio	86.4%	0.0%	0.0%	0.0%	0.0%	86.5%	0.0%	0.0%	82.5%	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 **SEPTEMBER 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.....	165,965	0	0	0	0	150,589	0	0	15,376	0
2. MEMBER MONTHS.....	1,481,688	0	0	0	0	1,353,863	0	0	127,825	0
3. Direct Premium Income.....	580,768,421	0	0	0	0	561,183,624	0	XXXXXXXX	19,584,797	0
4. Net Premium Income.....	580,710,644	0	0	0	0	561,130,845	0	0	19,579,799	0
5. Change in unearned premium reserve and reserve for rate credits.....	3,073,612	0	0	0	0	3,170,961	0	0	(97,349)	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).....	583,784,256	0	0	0	0	564,301,806	0	0	19,482,450	0
11. Hospital & Medical Benefits.....	502,839,713	0	0	0	0	487,919,633	0	0	14,920,080	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	502,839,713	0	0	0	0	487,919,633	0	0	14,920,080	0
14. Claims Adjustment Expenses.....	29,729,213	0	0	0	0	28,207,275	0	0	1,521,938	0
15. General Administrative Expenses.....	56,696,490	0	0	0	0	53,883,862	0	0	2,812,628	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).....	589,265,416	0	0	0	0	570,010,770	0	0	19,254,646	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(5,481,160)	0	0	0	0	(5,708,964)	0	0	227,804	0
19. Net Investments Gains / (Losses).....	98,260,160	0	0	0	0	99,312,228	0	0	(1,052,068)	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).....	92,779,000	0	0	0	0	93,603,264	0	0	(824,264)	0
22. Federal and foreign income taxes incurred.....	45,219,831	0	0	0	0	45,422,793	0	0	(202,962)	0
23. NET INCOME/(LOSS) (L21 less L22).....	47,559,169	0	0	0	0	48,180,471	0	0	(621,302)	0
24 Medical Loss Ratio	86.6%	0.0%	0.0%	0.0%	0.0%	87.0%	0.0%	0.0%	76.2%	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 **SEPTEMBER 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	0									
4. Third Quarter	163,690	10,405	0	0	0	0	0	0	153,285	0
5. Current Year	0									
6. Current Year Member Months	1,492,389	89,058	0	0	0	0	0	0	1,403,331	0
Total Member Ambulatory Encounters for Year:										
7. Physician	625,103	35,108	0	0	0	0	0	0	589,995	0
8. Non-Physician	597,308	19,231	0	0	0	0	0	0	578,077	0
9. Total	1,222,411	54,339	0	0	0	0	0	0	1,168,072	0
10. Hospital Patient Days Incurred	65,921	660	0	0	0	0	0	0	65,261	0
11. Number of Inpatient Admissions	12,747	222	0	0	0	0	0	0	12,525	0
12. Health Premiums Written	629,071,549	17,218,598	0	0	0	0	0	0	611,852,951	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	623,845,332	16,851,892	0	0	0	0	0	0	606,993,440	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	482,612,500	11,676,002	0	0	0	0	0	0	470,936,498	0
18. Amount Incurred for Provision of Health Care Services	498,964,538	12,002,551	0	0	0	0	0	0	486,961,987	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	163,690	0	0	0	0	153,285	0	0	10,405	0
2. MEMBER MONTHS.....	489,427	0	0	0	0	458,823	0	0	30,604	0
3. Direct Premium Income.....	215,709,302	0	0	0	0	209,812,970	0	XXXXXXXX	5,896,332	0
4. Net Premium Income.....	215,692,092	0	0	0	0	209,796,845	0	0	5,895,247	0
5. Change in unearned premium reserve and reserve for rate credits.....	(3,520,138)	0	0	0	0	(3,512,610)	0	0	(7,528)	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).....	212,171,954	0	0	0	0	206,284,235	0	0	5,887,719	0
11. Hospital & Medical Benefits.....	171,186,332	0	0	0	0	166,490,503	0	0	4,695,829	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	171,186,332	0	0	0	0	166,490,503	0	0	4,695,829	0
14. Claims Adjustment Expenses.....	11,748,890	0	0	0	0	11,309,361	0	0	439,529	0
15. General Administrative Expenses.....	16,942,375	0	0	0	0	16,300,702	0	0	641,673	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).....	199,877,597	0	0	0	0	194,100,566	0	0	5,777,031	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	12,294,357	0	0	0	0	12,183,669	0	0	110,688	0
19. Net Investments Gains / (Losses).....	(13,799,767)	0	0	0	0	(13,775,441)	0	0	(24,326)	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).....	(1,505,410)	0	0	0	0	(1,591,772)	0	0	86,362	0
22. Federal and foreign income taxes incurred.....	(1,348,952)	0	0	0	0	(1,380,897)	0	0	31,945	0
23. NET INCOME/(LOSS) (L21 less L22).....	(156,458)	0	0	0	0	(210,875)	0	0	54,417	0
24 Medical Loss Ratio	79.4%	0.0%	0.0%	0.0%	0.0%	79.4%	0.0%	0.0%	79.7%	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				

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	163,690	0	0	0	0	153,285	0	0	10,405	0
2. MEMBER MONTHS.....	1,492,389	0	0	0	0	1,403,331	0	0	89,058	0
3. Direct Premium Income.....	629,071,549	0	0	0	0	611,852,951	0	XXXXXXXX	17,218,598	0
4. Net Premium Income.....	629,013,435	0	0	0	0	611,798,285	0	0	17,215,150	0
5. Change in unearned premium reserve and reserve for rate credits.....	(5,226,217)	0	0	0	0	(4,859,511)	0	0	(366,706)	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	623,787,218	0	0	0	0	606,938,774	0	0	16,848,444	0
11. Hospital & Medical Benefits.....	498,964,538	0	0	0	0	486,961,987	0	0	12,002,551	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	498,964,538	0	0	0	0	486,961,987	0	0	12,002,551	0
14. Claims Adjustment Expenses.....	32,743,432	0	0	0	0	31,521,208	0	0	1,222,224	0
15. General Administrative Expenses.....	61,868,489	0	0	0	0	59,571,819	0	0	2,296,670	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	593,576,459	0	0	0	0	578,055,014	0	0	15,521,445	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	30,210,759	0	0	0	0	28,883,760	0	0	1,326,999	0
19. Net Investments Gains / (Losses).....	(33,829,346)	0	0	0	0	(33,779,518)	0	0	(49,828)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,618,587)	0	0	0	0	(4,895,758)	0	0	1,277,171	0
22. Federal and foreign income taxes incurred.....	1,513,627	0	0	0	0	741,183	0	0	772,444	0
23. NET INCOME/(LOSS) (L21 less L22).....	(5,132,214)	0	0	0	0	(5,636,941)	0	0	504,727	0
24. Medical Loss Ratio	79.3%	0.0%	0.0%	0.0%	0.0%	79.6%	0.0%	0.0%	69.7%	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 **SEPTEMBER 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	0									
4. Third Quarter	13,094	0	0	0	0	0	0	0	13,094	0
5. Current Year	0									
6. Current Year Member Months	115,995	0	0	0	0	0	0	0	115,995	0
Total Member Ambulatory Encounters for Year:										
7. Physician	47,282	0	0	0	0	0	0	0	47,282	0
8. Non-Physician	151,901	0	0	0	0	0	0	0	151,901	0
9. Total	199,183	0	0	0	0	0	0	0	199,183	0
10. Hospital Patient Days Incurred	9,912	0	0	0	0	0	0	0	9,912	0
11. Number of Inpatient Admissions	1,466	0	0	0	0	0	0	0	1,466	0
12. Health Premiums Written	142,472,892	0	0	0	0	0	0	0	142,472,892	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	144,658,508	0	0	0	0	0	0	0	144,658,508	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	122,809,369	0	0	0	0	0	0	0	122,809,369	0
18. Amount Incurred for Provision of Health Care Services	126,988,447	0	0	0	0	0	0	0	126,988,447	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	13,094	0	0	0	0	13,094	0	0	0	0
2. MEMBER MONTHS.....	39,425	0	0	0	0	39,425	0	0	0	0
3. Direct Premium Income.....	53,879,300	0	0	0	0	53,879,300	0	XXXXXXXX	0	0
4. Net Premium Income.....	53,877,912	0	0	0	0	53,877,912	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	817,477	0	0	0	0	817,477	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).....	54,695,389	0	0	0	0	54,695,389	0	0	0	0
11. Hospital & Medical Benefits.....	46,466,626	0	0	0	0	46,466,626	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).....	46,466,626	0	0	0	0	46,466,626	0	0	0	0
14. Claims Adjustment Expenses.....	2,354,331	0	0	0	0	2,354,331	0	0	0	0
15. General Administrative Expenses.....	3,558,266	0	0	0	0	3,558,266	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).....	52,379,223	0	0	0	0	52,379,223	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,316,166	0	0	0	0	2,316,166	0	0	0	0
19. Net Investments Gains / (Losses).....	(2,457,872)	0	0	0	0	(2,457,872)	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).....	(141,706)	0	0	0	0	(141,706)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(139,992)	0	0	0	0	(139,992)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,714)	0	0	0	0	(1,714)	0	0	0	0
24 Medical Loss Ratio	86.2%	0.0%	0.0%	0.0%	0.0%	86.2%	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 **SEPTEMBER 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.....	13,094	0	0	0	0	13,094	0	0	0	0
2. MEMBER MONTHS.....	115,995	0	0	0	0	115,995	0	0	0	0
3. Direct Premium Income.....	142,472,892	0	0	0	0	142,472,892	0	XXXXXXXX	0	0
4. Net Premium Income.....	142,468,357	0	0	0	0	142,468,357	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,185,616	0	0	0	0	2,185,616	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	144,653,973	0	0	0	0	144,653,973	0	0	0	0
11. Hospital & Medical Benefits.....	126,988,447	0	0	0	0	126,988,447	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).....	126,988,447	0	0	0	0	126,988,447	0	0	0	0
14. Claims Adjustment Expenses.....	5,961,503	0	0	0	0	5,961,503	0	0	0	0
15. General Administrative Expenses.....	11,233,858	0	0	0	0	11,233,858	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).....	144,183,808	0	0	0	0	144,183,808	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	470,165	0	0	0	0	470,165	0	0	0	0
19. Net Investments Gains / (Losses).....	(5,945,139)	0	0	0	0	(5,945,139)	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).....	(5,474,974)	0	0	0	0	(5,474,974)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,854,381)	0	0	0	0	(1,854,381)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,620,593)	0	0	0	0	(3,620,593)	0	0	0	0
24 Medical Loss Ratio	89.1%	0.0%	0.0%	0.0%	0.0%	89.1%	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 **SEPTEMBER 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	0	0	0	0	0	0	0	0	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	97,327	921	0	0	0	0	0	0	96,406	0
18. Amount Incurred for Provision of Health Care Services	100,633	947	0	0	0	0	0	0	99,686	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.....	68,358	0	0	0	0	68,135	0	0	223	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	68,358	0	0	0	0	68,135	0	0	223	0
14. Claims Adjustment Expenses.....	68	0	0	0	0	68	0	0	0	0
15. General Administrative Expenses.....	103	0	0	0	0	103	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).....	68,529	0	0	0	0	68,306	0	0	223	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(68,529)	0	0	0	0	(68,306)	0	0	(223)	0
19. Net Investments Gains / (Losses).....	(1,141)	0	0	0	0	(1,071)	0	0	(70)	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).....	(69,670)	0	0	0	0	(69,377)	0	0	(293)	0
22. Federal and foreign income taxes incurred.....	(8,317)	0	0	0	0	(8,116)	0	0	(201)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(61,353)	0	0	0	0	(61,261)	0	0	(92)	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

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

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.....	100,633	0	0	0	0	99,686	0	0	947	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	100,633	0	0	0	0	99,686	0	0	947	0
14. Claims Adjustment Expenses.....	973	0	0	0	0	973	0	0	0	0
15. General Administrative Expenses.....	1,488	0	0	0	0	1,487	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).....	103,094	0	0	0	0	102,146	0	0	948	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(103,094)	0	0	0	0	(102,146)	0	0	(948)	0
19. Net Investments Gains / (Losses).....	(3,379)	0	0	0	0	(3,188)	0	0	(191)	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).....	(106,473)	0	0	0	0	(105,334)	0	0	(1,139)	0
22. Federal and foreign income taxes incurred.....	(10,834)	0	0	0	0	(10,633)	0	0	(201)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(95,639)	0	0	0	0	(94,701)	0	0	(938)	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 **SEPTEMBER 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	0									
4. Third Quarter	20,650	963	0	0	0	0	0	0	19,687	0
5. Current Year	0									
6. Current Year Member Months	191,957	7,897	0	0	0	0	0	0	184,060	0
Total Member Ambulatory Encounters for Year:										
7. Physician	84,967	2,397	0	0	0	0	0	0	82,570	0
8. Non-Physician	156,873	2,798	0	0	0	0	0	0	154,075	0
9. Total	241,840	5,195	0	0	0	0	0	0	236,645	0
10. Hospital Patient Days Incurred	10,245	115	0	0	0	0	0	0	10,130	0
11. Number of Inpatient Admissions	2,003	26	0	0	0	0	0	0	1,977	0
12. Health Premiums Written	125,874,589	1,115,273	0	0	0	0	0	0	124,759,316	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	126,581,436	1,103,378	0	0	0	0	0	0	125,478,058	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	103,467,584	1,046,961	0	0	0	0	0	0	102,420,623	0
18. Amount Incurred for Provision of Health Care Services	106,982,134	1,076,242	0	0	0	0	0	0	105,905,892	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 30, 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.....	20,650	0	0	0	0	19,687	0	0	963	0
2. MEMBER MONTHS.....	61,660	0	0	0	0	58,876	0	0	2,784	0
3. Direct Premium Income.....	43,527,963	0	0	0	0	43,118,163	0	XXXXXXXX	409,800	0
4. Net Premium Income.....	43,525,812	0	0	0	0	43,116,112	0	0	409,700	0
5. Change in unearned premium reserve and reserve for rate credits.....	370,637	0	0	0	0	359,565	0	0	11,072	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).....	43,896,449	0	0	0	0	43,475,677	0	0	420,772	0
11. Hospital & Medical Benefits.....	37,814,132	0	0	0	0	37,166,167	0	0	647,965	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	37,814,132	0	0	0	0	37,166,167	0	0	647,965	0
14. Claims Adjustment Expenses.....	2,318,537	0	0	0	0	2,280,174	0	0	38,363	0
15. General Administrative Expenses.....	3,385,145	0	0	0	0	3,327,889	0	0	57,256	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).....	43,517,814	0	0	0	0	42,774,230	0	0	743,584	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	378,635	0	0	0	0	701,447	0	0	(322,812)	0
19. Net Investments Gains / (Losses).....	(2,368,649)	0	0	0	0	(2,365,854)	0	0	(2,795)	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).....	(1,990,014)	0	0	0	0	(1,664,407)	0	0	(325,607)	0
22. Federal and foreign income taxes incurred.....	(948,449)	0	0	0	0	(798,478)	0	0	(149,971)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,041,565)	0	0	0	0	(865,929)	0	0	(175,636)	0
24 Medical Loss Ratio	86.9%	0.0%	0.0%	0.0%	0.0%	86.2%	0.0%	0.0%	158.2%	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 **SEPTEMBER 30, 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.....	20,650	0	0	0	0	19,687	0	0	963	0
2. MEMBER MONTHS.....	191,957	0	0	0	0	184,060	0	0	7,897	0
3. Direct Premium Income.....	125,874,589	0	0	0	0	124,759,316	0	XXXXXXXX	1,115,273	0
4. Net Premium Income.....	125,867,107	0	0	0	0	124,752,142	0	0	1,114,965	0
5. Change in unearned premium reserve and reserve for rate credits.....	706,847	0	0	0	0	718,742	0	0	(11,895)	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).....	126,573,954	0	0	0	0	125,470,884	0	0	1,103,070	0
11. Hospital & Medical Benefits.....	106,982,134	0	0	0	0	105,905,892	0	0	1,076,242	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	106,982,134	0	0	0	0	105,905,892	0	0	1,076,242	0
14. Claims Adjustment Expenses.....	6,113,555	0	0	0	0	6,012,848	0	0	100,707	0
15. General Administrative Expenses.....	11,493,113	0	0	0	0	11,311,479	0	0	181,634	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).....	124,588,802	0	0	0	0	123,230,219	0	0	1,358,583	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,985,152	0	0	0	0	2,240,665	0	0	(255,513)	0
19. Net Investments Gains / (Losses).....	(5,800,041)	0	0	0	0	(5,794,181)	0	0	(5,860)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(3,814,889)	0	0	0	0	(3,553,516)	0	0	(261,373)	0
22. Federal and foreign income taxes incurred.....	(1,097,636)	0	0	0	0	(992,208)	0	0	(105,428)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,717,253)	0	0	0	0	(2,561,308)	0	0	(155,945)	0
24 Medical Loss Ratio	85.0%	0.0%	0.0%	0.0%	0.0%	84.9%	0.0%	0.0%	96.5%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	15,175	369	0	0	0	0	0	0	14,806	0
5. Current Year	0									
6. Current Year Member Months	135,710	3,024	0	0	0	0	0	0	132,686	0
Total Member Ambulatory Encounters for Year:										
7. Physician	60,685	1,495	0	0	0	0	0	0	59,190	0
8. Non-Physician	117,472	1,072	0	0	0	0	0	0	116,400	0
9. Total	178,157	2,567	0	0	0	0	0	0	175,590	0
10. Hospital Patient Days Incurred	8,523	51	0	0	0	0	0	0	8,472	0
11. Number of Inpatient Admissions	1,672	8	0	0	0	0	0	0	1,664	0
12. Health Premiums Written	87,972,031	604,383	0	0	0	0	0	0	87,367,648	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	89,977,266	693,765	0	0	0	0	0	0	89,283,501	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	77,823,841	897,042	0	0	0	0	0	0	76,926,799	0
18. Amount Incurred for Provision of Health Care Services	80,466,670	922,130	0	0	0	0	0	0	79,544,540	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	15,175	0	0	0	0	14,806	0	0	369	0
2. MEMBER MONTHS.....	45,602	0	0	0	0	44,502	0	0	1,100	0
3. Direct Premium Income.....	32,056,062	0	0	0	0	31,832,838	0	XXXXXXXX	223,224	0
4. Net Premium Income.....	32,054,452	0	0	0	0	31,831,268	0	0	223,184	0
5. Change in unearned premium reserve and reserve for rate credits.....	911,779	0	0	0	0	862,411	0	0	49,368	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).....	32,966,231	0	0	0	0	32,693,679	0	0	272,552	0
11. Hospital & Medical Benefits.....	26,514,591	0	0	0	0	26,344,949	0	0	169,642	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	26,514,591	0	0	0	0	26,344,949	0	0	169,642	0
14. Claims Adjustment Expenses.....	1,640,415	0	0	0	0	1,626,705	0	0	13,710	0
15. General Administrative Expenses.....	2,445,871	0	0	0	0	2,425,460	0	0	20,411	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).....	30,600,877	0	0	0	0	30,397,114	0	0	203,763	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,365,354	0	0	0	0	2,296,565	0	0	68,789	0
19. Net Investments Gains / (Losses).....	(1,637,556)	0	0	0	0	(1,638,107)	0	0	551	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).....	727,798	0	0	0	0	658,458	0	0	69,340	0
22. Federal and foreign income taxes incurred.....	203,841	0	0	0	0	175,471	0	0	28,370	0
23. NET INCOME/(LOSS) (L21 less L22).....	523,957	0	0	0	0	482,987	0	0	40,970	0
24 Medical Loss Ratio	82.7%	0.0%	0.0%	0.0%	0.0%	82.8%	0.0%	0.0%	76.0%	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 **SEPTEMBER 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.....	15,175	0	0	0	0	14,806	0	0	369	0
2. MEMBER MONTHS.....	135,710	0	0	0	0	132,686	0	0	3,024	0
3. Direct Premium Income.....	87,972,031	0	0	0	0	87,367,648	0	XXXXXXXX	604,383	0
4. Net Premium Income.....	87,966,731	0	0	0	0	87,362,467	0	0	604,264	0
5. Change in unearned premium reserve and reserve for rate credits.....	2,005,235	0	0	0	0	1,915,853	0	0	89,382	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).....	89,971,966	0	0	0	0	89,278,320	0	0	693,646	0
11. Hospital & Medical Benefits.....	80,466,670	0	0	0	0	79,544,540	0	0	922,130	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	80,466,670	0	0	0	0	79,544,540	0	0	922,130	0
14. Claims Adjustment Expenses.....	4,103,657	0	0	0	0	4,063,474	0	0	40,183	0
15. General Administrative Expenses.....	7,675,988	0	0	0	0	7,599,716	0	0	76,272	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).....	92,246,315	0	0	0	0	91,207,730	0	0	1,038,585	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,274,349)	0	0	0	0	(1,929,410)	0	0	(344,939)	0
19. Net Investments Gains / (Losses).....	(3,999,987)	0	0	0	0	(4,003,839)	0	0	3,852	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).....	(6,274,336)	0	0	0	0	(5,933,249)	0	0	(341,087)	0
22. Federal and foreign income taxes incurred.....	(2,443,147)	0	0	0	0	(2,292,323)	0	0	(150,824)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(3,831,189)	0	0	0	0	(3,640,926)	0	0	(190,263)	0
24. Medical Loss Ratio	91.5%	0.0%	0.0%	0.0%	0.0%	91.1%	0.0%	0.0%	152.6%	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				

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **SEPTEMBER 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	0									
4. Third Quarter	10,871	0	0	0	0	0	0	0	10,871	0
5. Current Year	0									
6. Current Year Member Months	111,230	0	0	0	0	0	0	0	111,230	0
Total Member Ambulatory Encounters for Year:										
7. Physician	50,323	0	0	0	0	0	0	0	50,323	0
8. Non-Physician	188,107	0	0	0	0	0	0	0	188,107	0
9. Total	238,430	0	0	0	0	0	0	0	238,430	0
10. Hospital Patient Days Incurred	6,888	0	0	0	0	0	0	0	6,888	0
11. Number of Inpatient Admissions	1,124	0	0	0	0	0	0	0	1,124	0
12. Health Premiums Written	120,583,847	0	0	0	0	0	0	0	120,583,847	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	119,770,033	0	0	0	0	0	0	0	119,770,033	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	95,745,971	0	0	0	0	0	0	0	95,745,971	0
18. Amount Incurred for Provision of Health Care Services	99,004,109	0	0	0	0	0	0	0	99,004,109	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	10,871	0	0	0	0	10,871	0	0	0	0
2. MEMBER MONTHS.....	32,814	0	0	0	0	32,814	0	0	0	0
3. Direct Premium Income.....	38,625,323	0	0	0	0	38,625,323	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,624,207	0	0	0	0	38,624,207	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(568,565)	0	0	0	0	(568,565)	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).....	38,055,642	0	0	0	0	38,055,642	0	0	0	0
11. Hospital & Medical Benefits.....	31,602,071	0	0	0	0	31,602,071	0	0	0	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	31,602,071	0	0	0	0	31,602,071	0	0	0	0
14. Claims Adjustment Expenses.....	1,963,837	0	0	0	0	1,963,837	0	0	0	0
15. General Administrative Expenses.....	2,771,178	0	0	0	0	2,771,178	0	0	0	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	36,337,086	0	0	0	0	36,337,086	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,718,556	0	0	0	0	1,718,556	0	0	0	0
19. Net Investments Gains / (Losses).....	(2,400,512)	0	0	0	0	(2,400,512)	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).....	(681,956)	0	0	0	0	(681,956)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(429,447)	0	0	0	0	(429,447)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(252,509)	0	0	0	0	(252,509)	0	0	0	0
24 Medical Loss Ratio	81.8%	0.0%	0.0%	0.0%	0.0%	81.8%	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 **SEPTEMBER 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.....	10,871	0	0	0	0	10,871	0	0	0	0
2. MEMBER MONTHS.....	111,230	0	0	0	0	111,230	0	0	0	0
3. Direct Premium Income.....	120,583,847	0	0	0	0	120,583,847	0	XXXXXXXX	0	0
4. Net Premium Income.....	120,579,501	0	0	0	0	120,579,501	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(813,814)	0	0	0	0	(813,814)	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).....	119,765,687	0	0	0	0	119,765,687	0	0	0	0
11. Hospital & Medical Benefits.....	99,004,109	0	0	0	0	99,004,109	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).....	99,004,109	0	0	0	0	99,004,109	0	0	0	0
14. Claims Adjustment Expenses.....	5,141,940	0	0	0	0	5,141,940	0	0	0	0
15. General Administrative Expenses.....	9,716,984	0	0	0	0	9,716,984	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).....	113,863,033	0	0	0	0	113,863,033	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	5,902,654	0	0	0	0	5,902,654	0	0	0	0
19. Net Investments Gains / (Losses).....	(5,831,509)	0	0	0	0	(5,831,509)	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).....	71,145	0	0	0	0	71,145	0	0	0	0
22. Federal and foreign income taxes incurred.....	257,093	0	0	0	0	257,093	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(185,948)	0	0	0	0	(185,948)	0	0	0	0
24 Medical Loss Ratio	82.1%	0.0%	0.0%	0.0%	0.0%	82.1%	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 **SEPTEMBER 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	0									
4. Third Quarter	15,009	0	0	0	0	0	0	0	15,009	0
5. Current Year	0									
6. Current Year Member Months	134,671	0	0	0	0	0	0	0	134,671	0
Total Member Ambulatory Encounters for Year:										
7. Physician	48,270	0	0	0	0	0	0	0	48,270	0
8. Non-Physician	98,768	0	0	0	0	0	0	0	98,768	0
9. Total	147,038	0	0	0	0	0	0	0	147,038	0
10. Hospital Patient Days Incurred	6,959	0	0	0	0	0	0	0	6,959	0
11. Number of Inpatient Admissions	1,421	0	0	0	0	0	0	0	1,421	0
12. Health Premiums Written	82,908,584	0	0	0	0	0	0	0	82,908,584	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	83,491,854	0	0	0	0	0	0	0	83,491,854	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	67,736,304	0	0	0	0	0	0	0	67,736,304	0
18. Amount Incurred for Provision of Health Care Services	70,041,301	0	0	0	0	0	0	0	70,041,301	0

TEXAS HMO SUPPLEMENT

STATEMENT FOR THE PERIOD ENDING **SEPTEMBER 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.....	15,009	0	0	0	0	15,009	0	0	0	0
2. MEMBER MONTHS.....	45,267	0	0	0	0	45,267	0	0	0	0
3. Direct Premium Income.....	31,960,506	0	0	0	0	31,960,506	0	XXXXXXXX	0	0
4. Net Premium Income.....	31,958,911	0	0	0	0	31,958,911	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	498,063	0	0	0	0	498,063	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).....	32,456,974	0	0	0	0	32,456,974	0	0	0	0
11. Hospital & Medical Benefits.....	25,913,456	0	0	0	0	25,913,456	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).....	25,913,456	0	0	0	0	25,913,456	0	0	0	0
14. Claims Adjustment Expenses.....	1,688,050	0	0	0	0	1,688,050	0	0	0	0
15. General Administrative Expenses.....	2,539,000	0	0	0	0	2,539,000	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).....	30,140,506	0	0	0	0	30,140,506	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	2,316,468	0	0	0	0	2,316,468	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,217,387)	0	0	0	0	(1,217,387)	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).....	1,099,081	0	0	0	0	1,099,081	0	0	0	0
22. Federal and foreign income taxes incurred.....	440,770	0	0	0	0	440,770	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	658,311	0	0	0	0	658,311	0	0	0	0
24 Medical Loss Ratio	81.1%	0.0%	0.0%	0.0%	0.0%	81.1%	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 **SEPTEMBER 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.....	15,009	0	0	0	0	15,009	0	0	0	0
2. MEMBER MONTHS.....	134,671	0	0	0	0	134,671	0	0	0	0
3. Direct Premium Income.....	82,908,584	0	0	0	0	82,908,584	0	XXXXXXXX	0	0
4. Net Premium Income.....	82,903,326	0	0	0	0	82,903,326	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	583,270	0	0	0	0	583,270	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).....	83,486,596	0	0	0	0	83,486,596	0	0	0	0
11. Hospital & Medical Benefits.....	70,041,301	0	0	0	0	70,041,301	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).....	70,041,301	0	0	0	0	70,041,301	0	0	0	0
14. Claims Adjustment Expenses.....	4,101,084	0	0	0	0	4,101,084	0	0	0	0
15. General Administrative Expenses.....	7,690,307	0	0	0	0	7,690,307	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).....	81,832,692	0	0	0	0	81,832,692	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,653,904	0	0	0	0	1,653,904	0	0	0	0
19. Net Investments Gains / (Losses).....	(2,887,399)	0	0	0	0	(2,887,399)	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).....	(1,233,495)	0	0	0	0	(1,233,495)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(151,799)	0	0	0	0	(151,799)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,081,696)	0	0	0	0	(1,081,696)	0	0	0	0
24 Medical Loss Ratio	84.5%	0.0%	0.0%	0.0%	0.0%	84.5%	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				