

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	687,393	0	0	46,212	0	579,451	0	0	61,730	0
2. MEMBER MONTHS.....	2,054,321	0	0	139,489	0	1,735,514	0	0	179,318	0
3. Direct Premium Income.....	982,260,883	0	0	212,161,693	0	743,572,306	0	XXXXXXXX	26,526,884	0
4. Net Premium Income.....	982,194,891	0	0	212,160,997	0	743,513,177	0	0	26,520,717	0
5. Change in unearned premium reserve and reserve for rate credits.....	(13,795,508)	0	0	(9,544,487)	0	(3,852,775)	0	0	(398,246)	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).....	968,399,383	0	0	202,616,510	0	739,660,402	0	0	26,122,471	0
11. Hospital & Medical Benefits.....	796,706,412	0	0	150,603,668	0	625,392,330	0	0	20,710,414	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	796,706,412	0	0	150,603,668	0	625,392,330	0	0	20,710,414	0
14. Claims Adjustment Expenses.....	55,568,137	0	0	8,393,104	0	44,820,378	0	0	2,354,655	0
15. General Administrative Expenses.....	116,028,014	0	0	22,355,058	0	89,134,344	0	0	4,538,612	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).....	968,302,563	0	0	181,351,830	0	759,347,052	0	0	27,603,681	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	96,820	0	0	21,264,680	0	(19,686,650)	0	0	(1,481,210)	0
19. Net Investments Gains / (Losses).....	5,527,907	0	0	2,435,199	0	4,883,536	0	0	(1,790,828)	0
20. Aggregate write-ins for other expenses.....	(176)	0	0	(176)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,624,551	0	0	23,699,703	0	(14,803,114)	0	0	(3,272,038)	0
22. Federal and foreign income taxes incurred.....	20,292,670	0	0	13,431,069	0	7,485,567	0	0	(623,966)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(14,668,119)	0	0	10,268,634	0	(22,288,681)	0	0	(2,648,072)	0
24 Medical Loss Ratio	81.1%	0.0%	0.0%	71.0%	0.0%	84.1%	0.0%	0.0%	78.1%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	687,393	0	0	46,212	0	579,451	0	0	61,730	0
2. MEMBER MONTHS.....	2,054,321	0	0	139,489	0	1,735,514	0	0	179,318	0
3. Direct Premium Income.....	982,260,883	0	0	212,161,693	0	743,572,306	0	XXXXXXXX	26,526,884	0
4. Net Premium Income.....	982,194,891	0	0	212,160,997	0	743,513,177	0	0	26,520,717	0
5. Change in unearned premium reserve and reserve for rate credits.....	(13,795,508)	0	0	(9,544,487)	0	(3,852,775)	0	0	(398,246)	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).....	968,399,383	0	0	202,616,510	0	739,660,402	0	0	26,122,471	0
11. Hospital & Medical Benefits.....	796,706,412	0	0	150,603,668	0	625,392,330	0	0	20,710,414	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	796,706,412	0	0	150,603,668	0	625,392,330	0	0	20,710,414	0
14. Claims Adjustment Expenses.....	55,568,137	0	0	8,393,104	0	44,820,378	0	0	2,354,655	0
15. General Administrative Expenses.....	116,028,014	0	0	22,355,058	0	89,134,344	0	0	4,538,612	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).....	968,302,563	0	0	181,351,830	0	759,347,052	0	0	27,603,681	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	96,820	0	0	21,264,680	0	(19,686,650)	0	0	(1,481,210)	0
19. Net Investments Gains / (Losses).....	5,527,907	0	0	2,435,199	0	4,883,536	0	0	(1,790,828)	0
20. Aggregate write-ins for other expenses.....	(176)	0	0	(176)	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	5,624,551	0	0	23,699,703	0	(14,803,114)	0	0	(3,272,038)	0
22. Federal and foreign income taxes incurred.....	20,292,670	0	0	13,431,069	0	7,485,567	0	0	(623,966)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(14,668,119)	0	0	10,268,634	0	(22,288,681)	0	0	(2,648,072)	0
24 Medical Loss Ratio	81.1%	0.0%	0.0%	71.0%	0.0%	84.1%	0.0%	0.0%	78.1%	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				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	240,331	32,460	0	0	0	0	0	0	207,871	0
2. First Quarter	240,146	33,791	0	0	0	0	0	0	206,355	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	717,487	98,544	0	0	0	0	0	0	618,943	0
Total Member Ambulatory Encounters for Year:										
7. Physician	274,868	30,870	0	0	0	0	0	0	243,998	0
8. Non-Physician	143,396	16,868	0	0	0	0	0	0	126,528	0
9. Total	418,264	47,738	0	0	0	0	0	0	370,526	0
10. Hospital Patient Days Incurred	15,042	582	0	0	0	0	0	0	14,460	0
11. Number of Inpatient Admissions	3,676	110	0	0	0	0	0	0	3,566	0
12. Health Premiums Written	139,930,198	14,307,266	0	0	0	0	0	0	125,622,932	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	138,678,058	14,019,068	0	0	0	0	0	0	124,658,990	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	117,123,841	9,915,910	0	0	0	0	0	0	107,207,931	0
18. Amount Incurred for Provision of Health Care Services	118,030,699	10,359,631	0	0	0	0	0	0	107,671,068	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	240,146	0	0	0	0	206,355	0	0	33,791	0
2. MEMBER MONTHS.....	717,487	0	0	0	0	618,943	0	0	98,544	0
3. Direct Premium Income.....	139,930,198	0	0	0	0	125,622,932	0	XXXXXXXX	14,307,266	0
4. Net Premium Income.....	139,905,779	0	0	0	0	125,601,889	0	0	14,303,890	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,252,140)	0	0	0	0	(963,942)	0	0	(288,198)	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).....	138,653,639	0	0	0	0	124,637,947	0	0	14,015,692	0
11. Hospital & Medical Benefits.....	118,030,699	0	0	0	0	107,671,068	0	0	10,359,631	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	118,030,699	0	0	0	0	107,671,068	0	0	10,359,631	0
14. Claims Adjustment Expenses.....	10,815,878	0	0	0	0	9,592,271	0	0	1,223,607	0
15. General Administrative Expenses.....	22,105,322	0	0	0	0	19,710,796	0	0	2,394,526	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).....	150,951,899	0	0	0	0	136,974,135	0	0	13,977,764	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,298,260)	0	0	0	0	(12,336,188)	0	0	37,928	0
19. Net Investments Gains / (Losses).....	(10,970,231)	0	0	0	0	(9,709,654)	0	0	(1,260,577)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(23,268,491)	0	0	0	0	(22,045,842)	0	0	(1,222,649)	0
22. Federal and foreign income taxes incurred.....	(5,738,599)	0	0	0	0	(5,613,778)	0	0	(124,821)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(17,529,892)	0	0	0	0	(16,432,064)	0	0	(1,097,828)	0
24 Medical Loss Ratio	84.4%	0.0%	0.0%	0.0%	0.0%	85.7%	0.0%	0.0%	72.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	240,146	0	0	0	0	206,355	0	0	33,791	0
2. MEMBER MONTHS.....	717,487	0	0	0	0	618,943	0	0	98,544	0
3. Direct Premium Income.....	139,930,198	0	0	0	0	125,622,932	0	XXXXXXXX	14,307,266	0
4. Net Premium Income.....	139,905,779	0	0	0	0	125,601,889	0	0	14,303,890	0
5. Change in unearned premium reserve and reserve for rate credits.....	(1,252,140)	0	0	0	0	(963,942)	0	0	(288,198)	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).....	138,653,639	0	0	0	0	124,637,947	0	0	14,015,692	0
11. Hospital & Medical Benefits.....	118,030,699	0	0	0	0	107,671,068	0	0	10,359,631	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	118,030,699	0	0	0	0	107,671,068	0	0	10,359,631	0
14. Claims Adjustment Expenses.....	10,815,878	0	0	0	0	9,592,271	0	0	1,223,607	0
15. General Administrative Expenses.....	22,105,322	0	0	0	0	19,710,796	0	0	2,394,526	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).....	150,951,899	0	0	0	0	136,974,135	0	0	13,977,764	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(12,298,260)	0	0	0	0	(12,336,188)	0	0	37,928	0
19. Net Investments Gains / (Losses).....	(10,970,231)	0	0	0	0	(9,709,654)	0	0	(1,260,577)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(23,268,491)	0	0	0	0	(22,045,842)	0	0	(1,222,649)	0
22. Federal and foreign income taxes incurred.....	(5,738,599)	0	0	0	0	(5,613,778)	0	0	(124,821)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(17,529,892)	0	0	0	0	(16,432,064)	0	0	(1,097,828)	0
24 Medical Loss Ratio	84.4%	0.0%	0.0%	0.0%	0.0%	85.7%	0.0%	0.0%	72.4%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	(Examples of non-taxable enrollees are State				* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	of Texas enrollees and Federal employees.)				0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	164,052	15,505	0	0	0	0	0	0	148,547	0
2. First Quarter	164,309	16,186	0	0	0	0	0	0	148,123	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	490,430	46,763	0	0	0	0	0	0	443,667	0
Total Member Ambulatory Encounters for Year:										
7. Physician	220,483	17,344	0	0	0	0	0	0	203,139	0
8. Non-Physician	230,166	10,545	0	0	0	0	0	0	219,621	0
9. Total	450,649	27,889	0	0	0	0	0	0	422,760	0
10. Hospital Patient Days Incurred	19,377	384	0	0	0	0	0	0	18,993	0
11. Number of Inpatient Admissions	3,912	81	0	0	0	0	0	0	3,831	0
12. Health Premiums Written	207,725,470	6,764,363	0	0	0	0	0	0	200,961,107	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	207,101,100	6,734,638	0	0	0	0	0	0	200,366,462	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	177,198,760	5,580,801	0	0	0	0	0	0	171,617,959	0
18. Amount Incurred for Provision of Health Care Services	178,189,880	5,830,533	0	0	0	0	0	0	172,359,347	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	164,309	0	0	0	0	148,123	0	0	16,186	0
2. MEMBER MONTHS.....	490,430	0	0	0	0	443,667	0	0	46,763	0
3. Direct Premium Income.....	207,725,470	0	0	0	0	200,961,107	0	XXXXXXXX	6,764,363	0
4. Net Premium Income.....	207,708,743	0	0	0	0	200,945,989	0	0	6,762,754	0
5. Change in unearned premium reserve and reserve for rate credits.....	(624,369)	0	0	0	0	(594,645)	0	0	(29,724)	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).....	207,084,374	0	0	0	0	200,351,344	0	0	6,733,030	0
11. Hospital & Medical Benefits.....	178,189,880	0	0	0	0	172,359,347	0	0	5,830,533	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,189,880	0	0	0	0	172,359,347	0	0	5,830,533	0
14. Claims Adjustment Expenses.....	12,484,833	0	0	0	0	11,889,713	0	0	595,120	0
15. General Administrative Expenses.....	25,175,563	0	0	0	0	24,024,265	0	0	1,151,298	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).....	215,850,276	0	0	0	0	208,273,325	0	0	7,576,951	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,765,902)	0	0	0	0	(7,921,981)	0	0	(843,921)	0
19. Net Investments Gains / (Losses).....	47,170,358	0	0	0	0	47,671,170	0	0	(500,812)	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).....	38,404,456	0	0	0	0	39,749,189	0	0	(1,344,733)	0
22. Federal and foreign income taxes incurred.....	18,835,400	0	0	0	0	19,196,531	0	0	(361,131)	0
23. NET INCOME/(LOSS) (L21 less L22).....	19,569,056	0	0	0	0	20,552,658	0	0	(983,602)	0
24 Medical Loss Ratio	85.8%	0.0%	0.0%	0.0%	0.0%	85.8%	0.0%	0.0%	86.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	164,309	0	0	0	0	148,123	0	0	16,186	0
2. MEMBER MONTHS.....	490,430	0	0	0	0	443,667	0	0	46,763	0
3. Direct Premium Income.....	207,725,470	0	0	0	0	200,961,107	0	XXXXXXXX	6,764,363	0
4. Net Premium Income.....	207,708,743	0	0	0	0	200,945,989	0	0	6,762,754	0
5. Change in unearned premium reserve and reserve for rate credits.....	(624,369)	0	0	0	0	(594,645)	0	0	(29,724)	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).....	207,084,374	0	0	0	0	200,351,344	0	0	6,733,030	0
11. Hospital & Medical Benefits.....	178,189,880	0	0	0	0	172,359,347	0	0	5,830,533	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	178,189,880	0	0	0	0	172,359,347	0	0	5,830,533	0
14. Claims Adjustment Expenses.....	12,484,833	0	0	0	0	11,889,713	0	0	595,120	0
15. General Administrative Expenses.....	25,175,563	0	0	0	0	24,024,265	0	0	1,151,298	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).....	215,850,276	0	0	0	0	208,273,325	0	0	7,576,951	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(8,765,902)	0	0	0	0	(7,921,981)	0	0	(843,921)	0
19. Net Investments Gains / (Losses).....	47,170,358	0	0	0	0	47,671,170	0	0	(500,812)	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).....	38,404,456	0	0	0	0	39,749,189	0	0	(1,344,733)	0
22. Federal and foreign income taxes incurred.....	18,835,400	0	0	0	0	19,196,531	0	0	(361,131)	0
23. NET INCOME/(LOSS) (L21 less L22).....	19,569,056	0	0	0	0	20,552,658	0	0	(983,602)	0
24 Medical Loss Ratio	85.8%	0.0%	0.0%	0.0%	0.0%	85.8%	0.0%	0.0%	86.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	162,597	9,990	0	0	0	0	0	0	152,607	0
2. First Quarter	162,203	10,357	0	0	0	0	0	0	151,846	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	484,550	30,009	0	0	0	0	0	0	454,541	0
Total Member Ambulatory Encounters for Year:										
7. Physician	195,088	10,711	0	0	0	0	0	0	184,377	0
8. Non-Physician	181,973	5,477	0	0	0	0	0	0	176,496	0
9. Total	377,061	16,188	0	0	0	0	0	0	360,873	0
10. Hospital Patient Days Incurred	19,925	196	0	0	0	0	0	0	19,729	0
11. Number of Inpatient Admissions	4,054	66	0	0	0	0	0	0	3,988	0
12. Health Premiums Written	215,848,960	4,920,923	0	0	0	0	0	0	210,928,037	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	213,709,362	4,836,250	0	0	0	0	0	0	208,873,112	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	174,815,126	3,936,631	0	0	0	0	0	0	170,878,495	0
18. Amount Incurred for Provision of Health Care Services	175,729,477	4,112,789	0	0	0	0	0	0	171,616,688	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	162,203	0	0	0	0	151,846	0	0	10,357	0
2. MEMBER MONTHS.....	484,550	0	0	0	0	454,541	0	0	30,009	0
3. Direct Premium Income.....	215,848,960	0	0	0	0	210,928,037	0	XXXXXXXX	4,920,923	0
4. Net Premium Income.....	215,832,427	0	0	0	0	210,912,546	0	0	4,919,881	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,139,599)	0	0	0	0	(2,054,925)	0	0	(84,674)	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).....	213,692,828	0	0	0	0	208,857,621	0	0	4,835,207	0
11. Hospital & Medical Benefits.....	175,729,477	0	0	0	0	171,616,688	0	0	4,112,789	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	175,729,477	0	0	0	0	171,616,688	0	0	4,112,789	0
14. Claims Adjustment Expenses.....	13,070,215	0	0	0	0	12,658,748	0	0	411,467	0
15. General Administrative Expenses.....	25,433,708	0	0	0	0	24,620,361	0	0	813,347	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).....	214,233,400	0	0	0	0	208,895,797	0	0	5,337,603	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(540,572)	0	0	0	0	(38,176)	0	0	(502,396)	0
19. Net Investments Gains / (Losses).....	(18,622,972)	0	0	0	0	(18,592,515)	0	0	(30,457)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(19,163,544)	0	0	0	0	(18,630,691)	0	0	(532,853)	0
22. Federal and foreign income taxes incurred.....	(3,898,018)	0	0	0	0	(3,813,041)	0	0	(84,977)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(15,265,526)	0	0	0	0	(14,817,650)	0	0	(447,876)	0
24 Medical Loss Ratio	81.4%	0.0%	0.0%	0.0%	0.0%	81.4%	0.0%	0.0%	83.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	162,203	0	0	0	0	151,846	0	0	10,357	0
2. MEMBER MONTHS.....	484,550	0	0	0	0	454,541	0	0	30,009	0
3. Direct Premium Income.....	215,848,960	0	0	0	0	210,928,037	0	XXXXXXXX	4,920,923	0
4. Net Premium Income.....	215,832,427	0	0	0	0	210,912,546	0	0	4,919,881	0
5. Change in unearned premium reserve and reserve for rate credits.....	(2,139,599)	0	0	0	0	(2,054,925)	0	0	(84,674)	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).....	213,692,828	0	0	0	0	208,857,621	0	0	4,835,207	0
11. Hospital & Medical Benefits.....	175,729,477	0	0	0	0	171,616,688	0	0	4,112,789	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	175,729,477	0	0	0	0	171,616,688	0	0	4,112,789	0
14. Claims Adjustment Expenses.....	13,070,215	0	0	0	0	12,658,748	0	0	411,467	0
15. General Administrative Expenses.....	25,433,708	0	0	0	0	24,620,361	0	0	813,347	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).....	214,233,400	0	0	0	0	208,895,797	0	0	5,337,603	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(540,572)	0	0	0	0	(38,176)	0	0	(502,396)	0
19. Net Investments Gains / (Losses).....	(18,622,972)	0	0	0	0	(18,592,515)	0	0	(30,457)	0
20. Aggregate write-ins for other expenses.....	0	0	0	0	0	0	0	0	0	0
21. INCOME/LOSSES after cap. gains tax before FIT Items (L18 to L20).....	(19,163,544)	0	0	0	0	(18,630,691)	0	0	(532,853)	0
22. Federal and foreign income taxes incurred.....	(3,898,018)	0	0	0	0	(3,813,041)	0	0	(84,977)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(15,265,526)	0	0	0	0	(14,817,650)	0	0	(447,876)	0
24. Medical Loss Ratio	81.4%	0.0%	0.0%	0.0%	0.0%	81.4%	0.0%	0.0%	83.6%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	12,884	0	0	0	0	0	0	0	12,884	0
2. First Quarter	12,825	0	0	0	0	0	0	0	12,825	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	38,496	0	0	0	0	0	0	0	38,496	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,096	0	0	0	0	0	0	0	15,096	0
8. Non-Physician	55,280	0	0	0	0	0	0	0	55,280	0
9. Total	70,376	0	0	0	0	0	0	0	70,376	0
10. Hospital Patient Days Incurred	2,870	0	0	0	0	0	0	0	2,870	0
11. Number of Inpatient Admissions	456	0	0	0	0	0	0	0	456	0
12. Health Premiums Written	54,614,752	0	0	0	0	0	0	0	54,614,752	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	54,574,314	0	0	0	0	0	0	0	54,574,314	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	49,048,652	0	0	0	0	0	0	0	49,048,652	0
18. Amount Incurred for Provision of Health Care Services	49,260,542	0	0	0	0	0	0	0	49,260,542	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	12,825	0	0	0	0	12,825	0	0	0	0
2. MEMBER MONTHS.....	38,496	0	0	0	0	38,496	0	0	0	0
3. Direct Premium Income.....	54,614,752	0	0	0	0	54,614,752	0	XXXXXXXX	0	0
4. Net Premium Income.....	54,613,431	0	0	0	0	54,613,431	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(40,438)	0	0	0	0	(40,438)	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).....	54,572,993	0	0	0	0	54,572,993	0	0	0	0
11. Hospital & Medical Benefits.....	49,260,542	0	0	0	0	49,260,542	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).....	49,260,542	0	0	0	0	49,260,542	0	0	0	0
14. Claims Adjustment Expenses.....	2,710,303	0	0	0	0	2,710,303	0	0	0	0
15. General Administrative Expenses.....	5,185,594	0	0	0	0	5,185,594	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).....	57,156,439	0	0	0	0	57,156,439	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,583,446)	0	0	0	0	(2,583,446)	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,617,052)	0	0	0	0	(3,617,052)	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).....	(6,200,498)	0	0	0	0	(6,200,498)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,667,810)	0	0	0	0	(1,667,810)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,532,688)	0	0	0	0	(4,532,688)	0	0	0	0
24 Medical Loss Ratio	90.2%	0.0%	0.0%	0.0%	0.0%	90.2%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	12,825	0	0	0	0	12,825	0	0	0	0
2. MEMBER MONTHS.....	38,496	0	0	0	0	38,496	0	0	0	0
3. Direct Premium Income.....	54,614,752	0	0	0	0	54,614,752	0	XXXXXXXX	0	0
4. Net Premium Income.....	54,613,431	0	0	0	0	54,613,431	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(40,438)	0	0	0	0	(40,438)	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).....	54,572,993	0	0	0	0	54,572,993	0	0	0	0
11. Hospital & Medical Benefits.....	49,260,542	0	0	0	0	49,260,542	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).....	49,260,542	0	0	0	0	49,260,542	0	0	0	0
14. Claims Adjustment Expenses.....	2,710,303	0	0	0	0	2,710,303	0	0	0	0
15. General Administrative Expenses.....	5,185,594	0	0	0	0	5,185,594	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).....	57,156,439	0	0	0	0	57,156,439	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(2,583,446)	0	0	0	0	(2,583,446)	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,617,052)	0	0	0	0	(3,617,052)	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).....	(6,200,498)	0	0	0	0	(6,200,498)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(1,667,810)	0	0	0	0	(1,667,810)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(4,532,688)	0	0	0	0	(4,532,688)	0	0	0	0
24 Medical Loss Ratio	90.2%	0.0%	0.0%	0.0%	0.0%	90.2%	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**

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.....	479	0	0	0	0	479	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).....	479	0	0	0	0	479	0	0	0	0
14. Claims Adjustment Expenses.....	70,407	0	0	0	0	42	0	0	70,365	0
15. General Administrative Expenses.....	80,372	0	0	0	0	48	0	0	80,324	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	151,258	0	0	0	0	569	0	0	150,689	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(151,258)	0	0	0	0	(569)	0	0	(150,689)	0
19. Net Investments Gains / (Losses).....	(822)	0	0	0	0	(504)	0	0	(318)	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).....	(152,080)	0	0	0	0	(1,073)	0	0	(151,007)	0
22. Federal and foreign income taxes incurred.....	(58,758)	0	0	0	0	(128)	0	0	(58,630)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(93,322)	0	0	0	0	(945)	0	0	(92,377)	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

OF THE **Amerigroup Texas, Inc.**

(Name of Company)

REPORT FOR :1. CORPORATION / 2. DIVISION

**Corpus Christi**

(Location)

**EXHIBIT II (Filed Annually and Quarterly)  
ACTUAL REVENUES AND EXPENSES BY MAJOR SPECIFIED LINES**

Indicate Reporting Period: Year-to-Date X

	1. Total	2. COMMERCIAL RISK (Omit Provider HMO Business)	3. MEDICARE (Omit Provider HMO Business)			4. MEDICAID (Omit Provider HMO Business)	5. POINT OF SERVICE RIDER COVERAGE	6. ASSUMED RISK (as Provider HMO)	7. CHILDREN'S HEALTH INSURANCE PLAN	8. OTHER
			BASIC	ADVANTAGE	PART D					
1. ENROLLEES AT THE END OF REPT PERIOD.....	0	0	0	0	0	0	0	0	0	0
2. MEMBER MONTHS.....	0	0	0	0	0	0	0	0	0	0
3. Direct Premium Income.....	0	0	0	0	0	0	0	XXXXXXXX	0	0
4. Net Premium Income.....	0	0	0	0	0	0	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	0	0	0	0	0	0	0	0	0	0
6. Fee-for-Service (gross revenues).....	0	XXXXXXXX	0	0	0	0	XXXXXXXX	XXXXXXXX	XXXXXXXX	0
7. Risk Revenue.....	0	XXXXXXXX	0	0	0	XXXXXXXX	XXXXXXXX	0	XXXXXXXX	0
8. Agg write-in for Other Health Related Revenues.....	0	0	0	0	0	0	0	0	0	0
9. Aggregate write-ins for other non-health revenues.....	0	0	0	0	0	0	0	0	0	0
10. TOTAL REVENUE (L4 to L9).....	0	0	0	0	0	0	0	0	0	0
11. Hospital & Medical Benefits.....	479	0	0	0	0	479	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).....	479	0	0	0	0	479	0	0	0	0
14. Claims Adjustment Expenses.....	70,407	0	0	0	0	42	0	0	70,365	0
15. General Administrative Expenses.....	80,372	0	0	0	0	48	0	0	80,324	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	151,258	0	0	0	0	569	0	0	150,689	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(151,258)	0	0	0	0	(569)	0	0	(150,689)	0
19. Net Investments Gains / (Losses).....	(822)	0	0	0	0	(504)	0	0	(318)	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).....	(152,080)	0	0	0	0	(1,073)	0	0	(151,007)	0
22. Federal and foreign income taxes incurred.....	(58,758)	0	0	0	0	(128)	0	0	(58,630)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(93,322)	0	0	0	0	(945)	0	0	(92,377)	0
24 Medical Loss Ratio	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	20,825	941	0	0	0	0	0	0	19,884	0
2. First Quarter	20,818	995	0	0	0	0	0	0	19,823	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	61,890	2,898	0	0	0	0	0	0	58,992	0
Total Member Ambulatory Encounters for Year:										
7. Physician	25,297	627	0	0	0	0	0	0	24,670	0
8. Non-Physician	63,451	733	0	0	0	0	0	0	62,718	0
9. Total	88,748	1,360	0	0	0	0	0	0	87,388	0
10. Hospital Patient Days Incurred	3,285	18	0	0	0	0	0	0	3,267	0
11. Number of Inpatient Admissions	649	7	0	0	0	0	0	0	642	0
12. Health Premiums Written	45,821,138	367,007	0	0	0	0	0	0	45,454,131	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	45,606,633	366,972	0	0	0	0	0	0	45,239,661	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	38,118,693	225,304	0	0	0	0	0	0	37,893,389	0
18. Amount Incurred for Provision of Health Care Services	38,292,474	235,386	0	0	0	0	0	0	38,057,088	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	20,818	0	0	0	0	19,823	0	0	995	0
2. MEMBER MONTHS.....	61,890	0	0	0	0	58,992	0	0	2,898	0
3. Direct Premium Income.....	45,821,138	0	0	0	0	45,454,131	0	XXXXXXXX	367,007	0
4. Net Premium Income.....	45,819,017	0	0	0	0	45,452,111	0	0	366,906	0
5. Change in unearned premium reserve and reserve for rate credits.....	(214,506)	0	0	0	0	(214,470)	0	0	(36)	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).....	45,604,511	0	0	0	0	45,237,641	0	0	366,870	0
11. Hospital & Medical Benefits.....	38,292,474	0	0	0	0	38,057,088	0	0	235,386	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	38,292,474	0	0	0	0	38,057,088	0	0	235,386	0
14. Claims Adjustment Expenses.....	2,507,979	0	0	0	0	2,469,561	0	0	38,418	0
15. General Administrative Expenses.....	4,958,085	0	0	0	0	4,888,573	0	0	69,512	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	45,758,538	0	0	0	0	45,415,222	0	0	343,316	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(154,027)	0	0	0	0	(177,581)	0	0	23,554	0
19. Net Investments Gains / (Losses).....	(3,314,541)	0	0	0	0	(3,315,582)	0	0	1,041	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).....	(3,468,568)	0	0	0	0	(3,493,163)	0	0	24,595	0
22. Federal and foreign income taxes incurred.....	(591,062)	0	0	0	0	(610,221)	0	0	19,159	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,877,506)	0	0	0	0	(2,882,942)	0	0	5,436	0
24 Medical Loss Ratio	83.6%	0.0%	0.0%	0.0%	0.0%	83.7%	0.0%	0.0%	64.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	20,818	0	0	0	0	19,823	0	0	995	0
2. MEMBER MONTHS.....	61,890	0	0	0	0	58,992	0	0	2,898	0
3. Direct Premium Income.....	45,821,138	0	0	0	0	45,454,131	0	XXXXXXXX	367,007	0
4. Net Premium Income.....	45,819,017	0	0	0	0	45,452,111	0	0	366,906	0
5. Change in unearned premium reserve and reserve for rate credits.....	(214,506)	0	0	0	0	(214,470)	0	0	(36)	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).....	45,604,511	0	0	0	0	45,237,641	0	0	366,870	0
11. Hospital & Medical Benefits.....	38,292,474	0	0	0	0	38,057,088	0	0	235,386	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	38,292,474	0	0	0	0	38,057,088	0	0	235,386	0
14. Claims Adjustment Expenses.....	2,507,979	0	0	0	0	2,469,561	0	0	38,418	0
15. General Administrative Expenses.....	4,958,085	0	0	0	0	4,888,573	0	0	69,512	0
16. Increase in Reserves for A&H contracts.....	0	0	0	0	0	0	0	0	0	0
17. TOTAL UNDERWRITING DEDUCTIONS (L13 to L16).....	45,758,538	0	0	0	0	45,415,222	0	0	343,316	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	(154,027)	0	0	0	0	(177,581)	0	0	23,554	0
19. Net Investments Gains / (Losses).....	(3,314,541)	0	0	0	0	(3,315,582)	0	0	1,041	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).....	(3,468,568)	0	0	0	0	(3,493,163)	0	0	24,595	0
22. Federal and foreign income taxes incurred.....	(591,062)	0	0	0	0	(610,221)	0	0	19,159	0
23. NET INCOME/(LOSS) (L21 less L22).....	(2,877,506)	0	0	0	0	(2,882,942)	0	0	5,436	0
24 Medical Loss Ratio	83.6%	0.0%	0.0%	0.0%	0.0%	83.7%	0.0%	0.0%	64.2%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	14,880	386	0	0	0	0	0	0	14,494	0
2. First Quarter	14,766	401	0	0	0	0	0	0	14,365	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	44,169	1,104	0	0	0	0	0	0	43,065	0
Total Member Ambulatory Encounters for Year:										
7. Physician	18,488	420	0	0	0	0	0	0	18,068	0
8. Non-Physician	33,727	231	0	0	0	0	0	0	33,496	0
9. Total	52,215	651	0	0	0	0	0	0	51,564	0
10. Hospital Patient Days Incurred	2,513	15	0	0	0	0	0	0	2,498	0
11. Number of Inpatient Admissions	497	6	0	0	0	0	0	0	491	0
12. Health Premiums Written	32,661,166	167,325	0	0	0	0	0	0	32,493,841	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	32,559,539	171,710	0	0	0	0	0	0	32,387,829	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	25,436,623	164,705	0	0	0	0	0	0	25,271,918	0
18. Amount Incurred for Provision of Health Care Services	25,553,168	172,075	0	0	0	0	0	0	25,381,093	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	14,766	0	0	0	0	14,365	0	0	401	0
2. MEMBER MONTHS.....	44,169	0	0	0	0	43,065	0	0	1,104	0
3. Direct Premium Income.....	32,661,166	0	0	0	0	32,493,841	0	XXXXXXXX	167,325	0
4. Net Premium Income.....	32,659,659	0	0	0	0	32,492,373	0	0	167,286	0
5. Change in unearned premium reserve and reserve for rate credits.....	(101,626)	0	0	0	0	(106,012)	0	0	4,386	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).....	32,558,033	0	0	0	0	32,386,361	0	0	171,672	0
11. Hospital & Medical Benefits.....	25,553,168	0	0	0	0	25,381,093	0	0	172,075	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,553,168	0	0	0	0	25,381,093	0	0	172,075	0
14. Claims Adjustment Expenses.....	1,772,930	0	0	0	0	1,757,252	0	0	15,678	0
15. General Administrative Expenses.....	3,418,370	0	0	0	0	3,388,765	0	0	29,605	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).....	30,744,468	0	0	0	0	30,527,110	0	0	217,358	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,813,565	0	0	0	0	1,859,251	0	0	(45,686)	0
19. Net Investments Gains / (Losses).....	(2,357,693)	0	0	0	0	(2,357,988)	0	0	295	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).....	(544,128)	0	0	0	0	(498,737)	0	0	(45,391)	0
22. Federal and foreign income taxes incurred.....	300,155	0	0	0	0	313,721	0	0	(13,566)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(844,283)	0	0	0	0	(812,458)	0	0	(31,825)	0
24 Medical Loss Ratio	78.2%	0.0%	0.0%	0.0%	0.0%	78.1%	0.0%	0.0%	102.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	14,766	0	0	0	0	14,365	0	0	401	0
2. MEMBER MONTHS.....	44,169	0	0	0	0	43,065	0	0	1,104	0
3. Direct Premium Income.....	32,661,166	0	0	0	0	32,493,841	0	XXXXXXXX	167,325	0
4. Net Premium Income.....	32,659,659	0	0	0	0	32,492,373	0	0	167,286	0
5. Change in unearned premium reserve and reserve for rate credits.....	(101,626)	0	0	0	0	(106,012)	0	0	4,386	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).....	32,558,033	0	0	0	0	32,386,361	0	0	171,672	0
11. Hospital & Medical Benefits.....	25,553,168	0	0	0	0	25,381,093	0	0	172,075	0
12. Net Reins Recoveries Incurred.....	0	0	0	0	0	0	0	0	0	0
13. TOTAL MEDICAL & HOSP (L11 less L12).....	25,553,168	0	0	0	0	25,381,093	0	0	172,075	0
14. Claims Adjustment Expenses.....	1,772,930	0	0	0	0	1,757,252	0	0	15,678	0
15. General Administrative Expenses.....	3,418,370	0	0	0	0	3,388,765	0	0	29,605	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).....	30,744,468	0	0	0	0	30,527,110	0	0	217,358	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,813,565	0	0	0	0	1,859,251	0	0	(45,686)	0
19. Net Investments Gains / (Losses).....	(2,357,693)	0	0	0	0	(2,357,988)	0	0	295	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).....	(544,128)	0	0	0	0	(498,737)	0	0	(45,391)	0
22. Federal and foreign income taxes incurred.....	300,155	0	0	0	0	313,721	0	0	(13,566)	0
23. NET INCOME/(LOSS) (L21 less L22).....	(844,283)	0	0	0	0	(812,458)	0	0	(31,825)	0
24 Medical Loss Ratio	78.2%	0.0%	0.0%	0.0%	0.0%	78.1%	0.0%	0.0%	102.9%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....	0	0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....	0	0	of Texas enrollees and Federal employees.)			0				

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

STATEMENT AS OF **MARCH 31, 2016**

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	11,259	0	0	0	0	0	0	0	11,259	0
2. First Quarter	11,376	0	0	0	0	0	0	0	11,376	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	33,577	0	0	0	0	0	0	0	33,577	0
Total Member Ambulatory Encounters for Year:										
7. Physician	15,953	0	0	0	0	0	0	0	15,953	0
8. Non-Physician	79,492	0	0	0	0	0	0	0	79,492	0
9. Total	95,445	0	0	0	0	0	0	0	95,445	0
10. Hospital Patient Days Incurred	2,619	0	0	0	0	0	0	0	2,619	0
11. Number of Inpatient Admissions	380	0	0	0	0	0	0	0	380	0
12. Health Premiums Written	38,289,263	0	0	0	0	0	0	0	38,289,263	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property & Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	37,997,508	0	0	0	0	0	0	0	37,997,508	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	31,116,860	0	0	0	0	0	0	0	31,116,860	0
18. Amount Incurred for Provision of Health Care Services	31,251,284	0	0	0	0	0	0	0	31,251,284	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	11,376	0	0	0	0	11,376	0	0	0	0
2. MEMBER MONTHS.....	33,577	0	0	0	0	33,577	0	0	0	0
3. Direct Premium Income.....	38,289,263	0	0	0	0	38,289,263	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,288,108	0	0	0	0	38,288,108	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(291,755)	0	0	0	0	(291,755)	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).....	37,996,353	0	0	0	0	37,996,353	0	0	0	0
11. Hospital & Medical Benefits.....	31,251,284	0	0	0	0	31,251,284	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).....	31,251,284	0	0	0	0	31,251,284	0	0	0	0
14. Claims Adjustment Expenses.....	1,912,843	0	0	0	0	1,912,843	0	0	0	0
15. General Administrative Expenses.....	3,680,355	0	0	0	0	3,680,355	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).....	36,844,482	0	0	0	0	36,844,482	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,151,871	0	0	0	0	1,151,871	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,223,474)	0	0	0	0	(3,223,474)	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).....	(2,071,603)	0	0	0	0	(2,071,603)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(250,526)	0	0	0	0	(250,526)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,821,077)	0	0	0	0	(1,821,077)	0	0	0	0
24 Medical Loss Ratio	81.6%	0.0%	0.0%	0.0%	0.0%	81.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	11,376	0	0	0	0	11,376	0	0	0	0
2. MEMBER MONTHS.....	33,577	0	0	0	0	33,577	0	0	0	0
3. Direct Premium Income.....	38,289,263	0	0	0	0	38,289,263	0	XXXXXXXX	0	0
4. Net Premium Income.....	38,288,108	0	0	0	0	38,288,108	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	(291,755)	0	0	0	0	(291,755)	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).....	37,996,353	0	0	0	0	37,996,353	0	0	0	0
11. Hospital & Medical Benefits.....	31,251,284	0	0	0	0	31,251,284	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).....	31,251,284	0	0	0	0	31,251,284	0	0	0	0
14. Claims Adjustment Expenses.....	1,912,843	0	0	0	0	1,912,843	0	0	0	0
15. General Administrative Expenses.....	3,680,355	0	0	0	0	3,680,355	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).....	36,844,482	0	0	0	0	36,844,482	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	1,151,871	0	0	0	0	1,151,871	0	0	0	0
19. Net Investments Gains / (Losses).....	(3,223,474)	0	0	0	0	(3,223,474)	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).....	(2,071,603)	0	0	0	0	(2,071,603)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(250,526)	0	0	0	0	(250,526)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,821,077)	0	0	0	0	(1,821,077)	0	0	0	0
24 Medical Loss Ratio	81.6%	0.0%	0.0%	0.0%	0.0%	81.6%	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				

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

STATEMENT AS OF **MARCH 31, 2016**

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	14,787	0	0	0	0	0	0	0	14,787	0
2. First Quarter	14,738	0	0	0	0	0	0	0	14,738	0
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	44,233	0	0	0	0	0	0	0	44,233	0
Total Member Ambulatory Encounters for Year:										
7. Physician	16,388	0	0	0	0	0	0	0	16,388	0
8. Non-Physician	35,021	0	0	0	0	0	0	0	35,021	0
9. Total	51,409	0	0	0	0	0	0	0	51,409	0
10. Hospital Patient Days Incurred	1,838	0	0	0	0	0	0	0	1,838	0
11. Number of Inpatient Admissions	480	0	0	0	0	0	0	0	480	0
12. Health Premiums Written	35,208,243	0	0	0	0	0	0	0	35,208,243	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	35,621,655	0	0	0	0	0	0	0	35,621,655	0
Property/Casualty										
16. Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	29,666,582	0	0	0	0	0	0	0	29,666,582	0
18. Amount Incurred for Provision of Health Care Services	29,794,741	0	0	0	0	0	0	0	29,794,741	0

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	14,738	0	0	0	0	14,738	0	0	0	0
2. MEMBER MONTHS.....	44,233	0	0	0	0	44,233	0	0	0	0
3. Direct Premium Income.....	35,208,243	0	0	0	0	35,208,243	0	XXXXXXXX	0	0
4. Net Premium Income.....	35,206,730	0	0	0	0	35,206,730	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	413,412	0	0	0	0	413,412	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).....	35,620,142	0	0	0	0	35,620,142	0	0	0	0
11. Hospital & Medical Benefits.....	29,794,741	0	0	0	0	29,794,741	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).....	29,794,741	0	0	0	0	29,794,741	0	0	0	0
14. Claims Adjustment Expenses.....	1,829,645	0	0	0	0	1,829,645	0	0	0	0
15. General Administrative Expenses.....	3,635,587	0	0	0	0	3,635,587	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).....	35,259,973	0	0	0	0	35,259,973	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	360,169	0	0	0	0	360,169	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,970,865)	0	0	0	0	(1,970,865)	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).....	(1,610,696)	0	0	0	0	(1,610,696)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(69,181)	0	0	0	0	(69,181)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,541,515)	0	0	0	0	(1,541,515)	0	0	0	0
24 Medical Loss Ratio	84.6%	0.0%	0.0%	0.0%	0.0%	84.6%	0.0%	0.0%	0.0%	0.0%
NON-TAXABLE COMMERCIAL RISK ENROLLEES.....		0	(Examples of non-taxable enrollees are State			* Other (identify products(s); eg Non-Risk Business, PPO):				
NON-TAXABLE COMMERCIAL RISK MEMBER MONTHS.....		0	of Texas enrollees and Federal employees.)			0				

**TEXAS HMO SUPPLEMENT**

STATEMENT FOR THE PERIOD ENDING **MARCH 31, 2016**

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.....	14,738	0	0	0	0	14,738	0	0	0	0
2. MEMBER MONTHS.....	44,233	0	0	0	0	44,233	0	0	0	0
3. Direct Premium Income.....	35,208,243	0	0	0	0	35,208,243	0	XXXXXXXX	0	0
4. Net Premium Income.....	35,206,730	0	0	0	0	35,206,730	0	0	0	0
5. Change in unearned premium reserve and reserve for rate credits.....	413,412	0	0	0	0	413,412	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).....	35,620,142	0	0	0	0	35,620,142	0	0	0	0
11. Hospital & Medical Benefits.....	29,794,741	0	0	0	0	29,794,741	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).....	29,794,741	0	0	0	0	29,794,741	0	0	0	0
14. Claims Adjustment Expenses.....	1,829,645	0	0	0	0	1,829,645	0	0	0	0
15. General Administrative Expenses.....	3,635,587	0	0	0	0	3,635,587	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).....	35,259,973	0	0	0	0	35,259,973	0	0	0	0
18. NET UNDERWRITING GAIN/LOSS (L10 - L17).....	360,169	0	0	0	0	360,169	0	0	0	0
19. Net Investments Gains / (Losses).....	(1,970,865)	0	0	0	0	(1,970,865)	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).....	(1,610,696)	0	0	0	0	(1,610,696)	0	0	0	0
22. Federal and foreign income taxes incurred.....	(69,181)	0	0	0	0	(69,181)	0	0	0	0
23. NET INCOME/(LOSS) (L21 less L22).....	(1,541,515)	0	0	0	0	(1,541,515)	0	0	0	0
24 Medical Loss Ratio	84.6%	0.0%	0.0%	0.0%	0.0%	84.6%	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				