



10767201120100100

2011

Document Code: 201

ANNUAL STATEMENT
For the Year Ending December 31, 2011
OF THE CONDITION AND AFFAIRS OF THE
AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NAIC Group Code	1156 (Current Period)	1156 (Prior Period)	NAIC Company Code	10767	Employer's ID Number	13-4212818
Organized under the Laws of	Ohio		State of Domicile or Port of Entry		Ohio	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation[] Other[]	Property/Casualty[] Vision Service Corporation[] Is HMO Federally Qualified? Yes[] No[X] N/A[]	Hospital, Medical & Dental Service or Indemnity[] Health Maintenance Organization[X]			
Incorporated/Organized	03/08/2002		Commenced Business	09/01/2005		
Statutory Home Office	10123 Alliance Road (Street and Number)		Cincinnati, OH 45242 (City or Town, State and Zip Code)			
Main Administrative Office	4425 Corporation Lane Virginia Beach, VA 23462 (Street and Number)		4425 Corporation Lane (Street and Number) (757)490-6900 (Area Code) (Telephone Number)			
Primary Location of Books and Records	4425 Corporation Lane Virginia Beach, VA 23462 (Street and Number)		4425 Corporation Lane (Street and Number) (757)473-2721 (Area Code) (Telephone Number)			
Internet Website Address	www.amerigroupcorp.com					
Statutory Statement Contact	Margaret Mary Roomsburg mroomsb@amerigroupcorp.com (E-Mail Address)		(757)473-2721 (Area Code)(Telephone Number)(Extension) (757)557-6742 (Fax Number)			

OFFICERS

Name	Title
Gary Michael Radtke	President and CEO
Nicholas Joseph Pace	Vice President/Secretary
James Ward Truess	Vice President/Asst. Treasurer
Richard Charles Zoretic	Vice President/Asst. Secretary
Scott Wayne Anglin	Vice President/Treasurer
Linda Kaye Whitley-Taylor	Vice President
Margaret Mary Roomsburg	Vice President/Asst. Secretary
Karen Lint Shields	Vice President/Asst. Treasurer

OTHERS

DIRECTORS OR TRUSTEES

Gary Michael Radtke	Nicholas Joseph Pace
Peter David Haytaian	

State of Virginia
 County of Virginia Beach ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)
 Gary Michael Radtke
 (Printed Name)
 1.
 President/CEO
 (Title)

(Signature)
 Nicholas Joseph Pace
 (Printed Name)
 2.
 Vice President/Secretary
 (Title)

(Signature)
 Margaret Mary Roomsburg
 (Printed Name)
 3.
 Vice President/Asst. Secretary
 (Title)

Subscribed and sworn to before me this
 day of _____, 2012

a. Is this an original filing?
 b. If no, 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes[X] No[]

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premium due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 Total group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	.....	.....	.....	.....	.....	.....
0499999 Premiums due and unpaid from Medicaid entities	1,127,758	896,174	466,047	395,388	.....	2,885,367
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	1,127,758	896,174	466,047	395,388	.....	2,885,367

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
CVS Caremark	32,508	17,299		58,058	107,865	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	32,508	17,299		58,058	107,865	
Claim Overpayment Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed	74,601	10,229	9,069	394,553	488,452	
0299999 Subtotal - Claim Overpayment Receivables	74,601	10,229	9,069	394,553	488,452	
Loans and Advances to Providers						
0399998 Loans and Advances to Providers - Not Individually Listed				850,000	850,000	
0399999 Subtotal - Loans and Advances to Providers				850,000	850,000	
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	107,109	27,528	9,069	1,302,611	1,446,317	

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)**Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered	1,169,896	690,826	212,810	(73,024)	(327,914)	1,672,594
0499999 Subtotals	1,169,896	690,826	212,810	(73,024)	(327,914)	1,672,594
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	14,540,441
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	16,213,035
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	.....	.....

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
						N O N E	
0399999 Total gross amounts receivable

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
AMERIGROUP Corporation	Management Fees	343,006	343,006	.....
0199999 Total - Individually listed payables	XXX	343,006	343,006	.....
0299999 Payables not individually listed	XXX .....	.....	.....	.....
0399999 Total gross payables	XXX	343,006	343,006	.....

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.....	.....	.....	.....	.....	.....
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers	167,607	0.157	55,379	100.000	.....	167,607
4. TOTAL Capitation Payments	167,607	0.157	55,379	100.000	.....	167,607
Other Payments:						
5. Fee-for-service	1,239,989	1.159	XXX	XXX	.....	1,239,989
6. Contractual fee payments	105,551,447	98.684	XXX	XXX	.....	105,551,447
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	.....	.....	XXX	XXX	.....	.....
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	.....	.....	XXX	XXX	.....	.....
12. TOTAL Other Payments	106,791,436	99.843	XXX	XXX	.....	106,791,436
13. TOTAL (Line 4 plus Line 12)	106,959,043	100.000	XXX	XXX	.....	106,959,043

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....
99999999 Totals	XXX	XXX	XXX

N O N E

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	1,393,693	.....	813,372	580,321	580,321	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	1,393,693	.....	813,372	580,321	580,321	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:
BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code 1156

NAIC Company Code 10767

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	55,460								55,460	
2. First Quarter	55,408								55,408	
3. Second Quarter	54,957								54,957	
4. Third Quarter	58,020								58,020	
5. Current Year	55,379								55,379	
6. Current Year Member Months	669,569								669,569	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	263,795								263,795	
8. Non-Physician	193,605								193,605	
9. TOTAL	457,400								457,400	
10. Hospital Patient Days Incurred	22,299								22,299	
11. Number of Inpatient Admissions	4,948								4,948	
12. Health Premiums Written (b)	151,548,179								151,548,179	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	151,548,179								151,548,179	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	106,959,043								106,959,043	
18. Amount Incurred for Provision of Health Care Services	110,888,839								110,888,839	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:

BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR

NAIC Company Code 10767

NAIC Group Code 1156

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	55,460								55,460	
2. First Quarter	55,408								55,408	
3. Second Quarter	54,957								54,957	
4. Third Quarter	58,020								58,020	
5. Current Year	55,379								55,379	
6. Current Year Member Months	669,569								669,569	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	263,795								263,795	
8. Non-Physician	193,605								193,605	
9. TOTAL	457,400								457,400	
10. Hospital Patient Days Incurred	22,299								22,299	
11. Number of Inpatient Admissions	4,948								4,948	
12. Health Premiums Written (b)	151,548,179								151,548,179	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	151,548,179								151,548,179	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	106,959,043								106,959,043	
18. Amount Incurred for Provision of Health Care Services	110,888,839								110,888,839	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

SCHEDULE S - PART 1 - SECTION 2**Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7	8	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			N O N E								
0999999 Total (Sum of 0399999 and 0699999)											

SCHEDULE S - PART 2**Reinsurance Recoverable on Paid and Unpaid Losses Listed by
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0799999 Total - Life and Annuity						
Accident and Health - Affiliates - Non-U.S. Affiliates						
0999999 Subtotal - Accident and Health - Affiliates - Non-U.S. Affiliates						
1099999 Total - Accident and Health - Affiliates						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
93572 43-1235868 ... 07/01/2010 RGA REINS CO				MO	256,020	
93572 43-1235868 ... 07/01/2011 RGA REINS CO				MO	233,393	
1199999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					489,413	
1399999 Total - Accident and Health - Non-Affiliates					489,413	
1499999 Total - Accident and Health					489,413	
1599999 Total U.S. (Sum of 0199999, 0499999, 0899999 and 1199999)					489,413	
1699999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999 and 1299999)						
1799999 Total (Sum of 0799999 and 1499999)					489,413	

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type	7 Premiums (estimated)	8 Unearned Premiums (estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates												
93572	43-1235868	07/01/2010	RGA REINS CO	MO	SSL/L/G	1,467,245						
93572	43-1235868	07/01/2011	RGA REINS CO	MO	SSL/L/G	2,045,556						
0499999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						3,512,801						
0699999 Total - General Account - Authorized - Non-Affiliates						3,512,801						
0799999 Total - General Account Authorized						3,512,801						
1499999 Total - General Account - Unauthorized												
1599999 Total - General Account - Authorized and Unauthorized						3,512,801						
2299999 Total - Separate Accounts - Authorized												
2999999 Total - Separate Accounts - Unauthorized												
3099999 Total - Separate Accounts - Authorized and Unauthorized												
3199999 Total U.S. (Sum of 0199999, 0499999, 0899999, 1199999, 1699993, 1999999, 2399999 and 2699999)						3,512,801						
3299999 Total Non-U.S. (Sum of 0299999, 0599999, 0999999, 1299999, 1799999, 2099999, 2499999 and 2799999)												
3399999 Total (Sum of 1599999 and 3099999)						3,512,801						

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols. 9+13+14 +15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
2599999 Total (Sum of 1599999 and 2299999)									XXX	XXX	XXX					

(a)

Code	American Bankers Association (ABA) Routing Number	N O N E me

SCHEDULE S - PART 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
A. OPERATIONS ITEMS					
1. Premiums					
2. Title XVIII-Medicare					
3. Title XIX - Medicaid	3,513	2,944	2,327	1,714	1,703
4. Commissions and reinsurance expense allowance					
5. TOTAL Hospital and Medical Expenses					
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable					
8. Reinsurance recoverable on paid losses	489	900	900	1,082	1,220
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances unpaid					
11. Unauthorized reinsurance offset					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F)					
13. Letters of credit (L)					
14. Trust agreements (T)					
15. Other (O)					

SCHEDULE S - PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	51,364,753		51,364,753
2. Accident and health premiums due and unpaid (Line 15)	2,885,367		2,885,367
3. Amounts recoverable from reinsurers (Line 16.1)	489,413		489,413
4. Net credit for ceded reinsurance	X X X		
5. All other admitted assets (Balance)	1,223,179		1,223,179
6. TOTAL Assets (Line 28)	55,962,712		55,962,712
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	16,213,035		16,213,035
8. Accrued medical incentive pool and bonus payments (Line 2)			
9. Premiums received in advance (Line 8)			
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19)			
11. Reinsurance in unauthorized companies (Line 20)			
12. All other liabilities (Balance)	7,081,409		7,081,409
13. TOTAL Liabilities (Line 24)	23,294,444		23,294,444
14. TOTAL Capital and Surplus (Line 33)	32,668,268	X X X	32,668,268
15. TOTAL Liabilities, Capital and Surplus (Line 34)	55,962,712		55,962,712
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid			
17. Accrued medical incentive pool			
18. Premiums received in advance			
19. Reinsurance recoverable on paid losses			
20. Other ceded reinsurance recoverables			
21. TOTAL Ceded Reinsurance Recoverables			
22. Premiums receivable			
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24. Unauthorized reinsurance			
25. Other ceded reinsurance payables/offsets			
26. TOTAL Ceded Reinsurance Payables/Offsets			
27. TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)
2. Alaska (AK)
3. Arizona (AZ)
4. Arkansas (AR)
5. California (CA)
6. Colorado (CO)
7. Connecticut (CT)
8. Delaware (DE)
9. District of Columbia (DC)
10. Florida (FL)
11. Georgia (GA)
12. Hawaii (HI)
13. Idaho (ID)
14. Illinois (IL)
15. Indiana (IN)
16. Iowa (IA)
17. Kansas (KS)
18. Kentucky (KY)
19. Louisiana (LA)
20. Maine (ME)
21. Maryland (MD)
22. Massachusetts (MA)
23. Michigan (MI)
24. Minnesota (MN)
25. Mississippi (MS)
26. Missouri (MO)
27. Montana (MT)
28. Nebraska (NE)
29. Nevada (NV)
30. New Hampshire (NH)
31. New Jersey (NJ)
32. New Mexico (NM)
33. New York (NY)
34. North Carolina (NC)
35. North Dakota (ND)
36. Ohio (OH)
37. Oklahoma (OK)
38. Oregon (OR)
39. Pennsylvania (PA)
40. Rhode Island (RI)
41. South Carolina (SC)
42. South Dakota (SD)
43. Tennessee (TN)
44. Texas (TX)
45. Utah (UT)
46. Vermont (VT)
47. Virginia (VA)
48. Washington (WA)
49. West Virginia (WV)
50. Wisconsin (WI)
51. Wyoming (WY)
52. American Samoa (AS)
53. Guam (GU)
54. Puerto Rico (PR)
55. U.S. Virgin Islands (VI)
56. Northern Mariana Islands (MP)
57. Canada (CN)
58. Aggregate other alien (OT)
59. TOTALS

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Name of Parent Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Relation- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control Ownership, Board, Management, Attorney-in-Fact, Influence, Other	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
1156 ..	AMERIGROUP Corporation ..	.....	0004064863	NYSE		AMERIGROUP Corporation ..	FL	UDP ..	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	95373	22-3375292	.....		AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	95314	75-2603231	.....		AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	95832	51-0687398	.....		AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	95093	65-0318864	.....		AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings Inc.		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	10767	13-4212818	.....		AMERIGROUP Ohio Inc dba AMERIGROUP Comm Care ..	OH	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	10153	20-1581237	.....		AMERIGROUP Virginia, Inc.	VA	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	12354	20-2073598	.....		AMERIGROUP Community Care of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	12586	20-3317697	.....		AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	12229	06-1696189	.....		AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	00000	13-3865627	.....		AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	12941	20-4776597	.....		AMERIGROUP Tennessee, Inc.	TN	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	14064	26-4674149	.....		AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	14073	27-3510384	.....		AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	
1156 ..	AMERIGROUP Corporation ..	14078	45-2485907	.....		AMERIGROUP Insurance Company	TX	IA	AMERIGROUP Corporation ..		Ownership	100.0	AMERIGROUP Corporation ..	

66

Asterisk	Explanation
0000001

SCHEDULE Y
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
54-1739323	54-1739323	AMERIGROUP Corporation	175,344,000	(17,247,927)			463,492,701				621,588,774	
95373	22-3375292	AMERIGROUP NJ INC	(25,000,000)	249,130			(32,246,218)				(56,997,088)	
95314	75-2603231	AMERIGROUP TX INC		2,565,758			(134,214,128)				(131,648,370)	
95832	51-0387398	AMERIGROUP MD INC	(50,000,000)	380,489			(44,980,557)				(94,600,068)	
95093	65-0318864	AMERIGROUP FL INC		3,368,642			(46,271,235)				(42,902,593)	
10767	13-4212818	AMERIGROUP OH INC DBA COMM CARE	(10,344,000)	337,324			(10,398,534)				(20,405,210)	
10153	20-1581237	AMERIGROUP VA INC	(5,000,000)	87,108			(8,129,852)				(13,042,744)	
12354	20-2073598	AMERIGROUP COMM CARE OF NM INC		165,918			(21,115,730)				(20,949,812)	
12586	20-3317697	AMERIGROUP NV INC		82,381			(13,908,551)				(13,826,170)	
12229	06-1696189	AMGP GA MANAGED CARE CO INC	(15,000,000)	370,382			(74,103,817)				(88,733,435)	
13-3685627	13-3685627	AMERIGROUP NY LLC		256,351			(25,762,281)				(25,505,930)	
12941	20-4776597	AMERIGROUP TN INC	(70,000,000)	329,557			(52,361,798)				(122,032,241)	
14064	26-4674149	AMERIGROUP LA INC		2,511,306							2,511,306	
14073	27-3510384	AMERIGROUP WASHINGTON INC		42,000							42,000	
14078	45-2485907	AMERIGROUP INS CO		6,501,581							6,501,581	
9999999 Control Totals										XXX		

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES

INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

AUGUST FILING

10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	Yes
--	-----

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

APRIL FILING

21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	No
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	No

AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	No
--	----

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit



1076720113600000

2011

Document Code: 360

Health Property / Casualty Supplement



1076720112070000

2011

Document Code: 207

Actuarial Opinion on Participating and Non-Participating Policies



1076720113710000

2011

Document Code: 371

Medicare Part D Coverage Supplement



10767201136500000

2011

Document Code: 365

Approval for Relief related to one-year cooling off period for inde. CPA



10767201122500000

2011

Document Code: 225

Health Life Supplement



10767201120500000

2011

Document Code: 205

Schedule SIS



10767201142000000

2011

Document Code: 420

Statement of Non-Guaranteed Elements for Exhibit 5



10767201137000000

2011

Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



10767201122400000

2011

Document Code: 224

Approval for Relief related to Require. for Audit Committees



10767201122600000

2011

Document Code: 226

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (continued)

LTC Supplemental Interrogatories



1076720113060000

2011

Document Code: 306

Health Property/Casualty Supplement - Insurance Expense Exhibit



10767201121300000

2011

Document Code: 213

Supplemental Health Care Exhibit's Expense Allocation Report



10767201121700000

2011

Document Code: 217

Health Life Supplement - LHA Guaranty Association Reconciliation



10767201121100000

2011

Document Code: 211

Supplemental Health Care Exhibit



10767201121600000

2011

Document Code: 216

Management's Report of Internal Control over Financial Reporting



10767201122300000

2011

Document Code: 223

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1404.			
1405.			
1406.			
1407.			
1408.			
1409.			
1410.			
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496)			

INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	20
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	21
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	22
Exhibit 7 - Part 1 - Summary of Transactions With Providers	23
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	23
Exhibit 8 - Furniture, Equipment and Supplies Owned	24
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	29
Five-Year Historical Data	28
General Interrogatories	26
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	25
Overflow Page For Write-ins	42
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D	E22
Schedule DB - Verification	SI14
Schedule DL - Part 1	E23
Schedule DL - Part 2	E24
Schedule E - Part 1 - Cash	E25

INDEX TO HEALTH ANNUAL STATEMENT

Schedule E - Part 2 - Cash Equivalents	E26
Schedule E - Part 3 - Special Deposits	E27
Schedule E - Verification Between Years	SI15
Schedule S - Part 1 - Section 2	30
Schedule S - Part 2	31
Schedule S - Part 3 - Section 2	32
Schedule S - Part 4	33
Schedule S - Part 5	34
Schedule S - Part 6	35
Schedule T - Part 2 - Interstate Compact	37
Schedule T - Premiums and Other Considerations	36
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	38
Schedule Y - Part 1A - Detail of Insurance Holding Company System	39
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	40
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	41
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14