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2012

Document Code: 201

**QUARTERLY STATEMENT****AS OF March 31, 2012****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 (Street and Number)		Virginia Beach, VA 23462 (City or Town, State and Zip Code)			
Primary Location of Books and Records	4425 Corporation Lane (Street and Number)		4425 Corporation Lane (Street and Number)			
Internet Web Site Address	www.amerigroupcorp.com		(757)490-6900 (Area Code) (Telephone Number)			
Statutory Statement Contact	Margaret Mary Roomsburg (Name) mroomsb@amerigroupcorp.com (E-Mail Address)		(757)490-6900 (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  
Peter David Haytian

Nicholas Joseph Pace

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)

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	31,134,134		31,134,134	27,653,760
2. Stocks:				
2.1 Preferred stocks .....				
2.2 Common stocks .....				
3. Mortgage loans on real estate:				
3.1 First liens .....				
3.2 Other than first liens .....				
4. Real estate:				
4.1 Properties occupied by the company (less \$.....0 encumbrances) .....				
4.2 Properties held for the production of income (less \$.....0 encumbrances) .....				
4.3 Properties held for sale (less \$.....0 encumbrances) .....				
5. Cash (\$.....4,701,345), cash equivalents (\$.....0) and short-term investments (\$.....12,377,899) .....	17,079,244		17,079,244	23,710,993
6. Contract loans (including \$.....0 premium notes) .....				
7. Derivatives .....				
8. Other invested assets .....				
9. Receivables for securities .....				
10. Securities lending reinvested collateral assets .....				
11. Aggregate write-ins for invested assets .....				
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	48,213,378		48,213,378	51,364,753
13. Title plants less \$.....0 charged off (for Title insurers only) .....				
14. Investment income due and accrued .....	227,763		227,763	180,395
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	3,690,429		3,690,429	2,885,367
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) .....				
15.3 Accrued retrospective premiums .....				
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	2,360,876		2,360,876	489,413
16.2 Funds held by or deposited with reinsured companies .....				
16.3 Other amounts receivable under reinsurance contracts .....				
17. Amounts receivable relating to uninsured plans .....				
18.1 Current federal and foreign income tax recoverable and interest thereon .....				
18.2 Net deferred tax asset .....	1,156,647	155,320	1,001,327	1,038,149
19. Guaranty funds receivable or on deposit .....				
20. Electronic data processing equipment and software .....	8,711	4,943	3,768	4,635
21. Furniture and equipment, including health care delivery assets (\$.....0) .....	523,933	523,933		
22. Net adjustments in assets and liabilities due to foreign exchange rates .....				
23. Receivables from parent, subsidiaries and affiliates .....				
24. Health care (\$.....0) and other amounts receivable .....	1,340,694	1,340,694		
25. Aggregate write-ins for other than invested assets .....				
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	57,522,431	2,024,890	55,497,541	55,962,712
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....				
28. Total (Lines 26 and 27) .....	57,522,431	2,024,890	55,497,541	55,962,712
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....				
1199. <b>TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)</b> .....				
2501. Prepaid .....				
2502. ....				
2503. ....				
2598. Summary of remaining write-ins for Line 25 from overflow page .....				
2599. <b>TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)</b> .....				

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$.....0 reinsurance ceded)	13,266,504		13,266,504	16,213,035
2. Accrued medical incentive pool and bonus amounts				
3. Unpaid claims adjustment expenses	249,432		249,432	349,410
4. Aggregate health policy reserves, including the liability of \$.....0 for medical loss ratio rebate per the Public Health Service Act	511,627		511,627	1,401,547
5. Aggregate life policy reserves				
6. Property/casualty unearned premium reserve				
7. Aggregate health claim reserves				
8. Premiums received in advance				
9. General expenses due or accrued	2,953,677		2,953,677	2,513,155
10.1 Current federal and foreign income tax payable and interest thereon (including \$.....0 on realized gains (losses))	1,117,533		1,117,533	277,366
10.2 Net deferred tax liability				
11. Ceded reinsurance premiums payable				
12. Amounts withheld or retained for the account of others				
13. Remittances and items not allocated	193,183		193,183	120,117
14. Borrowed money (including \$.....0 current) and interest thereon \$.....0 (including \$.....0 current)				
15. Amounts due to parent, subsidiaries and affiliates	169,922		169,922	343,006
16. Derivatives				
17. Payable for securities				
18. Payable for securities lending				
19. Funds held under reinsurance treaties with (\$.....0 authorized reinsurers and \$.....0 unauthorized reinsurers)				
20. Reinsurance in unauthorized companies				
21. Net adjustments in assets and liabilities due to foreign exchange rates				
22. Liability for amounts held under uninsured plans	593,763		593,763	2,076,808
23. Aggregate write-ins for other liabilities (including \$.....0 current)				
24. Total liabilities (Lines 1 to 23)	19,055,641		19,055,641	23,294,444
25. Aggregate write-ins for special surplus funds	XXX	XXX		
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	22,563,588	22,467,719
29. Surplus notes	XXX	XXX		
30. Aggregate write-ins for other than special surplus funds	XXX	XXX		
31. Unassigned funds (surplus)	XXX	XXX	13,878,302	10,200,539
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$.....0)	XXX	XXX		
32.2 .....0 shares preferred (value included in Line 27 \$.....0)	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	36,441,900	32,668,268
34. Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	55,497,541	55,962,712
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099. TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT AS OF **March 31, 2012** OF THE AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care  
**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
				4 Total
	1 Uncovered	2 Total	3 Total	
1. Member Months .....	XXX .....	166,505	165,942	669,569
2. Net premium income (including \$.....0 non-health premium income) .....	XXX .....	41,227,546	34,635,046	148,035,378
3. Change in unearned premium reserves and reserves for rate credits .....	XXX .....			
4. Fee-for-service (net of \$.....0 medical expenses) .....	XXX .....			
5. Risk revenue .....	XXX .....			
6. Aggregate write-ins for other health care related revenues .....	XXX .....			
7. Aggregate write-ins for other non-health revenues .....	XXX .....			
8. Total revenues (Lines 2 to 7) .....	XXX .....	41,227,546	34,635,046	148,035,378
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		18,294,153	18,913,693	83,858,995
10. Other professional services .....		2,192,710	1,939,916	8,596,800
11. Outside referrals .....				
12. Emergency room and out-of-area .....		3,165,724	1,894,914	11,867,230
13. Prescription drugs .....		4,700,289	96,395	4,838,796
14. Aggregate write-ins for other hospital and medical .....		432,911	406,848	1,727,018
15. Incentive pool, withhold adjustments and bonus amounts .....				
16. Subtotal (Lines 9 to 15) .....		28,785,787	23,251,766	110,888,839
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,279,828	480,991	3,528,811
18. Total hospital and medical (Lines 16 minus 17) .....		27,505,959	22,770,775	107,360,028
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$.....1,331,308 cost containment expenses .....		1,760,539	1,535,674	5,671,259
21. General administrative expenses .....		6,591,772	5,726,238	24,817,515
22. Increase in reserves for life and accident and health contracts (including \$.....0 increase in reserves for life only) .....				
23. Total underwriting deductions (Lines 18 through 22) .....		35,858,270	30,032,687	137,848,802
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX .....	5,369,276	4,602,359	10,186,576
25. Net investment income earned .....		120,830	89,575	386,684
26. Net realized capital gains (losses) less capital gains tax of \$.....534 .....		991	1,856	4,944
27. Net investment gains or (losses) (Lines 25 plus 26) .....		121,821	91,431	391,628
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$.....0) (amount charged off \$.....0)] .....				
29. Aggregate write-ins for other income or expenses .....				
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX .....	5,491,097	4,693,790	10,578,204
31. Federal and foreign income taxes incurred .....	XXX .....	1,940,718	1,662,019	3,771,417
32. Net income (loss) (Lines 30 minus 31) .....	XXX .....	3,550,379	3,031,771	6,806,787
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX .....			
0602. ....	XXX .....			
0603. ....	XXX .....			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX .....			
0699. <b>TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)</b> .....	XXX .....			
0701. ....	XXX .....			
0702. ....	XXX .....			
0703. ....	XXX .....			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX .....			
0799. <b>TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)</b> .....	XXX .....			
1401. Ancillary, DME, Home Healthcare, Ambulance, Transportation .....		432,911	406,848	1,727,018
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....				
1499. <b>TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)</b> .....		432,911	406,848	1,727,018
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....				
2999. <b>TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)</b> .....				

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year .....	32,668,268	35,744,811	35,744,811
34. Net income or (loss) from Line 32 .....	3,550,379	3,031,771	6,806,787
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(36,822)	(303,522)	(150,567)
39. Change in nonadmitted assets .....	164,206	875,863	273,913
40. Change in unauthorized reinsurance .....			
41. Change in treasury stock .....			
42. Change in surplus notes .....			
43. Cumulative effect of changes in accounting principles .....			
44. Capital Changes:			
44.1 Paid in .....			
44.2 Transferred from surplus (Stock Dividend) .....			
44.3 Transferred to surplus .....			
45. Surplus adjustments:			
45.1 Paid in .....	95,869	73,514	337,324
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			(10,344,000)
47. Aggregate write-ins for gains or (losses) in surplus .....			
48. Net change in capital and surplus (Lines 34 to 47) .....	3,773,632	3,677,626	(3,076,543)
49. Capital and surplus end of reporting period (Line 33 plus 48) .....	36,441,900	39,422,437	32,668,268
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....			
4799. TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above) .....			

**CASH FLOW**

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>				
1.	Premiums collected net of reinsurance .....	39,532,564	46,393,897	148,565,369
2.	Net investment income .....	162,744	165,267	608,958
3.	Miscellaneous income .....			
4.	Total (Lines 1 to 3) .....	39,695,308	46,559,164	149,174,327
5.	Benefit and loss related payments .....	32,218,330	22,124,169	103,019,538
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7.	Commissions, expenses paid and aggregate write-ins for deductions .....	9,335,574	6,877,335	27,499,250
8.	Dividends paid to policyholders .....			
9.	Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses) .....	1,101,085	1,018,059	4,129,353
10.	Total (Lines 5 through 9) .....	42,654,989	30,019,563	134,648,141
11.	Net cash from operations (Line 4 minus Line 10) .....	(2,959,681)	16,539,601	14,526,186
<b>Cash from Investments</b>				
12.	Proceeds from investments sold, matured or repaid:			
12.1	Bonds .....	3,178,000	4,009,077	11,119,493
12.2	Stocks .....			
12.3	Mortgage loans .....			
12.4	Real estate .....			
12.5	Other invested assets .....			
12.6	Net gains or (losses) on cash, cash equivalents and short-term investments .....			
12.7	Miscellaneous proceeds .....			
12.8	Total investment proceeds (Lines 12.1 to 12.7) .....	3,178,000	4,009,077	11,119,493
13.	Cost of investments acquired (long-term only):			
13.1	Bonds .....	6,746,130	6,189,414	24,365,290
13.2	Stocks .....			
13.3	Mortgage loans .....			
13.4	Real estate .....			
13.5	Other invested assets .....			
13.6	Miscellaneous applications .....		1,856	
13.7	Total investments acquired (Lines 13.1 to 13.6) .....	6,746,130	6,191,270	24,365,290
14.	Net increase (or decrease) in contract loans and premium notes .....			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(3,568,130)	(2,182,193)	(13,245,797)
<b>Cash from Financing and Miscellaneous Sources</b>				
16.	Cash provided (applied):			
16.1	Surplus notes, capital notes .....			
16.2	Capital and paid in surplus, less treasury stock .....			
16.3	Borrowed funds .....			
16.4	Net deposits on deposit-type contracts and other insurance liabilities .....			
16.5	Dividends to stockholders .....			10,344,000
16.6	Other cash provided (applied) .....	(103,938)	(180,709)	(1,148,205)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6) .....	(103,938)	(180,709)	(11,492,205)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>				
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	(6,631,749)	14,176,699	(10,211,816)
19.	Cash, cash equivalents and short-term investments:			
19.1	Beginning of year .....	23,710,993	33,922,809	33,922,809
19.2	End of period (Line 18 plus Line 19.1) .....	17,079,244	48,099,508	23,710,993

Note: Supplemental Disclosures of Cash Flow Information for Non-Cash Transactions:

20.0001	Depreciation .....	63,369	27,028	129,598
20.0002	Non Cash Capital Contribution .....	95,869	73,514	337,324

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	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 .....	55,379								55,379	
2. First Quarter .....	56,073								56,073	
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....	166,505								166,505	
Total Member Ambulatory Encounters for Period:										
7. Physician .....	57,075								57,075	
8. Non-Physician .....	40,695								40,695	
9. Total .....	97,770								97,770	
10. Hospital Patient Days Incurred .....	5,755								5,755	
11. Number of Inpatient Admissions .....	1,206								1,206	
12. Health Premiums Written (a) .....	42,236,643								42,236,643	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	42,236,643								42,236,643	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	31,626,694								31,626,694	
18. Amount Incurred for Provision of Health Care Services .....	28,785,787								28,785,787	

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

**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
0199999 Individually Listed Claims Unpaid .....	.....	.....	.....	.....	.....	.....
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	1,344,885	(72,244)	(238,421)	(173,938)	(600,349)	259,933
0499999 Subtotals .....	1,344,885	(72,244)	(238,421)	(173,938)	(600,349)	259,933
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	.....	13,006,571
0699999 Total Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 Total Claims Unpaid .....	.....	.....	.....	.....	.....	13,266,504
0899999 Accrued Medical Incentive Pool And Bonus Amounts .....	.....	.....	.....	.....	.....	.....

**UNDERWRITING AND INVESTMENT EXHIBIT**

## ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1+3)	6  Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital & medical) .....						
2. Medicare Supplement .....						
3. Dental only .....						
4. Vision only .....						
5. Federal Employees Health Benefits Plan .....						
6. Title XVIII - Medicare .....						
7. Title XIX - Medicaid .....	9,917,453	19,940,001	2,385,463	10,881,041	12,302,916	15,723,622
8. Other health .....						
9. Health subtotal (Lines 1 to 8) .....	9,917,453	19,940,001	2,385,463	10,881,041	12,302,916	15,723,622
10. Healthcare receivables (a) .....	449,144	41,550			449,144	596,317
11. Other non-health .....						
12. Medical incentive pools and bonus amounts .....						
13. Totals (Lines 9 - 10 + 11 + 12) .....	9,468,309	19,898,451	2,385,463	10,881,041	11,853,772	15,127,305

(a) Excludes \$.....850,000 loans or advances to providers not yet expensed.

STATEMENT AS OF **March 31, 2012** OF THE **AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care**  
**Notes to Financial Statement**

**1. Summary of Significant Accounting Policies**

**A. Accounting Practices**

The financial statements of AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company and for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) *Accounting Practices and Procedures Manual*, version effective March 1, 2012 (NAIC SAP) has been adopted by the state of Ohio subject to any deviations prescribed or permitted by the State of Ohio Insurance Commissioner.

There are no other state permitted practices that differ from the NAIC *Accounting Practices and Procedures Manual* that impact the financial statements or statutory net worth for AMERIGROUP Ohio, Inc.

**B. Use of Estimates in the Preparation of the Financial Statements**

No significant change.

**C. Accounting Policy**

The Company records premium revenues based on its membership records and premiums rates for each membership category within each county. Premiums are due monthly and are recognized as revenue during the period in which the company is obligated to provide service to members.

In addition, the company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds are stated at amortized cost using the scientific method.
- (3) Common stock – None.
- (4) Preferred Stock – None.
- (5) Mortgage loans – None.
- (6) Loan backed securities – None.
- (7) Investment in Subsidiaries, Controlled and Affiliated Companies – None.
- (8) Joint Ventures, Partnerships and Limited Liability Companies – None.
- (9) Derivatives – None.
- (10) Premium deficiency calculation – The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid Claims and loss adjustment expenses include an amount determined from individual case estimates and claim reports and an amount, based on past experience, for claims incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Capitalization policy - No change from prior year.
- (13) Pharmaceutical rebates receivable – All pharmaceutical rebate receivables are considered non-admitted due to their collectability beyond 90 days.

**2. Accounting Changes and Corrections of Errors**

No Significant change.

**3. Business Combinations and Goodwill**

None.

**4. Discontinued Operations**

None.

STATEMENT AS OF **March 31, 2012** OF THE **AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care**  
**Notes to Financial Statement**

**5. Investments**

- A. Mortgage loans including Mezzanine Real Estate Loans – Not applicable.
- B. Debt Restructuring – None.
- C. Reverse Mortgages – None.
- D. Loan-Backed Securities – None.
- E. Repurchase Agreements – None.
- F. Real Estate – None.
- G. Investments in low-income housing tax credits – None.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

**7. Investment Income**

No significant change.

**8. Derivative Instruments**

No significant change.

**9. Income Taxes**

No significant change.

**10. Information Concerning Parent, Subsidiaries and Affiliates**

- A. AMERIGROUP Corporation owns 100% of the outstanding shares of the Company and provides administrative and financial support services to the Company. Intercompany management fees are charged to the Company in accordance with an approved Administrative and Support Services Agreement.
- B. As of March 31, 2012, The Company paid no dividends to AMERIGROUP Corporation.
- C. Management fees charged to the Company were \$2,784,571 and are included in general administrative expenses in the accompanying statutory statements of revenue and expenses.
- D. AMERIGROUP Ohio, Inc. owed the AMERIGROUP Corporation \$169,922 as of March 31, 2012. The amount is the difference between the estimated charges and the actual expenses incurred in the month of March and were paid in April of 2012.
- E. Guarantees or undertakings, written or otherwise:- No significant change
- F. Material management or service contracts and cost sharing arrangements: - No significant change.
- G. The Company is a wholly owned subsidiary of AMERIGROUP Corporation. AMERIGROUP is a multi-state organization that provides for the delivery of health care services to Medicaid, Medicare and other government-sponsored health care programs for low-income families and individuals.
- H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned: None.
- I. Investment in an SCA entity that exceeds 10% of the admitted assets of the insurer: None.
- J. Investments in impaired SCA entities: None.
- K. Investment in foreign insurance subsidiary: None.
- L. Investment in downstream noninsurance holding company: None.

**11. Debt**

No significant change.

**12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefits Plans**

No significant change.

**13. Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations.**

AMERIGROUP Corporation allocates compensation expense related to share-based payments made to employees of the company. The amount of compensation expense for the quarter ended March 31, 2012 was \$95,869. The company reflects these allocated expenses as capital contributions since AMERIGROUP Corporation does not bill The Company for these amounts

STATEMENT AS OF **March 31, 2012** OF THE **AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care**  
**Notes to Financial Statement**

which are included in the general administrative expenses in the accompanying statement of revenue and expenses.

**14. Contingencies**

No significant change.

**15. Leases**

No significant change.

**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial with Concentrations of Credit Risk.**

No significant change.

**17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

A. Transfers of Receivables Reported as Sales – None.

B. Transfer and Servicing of Financial Assets – None.

C. Wash Sales – None.

**18. Gain or Loss to the Reporting Entity from Uninsured A&H Plans and the Uninsured Portion of Partially Insured Plans.**

A. ASO plans-None.

B. ASC plans-None.

C. Medicare or similarly structured cost based reimbursement contract – None.

**19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators.**

None.

**20. Fair value Measurement**

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Company utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible. When considering market participant assumptions in fair value measurements, the following fair value hierarchy distinguishes between observable and unobservable inputs, which are categorized in one of the following levels:

- Level 1 Inputs: Unadjusted quoted prices in active markets for identical assets or liabilities accessible to the reporting entity at the measurement date.
- Level 2 Inputs: Other than quoted prices included in Level 1 inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.
- Level 3 Inputs: Unobservable inputs for the asset or liability used to measure fair value to the extent that observable inputs are not available, thereby allowing for situations in which there is little, if any, market activity for the asset or liability at measurement date.

*Cash, uncollected premiums in the course of collection, investment income due and accrued, amounts recoverable from reinsurers, claims unpaid, unpaid claims adjustment expenses, health policy reserves, amounts due to parent, subsidiaries and, affiliates, general expenses due or accrued, remittances and items not allocated, federal income taxes payable and liabilities for amounts held under uninsured plans – the carrying amounts approximate fair value because of the short maturity of these items. These financial instruments were not assigned a level category since they are not carried at fair value.*

## **Notes to Financial Statement**

*Certificates of deposit* – fair value is determined using a discounted cash flow model comparing stated rates of the certificates of deposit to current market interest rates for similar instruments. These financial instruments were not assigned a level category since they are not carried at fair value.

*Short-term investments and bonds* – debt securities of government sponsored entities and money market funds included in these financial statement captions' fair values were determined using quoted market prices on one or more securities exchanges. Commercial paper, corporate bonds and municipal bonds included in these financial statement captions' fair values were determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets. These debt securities are not assigned a level category as they are not carried at fair value.

### **Assets**

The Company's assets measured at fair value on a recurring basis at March 31, 2012 were as follows:

<b>Asset category</b>	<b>2012</b>	<b>Fair value measurements at reporting date using</b>		
		<b>Quoted prices in active markets for identical assets (Level 1)</b>	<b>Significant other observable inputs (Level 2)</b>	<b>Significant unobservable inputs (Level 3)</b>
Money market funds	\$ 10,707,489	10,707,489		
Total assets measured at fair value	<u>\$ 10,707,489</u>	<u>10,707,489</u>	<u>—</u>	<u>—</u>

### **21. Other Items**

No significant change.

### **22. Events Subsequent**

On April 6, 2012, the Company received notification from the Ohio Department of Job and Family Services ("ODJFS") that the Company was not selected to participate as a provider of managed health care services for the contract period beginning January 1, 2013, under the recently issued Ohio Medicaid Managed Care Plan Request for Applications ("RFA"). The Company believes it has identified a number of process and scoring deficiencies in the state's evaluation of the bids pursuant to the terms of the RFA and has filed a formal protest with ODJFS requesting that ODJFS cancel the current awards and reissue the RFA. The Company's current contract with the state expires June 30, 2012 and is expected to be renewed for a six-month period ending December 31, 2012 to coincide with the commencement of the new contract period awarded under the RFA. If the RFA is not reissued, or if the Company is not awarded a contract under a reissued RFA, the Company's existing contract with the state will expire without renewal on or before December 31, 2012 and the Company will be required to account for the impact of the discontinuation of its operations, including the evaluation of the recoverability of the carrying value of assets related to the Ohio contract. The potential expiration of the contract raises substantial doubt about the Company's ability to continue as a going concern. The statutory financial statements do not reflect any adjustments that might result from the outcome of this uncertainty.

### **23. Reinsurance**

No significant change.

### **24. Retrospectively Rated Contracts and Contracts Subject to Redetermination**

No significant change

### **25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of March 31, 2012 were \$13,266,504. As of March 31, 2012 \$11,127,498 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for the prior years are now \$2,385,463 as a result of re-estimation of unpaid

STATEMENT AS OF **March 31, 2012** OF THE **AMERIGROUP Ohio, Inc.** dba **AMERIGROUP Community Care**  
**Notes to Financial Statement**

claims and claim adjustment expenses. Therefore, there has been a \$2,700,074 million favorable prior-year development since December 31, 2012. The decrease is generally the result of ongoing analysis of recent loss development trends and is included in current year operations.

**26. Intercompany Pooling Arrangements**

No significant change.

**27. Structured Settlements**

No significant change

**28. Health Care Receivables**

No significant change

**29. Participating Policies**

No significant change.

**30. Premium Deficiency Reserves.**

No significant change.

**31. Anticipated Salvage and Subrogation**

No significant change.

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**  
**GENERAL**

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?  Yes [ ]  No [X]   
1.2 If yes, has the report been filed with the domiciliary state?  Yes [ ]  No [X]   
1.3 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?  Yes [ ]  No [X]   
1.4 If yes, date of change: \_\_\_\_\_   
1.5 Have there been any substantial changes in the organizational chart since the prior quarter end?  Yes [ ]  No [X]   
If yes, complete the Schedule Y - Part 1 - organizational chart.   
1.6 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  Yes [ ]  No [X]   
1.7 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.  Yes [ ]  No [X]

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....	.....	.....

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  Yes [ ]  No [X]  N/A [ ]   
If yes, attach an explanation.   
6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.  12/31/2008   
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.  12/31/2008   
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).  05/28/2010   
6.4 By what department or departments?   
Ohio Department of Insurance   
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?  Yes [ ]  No [ ]  N/A [X]   
6.6 Have all of the recommendations within the latest financial examination report been complied with?  Yes [X]  No [ ]  N/A [ ]   
7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?  Yes [ ]  No [X]   
7.2 If yes, give full information   
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?  Yes [ ]  No [X]   
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.  Yes [ ]  No [X]   
8.3 Is the company affiliated with one or more banks, thrifts or securities firms?  Yes [ ]  No [X]   
8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]  Yes [ ]  No [X]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC
.....	.....	..... <input type="checkbox"/> Yes [ ] <input checked="" type="checkbox"/> No [X]	..... <input type="checkbox"/> Yes [ ] <input checked="" type="checkbox"/> No [X]	..... <input type="checkbox"/> Yes [ ] <input checked="" type="checkbox"/> No [X]	..... <input type="checkbox"/> Yes [ ] <input checked="" type="checkbox"/> No [X]

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?  Yes [X]  No [ ]   
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;   
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;   
(c) Compliance with applicable governmental laws, rules and regulations;   
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and   
(e) Accountability for adherence to the code.   
9.11 If the response to 9.1 is No, please explain:   
9.12 Has the code of ethics for senior managers been amended?  Yes [ ]  No [X]   
9.13 If the response to 9.2 is Yes, provide information related to amendment(s).  Yes [ ]  No [X]   
9.14 Have any provisions of the code of ethics been waived for any of the specified officers?  Yes [ ]  No [X]   
9.15 If the response to 9.3 is Yes, provide the nature of any waiver(s).  Yes [ ]  No [X]

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?  Yes [ ]  No [X]   
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ ..... 0

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)  Yes [ ]  No [X]   
11.2 If yes, give full and complete information relating thereto:   
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ ..... 0   
13. Amount of real estate and mortgages held in short-term investments: \$ ..... 0   
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates?  Yes [ ]  No [X]   
14.2 If yes, please complete the following:

**GENERAL INTERROGATORIES (Continued)**

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds .....	.....	.....
14.22	Preferred Stock .....	.....	.....
14.23	Common Stock .....	.....	.....
14.24	Short-Term Investments .....	.....	.....
14.25	Mortgages Loans on Real Estate .....	.....	.....
14.26	All Other .....	.....	.....
14.27	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) .....	.....	.....
14.28	Total Investment in Parent included in Lines 14.21 to 14.26 above .....	.....	.....

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

Yes[ ] No[X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

If no, attach a description with this statement.

Yes[ ] No[ ] N/A[X]

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes[X] No[ ]

16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
U.S. Bank, N.A. ....	1025 Connecticut Ave Suite 517, Washington DC 20036 .....

16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)
.....	.....	.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes[ ] No[X]

16.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
.....	.....	.....	.....

16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
77784 .....	Deutsche Investment Management Americas, Inc. ....	345 Park Ave. New York, New York, 10154 .....

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes[X] No[ ]

17.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:

1.1 A&H loss percent	.....	68.275%
1.2 A&H cost containment percent	.....	3.152%
1.3 A&H expense percent excluding cost containment expenses	.....	16.623%

2.1 Do you act as a custodian for health savings accounts?

Yes[ ] No[X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date.

\$..... 0

2.3 Do you act as an administrator for health savings accounts?

Yes[ ] No[X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date.

\$..... 0

**SCHEDULE S - CEDED REINSURANCE****Showing All New Reinsurance Treaties - Current Year to Date**

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			<b>N O N E</b>			

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS****Current Year to Date - Allocated by States and Territories**

State, Etc.	1 Active Status	Direct Business Only							
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums and Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit-Type Contracts
1. Alabama (AL) .....	N .....								
2. Alaska (AK) .....	N .....								
3. Arizona (AZ) .....	N .....								
4. Arkansas (AR) .....	N .....								
5. California (CA) .....	N .....								
6. Colorado (CO) .....	N .....								
7. Connecticut (CT) .....	N .....								
8. Delaware (DE) .....	N .....								
9. District of Columbia (DC) .....	N .....								
10. Florida (FL) .....	N .....								
11. Georgia (GA) .....	N .....								
12. Hawaii (HI) .....	N .....								
13. Idaho (ID) .....	N .....								
14. Illinois (IL) .....	N .....								
15. Indiana (IN) .....	N .....								
16. Iowa (IA) .....	N .....								
17. Kansas (KS) .....	N .....								
18. Kentucky (KY) .....	N .....								
19. Louisiana (LA) .....	N .....								
20. Maine (ME) .....	N .....								
21. Maryland (MD) .....	N .....								
22. Massachusetts (MA) .....	N .....								
23. Michigan (MI) .....	N .....								
24. Minnesota (MN) .....	N .....								
25. Mississippi (MS) .....	N .....								
26. Missouri (MO) .....	N .....								
27. Montana (MT) .....	N .....								
28. Nebraska (NE) .....	N .....								
29. Nevada (NV) .....	N .....								
30. New Hampshire (NH) .....	N .....								
31. New Jersey (NJ) .....	N .....								
32. New Mexico (NM) .....	N .....								
33. New York (NY) .....	N .....								
34. North Carolina (NC) .....	N .....								
35. North Dakota (ND) .....	N .....								
36. Ohio (OH) .....	L .....			42,236,643					42,236,643
37. Oklahoma (OK) .....	N .....								
38. Oregon (OR) .....	N .....								
39. Pennsylvania (PA) .....	N .....								
40. Rhode Island (RI) .....	N .....								
41. South Carolina (SC) .....	N .....								
42. South Dakota (SD) .....	N .....								
43. Tennessee (TN) .....	N .....								
44. Texas (TX) .....	N .....								
45. Utah (UT) .....	N .....								
46. Vermont (VT) .....	N .....								
47. Virginia (VA) .....	N .....								
48. Washington (WA) .....	N .....								
49. West Virginia (WV) .....	N .....								
50. Wisconsin (WI) .....	N .....								
51. Wyoming (WY) .....	N .....								
52. American Samoa (AS) .....	N .....								
53. Guam (GU) .....	N .....								
54. Puerto Rico (PR) .....	N .....								
55. U.S. Virgin Islands (VI) .....	N .....								
56. Northern Mariana Islands (MP) .....	N .....								
57. Canada (CN) .....	N .....								
58. Aggregate other alien (OT) .....	XXX .....								
59. Subtotal .....	XXX .....			42,236,643					42,236,643
60. Reporting entity contributions for Employee Benefit Plans .....	XXX .....								
61. Total (Direct Business) .....	(a) 1 .....			42,236,643					42,236,643

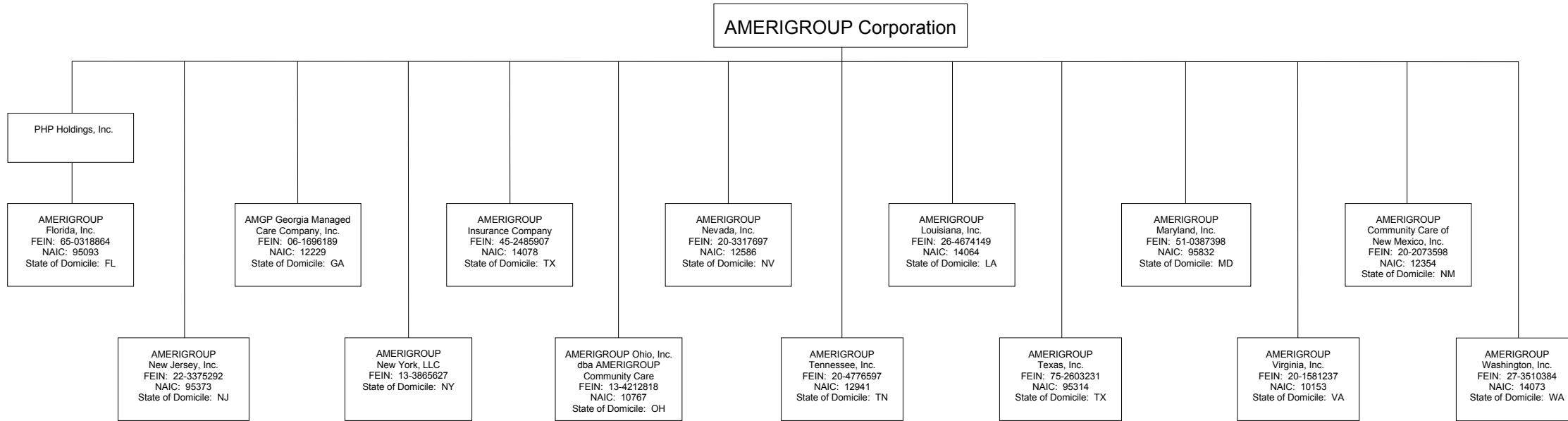
**DETAILS OF WRITE-INS**

5801. ....	XXX .....								
5802. ....	XXX .....								
5803. ....	XXX .....								
5898. Summary of remaining write-ins for Line 58 from overflow page .....	XXX .....								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above) .....	XXX .....								

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and Other Alien.

**SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**  
**MEMBERS OF A HOLDING COMPANY GROUP**  
**PART 1 - ORGANIZATIONAL CHART**



**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1 Group Code	2 Group Name	3 NAIC Com- pany 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 Rela- tion- 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 .....	00000	22-3375292 ..	0004064863	NYSE .....	AMERIGROUP Corporation .....	FL ..	UDP ..	AMERIGROUP Corporation .....		100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	95373	75-2603231 ..			AMERIGROUP New Jersey, Inc. ....	NJ ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	95314	51-0687398 ..			AMERIGROUP Texas, Inc. ....	TX ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	95832	65-0318864 ..			AMERIGROUP Maryland, Inc. ....	MD ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	10767	13-4212818 ..			AMERIGROUP Florida, Inc. ....	FL ..	IA ..	PHP Holdings Inc. ....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	10153	20-1581237 ..			AMERIGROUP Ohio Inc dba AMERIGROUP Comm Care .....	OH ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	12354	20-2073598 ..			AMERIGROUP Virginia, Inc. ....	VA ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	12586	20-3317697 ..			AMERIGROUP Community Care of New Mexico, Inc. ....	NM ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	12229	06-1696189 ..			AMERIGROUP Nevada, Inc. ....	NV ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	00000	13-3865627 ..			AMGP Georgia Managed Care Company, Inc. ....	GA ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	12941	20-4776597 ..			AMERIGROUP New York, LLC ..	NY ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	14064	26-4674149 ..			AMERIGROUP Tennessee, Inc. ....	TN ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	14073	27-3510384 ..			AMERIGROUP Louisiana, Inc. ....	LA ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
1156 ..	AMERIGROUP Corporation .....	14078	45-2485907 ..			AMERIGROUP Washington, Inc. ....	WA ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		
						AMERIGROUP Insurance Company .....	TX ..	IA ..	AMERIGROUP Corporation .....	Ownership .....	100.0	AMERIGROUP Corporation .....		

Q16

Asterisk	Explanation
0000001	

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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 is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

**RESPONSE**

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement



1076720123650001

2012

Document Code: 365

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total		
	3 Total	4 Total		
1404. ....				
1405. ....				
1406. ....				
1407. ....				
1408. ....				
1409. ....				
1410. ....				
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) ....				

STATEMENT AS OF **March 31, 2012** OF THE AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care  
**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Current year change in encumbrances .....	.....	.....
4. Total gain (loss) on disposals .....	.....	.....
5. Deduct amounts received on disposals .....	.....	.....
6. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
7. Deduct current year's other than temporary impairment recognized .....	.....	.....
8. Deduct current year's depreciation .....	.....	.....
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8) .....	.....	.....
10. Deduct total nonadmitted amounts .....	.....	.....
11. Statement value at end of current period (Line 9 minus Line 10) .....	.....	.....

**N O N E**

**SCHEDULE B - VERIFICATION**  
Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....	.....	.....
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease) .....	.....	.....
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and mortgage interest points .....	.....	.....
9. Total foreign exchange change in book value/recorded investment .....	.....	.....
10. Deduct current year's other than temporary impairment recognized .....	.....	.....
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	.....	.....
12. Total valuation allowance .....	.....	.....
13. Subtotal (Line 11 plus Line 12) .....	.....	.....
14. Deduct total nonadmitted amounts .....	.....	.....
15. Statement value at end of current period (Line 13 minus Line 14) .....	.....	.....

**SCHEDULE BA - VERIFICATION**  
Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	.....	.....
2. Cost of acquired:	.....	.....
2.1 Actual cost at time of acquisition .....	.....	.....
2.2 Additional investment made after acquisition .....	.....	.....
3. Capitalized deferred interest and other .....	.....	.....
4. Accrual of discount .....	.....	.....
5. Unrealized valuation increase (decrease) .....	.....	.....
6. Total gain (loss) on disposals .....	.....	.....
7. Deduct amounts received on disposals .....	.....	.....
8. Deduct amortization of premium and depreciation .....	.....	.....
9. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
10. Deduct current year's other than temporary impairment recognized .....	.....	.....
11. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 + 6 - 7 - 8 + 9 - 10) .....	.....	.....
12. Deduct total nonadmitted amounts .....	.....	.....
13. Statement value at end of current period (Line 11 minus Line 12) .....	.....	.....

**SCHEDULE D - VERIFICATION**  
Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	27,653,760	14,645,889
2. Cost of bonds and stocks acquired .....	6,746,130	24,365,290
3. Accrual of discount .....	622	2,072
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	1,526	6,079
6. Deduct consideration for bonds and stocks disposed of .....	3,178,000	11,119,493
7. Deduct amortization of premium .....	89,904	246,077
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	31,134,134	27,653,760
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	31,134,134	27,653,760

**SCHEDULE D - PART 1B**  
**Showing the Acquisitions, Dispositions and Non-Trading Activity**  
**During the Current Quarter for all Bonds and Preferred Stock by Rating Class**

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. Class 1 (a)	44,950,286	60,128,030	62,970,612	(82,628)	42,025,076			44,950,286
2. Class 2 (a)	1,493,645			(6,687)	1,486,958			1,493,645
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	46,443,931	60,128,030	62,970,612	(89,315)	43,512,034			46,443,931
<b>PREFERRED STOCK</b>								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	46,443,931	60,128,030	62,970,612	(89,315)	43,512,034			46,443,931

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$.....171,006; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0

**SCHEDULE DA - PART 1****Short - Term Investments**

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals .....	12,377,899	XXX .....	12,377,876	3,259	33

**SCHEDULE DA - Verification****Short-Term Investments**

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	18,790,171	28,754,097
2. Cost of short-term investments acquired .....	53,381,900	218,021,891
3. Accrual of discount .....	369	6,347
4. Unrealized valuation increase (decrease) .....	.....	.....
5. Total gain (loss) on disposals .....	.....	.....
6. Deduct consideration received on disposals .....	59,794,138	227,983,145
7. Deduct amortization of premium .....	403	9,019
8. Total foreign exchange change in book/adjusted carrying value .....	.....	.....
9. Deduct current year's other than temporary impairment recognized .....	.....	.....
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....	12,377,899	18,790,171
11. Deduct total nonadmitted amounts .....	.....	.....
12. Statement value at end of current period (Line 10 minus Line 11) .....	12,377,899	18,790,171

**SI04 Schedule DB - Part A Verification .....** **NONE**

**SI04 Schedule DB - Part B Verification .....** **NONE**

**SI05 Schedule DB Part C Section 1 .....** **NONE**

**SI06 Schedule DB Part C Section 2 .....** **NONE**

**SI07 Schedule DB - Verification .....** **NONE**

**SCHEDULE E - Verification**  
(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of cash equivalents acquired .....		5,999,145
3. Accrual of discount .....		855
4. Unrealized valuation increase (decrease) .....		
5. Total gain (loss) on disposals .....		
6. Deduct consideration received on disposals .....		6,000,000
7. Deduct amortization of premium .....		
8. Total foreign exchange change in book/adjusted carrying value .....		
9. Deduct current year's other than temporary impairment recognized .....		
10. Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9) .....		
11. Deduct total nonadmitted amounts .....		
12. Statement value at end of current period (Line 10 minus Line 11) .....		

**E01 Schedule A Part 2 .....** **NONE**

**E01 Schedule A Part 3 .....** **NONE**

**E02 Schedule B Part 2 .....** **NONE**

**E02 Schedule B Part 3 .....** **NONE**

**E03 Schedule BA Part 2 .....** **NONE**

**E03 Schedule BA Part 3 .....** **NONE**

**SCHEDULE D - PART 3**

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>									
1994913C3	COLUMBUS OH 5.000% 7/01/		02/10/2012	Deutsche Bank	XXX	500,812	400,000.00	2,167	1FE
592112JP2	TN Nashvil Co GO NC S12		02/02/2012	Deutsche Bank	XXX	618,395	500,000.00		1FE
940157TH3	WASHINGTON MD SUBURB 5.000% 6/01/		01/17/2012	Deutsche Bank	XXX	630,445	500,000.00	4,236	1FE
2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions					XXX	1,749,652	1,400,000.00	6,403	XXX
<b>Bonds - U.S. Special Revenue, Special Assessment</b>									
29270CWX9	ENERGY NORTHWEST WA 5.000% 7/01/		02/10/2012	Deutsche Bank	XXX	305,905	250,000.00	1,354	1FE
575579FE2	MA MBTA NC S04B		03/12/2012	Deutsche Bank	XXX	730,101	575,000.00	5,954	1FE
679111US1	OKLAHOMA ST TURNPIKE 5.000% 1/01/		02/13/2012	Deutsche Bank	XXX	517,272	425,000.00	2,479	1FE
882756S75	TEXAS ST PUB FIN 5.000% 7/01/		02/13/2012	Deutsche Bank	XXX	766,003	700,000.00	4,083	1FE
882806BF8	TX Texas Tech NC S12A		02/14/2012	Undefined	XXX	573,088	475,000.00		1FE
928172SJ5	VA PBA NC S09B		02/13/2012	Deutsche Bank	XXX	456,562	370,000.00	617	1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	3,348,931	2,795,000.00	14,487	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
00206RAV4	AT&T Inc Sr Nt		03/28/2012	Deutsche Bank	XXX	130,059	125,000.00	373	1FE
14912L5B3	Caterpillar Fin Sr Unsec		03/26/2012	Deutsche Bank	XXX	99,915	100,000.00		1FE
191216AX8	Coca Cola Co Sr Unsec		03/20/2012	Deutsche Bank	XXX	299,145	300,000.00	38	1FE
36962G5M2	GENERAL ELEC CAP MTN 2.150% 1/09/		01/09/2012	Deutsche Bank	XXX	99,896	100,000.00		1FE
459200HB0	IBM Corp Sr Unsec		02/06/2012	Deutsche Bank	XXX	99,511	100,000.00		1FE
46623EJP5	JPMorgan Chase Nt		03/21/2012	Deutsche Bank	XXX	199,860	200,000.00		1FE
637432MP7	Natl Rural Collateral Trust		02/02/2012	Deutsche Bank	XXX	99,858	100,000.00		1FE
695114BY3	PACIFICORP 4.950% 8/15/		01/06/2012	Deutsche Bank	XXX	110,092	100,000.00	1,939	1FE
713448BX5	Pepsico Inc Sr Unsec		03/05/2012	Deutsche Bank	XXX	249,890	250,000.00		1FE
89233P5Z5	Toyota Motor Credit Sr Unsec		02/17/2012	Deutsche Bank	XXX	129,805	130,000.00		1FE
893526DL4	Trans Canada Sr Unsec	1	03/02/2012	Deutsche Bank	XXX	129,518	130,000.00		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	1,647,549	1,635,000.00	2,350	XXX
8399997 Subtotal - Bonds - Part 3					XXX	6,746,132	5,830,000.00	23,240	XXX
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
8399999 Subtotal - Bonds					XXX	6,746,132	5,830,000.00	23,240	XXX
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)					XXX	XXX	XXX	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	6,746,132	XXX	23,240	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

QE04

**SCHEDULE D - PART 4****Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of  
During the Current Quarter**

1 CUSIP Identification	2 Description	3 F o r e i g n Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Prior Year Book/ Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Contractual Maturity Date	22 NAIC Designation or Market Indicator (a)		
									11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11 + 12 - 13)	15 Total Foreign Exchange Change in B./A.C.V.									
<b>Bonds - U.S. Governments</b>																						
31331KGD6	FFC B DEB 1.375% 3/28/.....	03/28/2012	CALLED @ 100.0000000	XXX	3,030,000	3,030,000.00	3,027,728	3,028,293		182		182		3,028,474		1,526	1,526	20,831	03/28/2014	1		
0599999 Subtotal - Bonds - U.S. Governments				XXX	3,030,000	3,030,000.00	3,027,728	3,028,293		182		182		3,028,474		1,526	1,526	20,831	XXX	XXX		
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
532457BD9	Eli Lilly & Co Sr Unsec	03/06/2012	MATURITY	XXX	148,000	148,000.00	153,466	148,370		(370)		(370)		148,000					2,627	03/06/2012	1FE	
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)				XXX	148,000	148,000.00	153,466	148,370		(370)		(370)		148,000					2,627	XXX	XXX	
8399997 Subtotal - Bonds - Part 4				XXX	3,178,000	3,178,000.00	3,181,194	3,176,663		(188)		(188)		3,176,474		1,526	1,526	23,458	XXX	XXX		
8399998 Summary Item from Part 5 for Bonds (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	
8399999 Subtotal - Bonds				XXX	3,178,000	3,178,000.00	3,181,194	3,176,663		(188)		(188)		3,176,474		1,526	1,526	23,458	XXX	XXX		
8999998 Summary Item from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	
9799998 Summary Item from Part 5 for Common Stocks (N/A to Quarterly)				XXX	XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	
9899999 Subtotal - Preferred and Common Stocks				XXX	XXX	XXX	XXX	XXX		XXX		XXX		XXX		XXX	XXX	XXX	XXX	XXX	XXX	
9999999 Total - Bonds, Preferred and Common Stocks				XXX	3,178,000	XXX	3,181,194	3,176,663		(188)		(188)		3,176,474		1,526	1,526	23,458	XXX	XXX		

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0.

**E06 Schedule DB Part A Section 1 .....** **NONE**

**E07 Schedule DB Part B Section 1 .....** **NONE**

**E08 Schedule DB Part D .....** **NONE**

**E09 Schedule DL - Part 1 - Securities Lending Collateral Assets .....** **NONE**

**E10 Schedule DL - Part 2 - Securities Lending Collateral Assets .....** **NONE**

**SCHEDULE E - PART 1 - CASH****Month End Depository Balances**

1 Depository		2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
						6 First Month	7 Second Month	8 Third Month	
<b>open depositories</b>									
Wachovia Concentration .....	0 .....		0.200		276	1,003,799	(884,024)	(345,829)	XXX
JP Morgan Chase .....						10,123	215,924	1,866	XXX
0199998 Deposits in .....	21 depositories that do not exceed the allowable limit in any one depository - open depositories .....	XXX	XXX ..	2,318		5,043,763	5,044,535	5,045,308	XXX
0199999 Totals - Open Depositories .....		XXX	XXX ..	2,318	276	6,057,685	4,376,435	4,701,345	XXX
0299998 Deposits in .....	0 depositories that do not exceed the allowable limit in any one depository - suspended depositories .....	XXX	XXX ..						XXX
0299999 Totals - Suspended Depositories .....		XXX	XXX ..						XXX
0399999 Total Cash On Deposit .....		XXX	XXX ..	2,318	276	6,057,685	4,376,435	4,701,345	XXX
0499999 Cash in Company's Office .....		XXX	XXX ..	XXX ..	XXX ..				XXX
0599999 Total Cash .....		XXX	XXX ..	2,318	276	6,057,685	4,376,435	4,701,345	XXX

**SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
8699999 Total - Cash Equivalents .....							

**N O N E**

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