



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Ohio, Inc. dba AMERIGROUP Community Care

NAIC Group Code	0671 (Current)	0671 (Prior)	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:	Health Maintenance Organization					
Is HMO Federally Qualified? Yes [<input type="checkbox"/>] No [<input checked="" type="checkbox"/>]						
Incorporated/Organized	03/08/2002		Commenced Business	09/01/2005		
Statutory Home Office	4361 Irwin Simpson Road, C/O Community Ins. Co. (Street and Number)			Mason , OH, US 45040 (City or Town, State, Country and Zip Code)		
Main Administrative Office	4425 Corporation Lane (Street and Number)			757-490-6900 (Area Code) (Telephone Number)		
	Virginia Beach , VA, US 23462 (City or Town, State, Country and Zip Code)					
Mail Address	N17 W24340 Riverwood Drive (Street and Number or P.O. Box)			Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	N17 W24340 Riverwood Drive (Street and Number)			262-523-2439 (Area Code) (Telephone Number)		
	Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)					
Internet Website Address	www.amerigroup.com					
Statutory Statement Contact	Brenda J. Buss (Name)			262-523-2439 (Area Code) (Telephone Number)		
	brenda.buss@bcbswi.com (E-mail Address)			262-523-4945 (FAX Number)		

OFFICERS

OFFICERS

President/Chief Executive Officer	Gary Michael Radtke	Treasurer	Robert David Kretschmer
Secretary	Kathleen Susan Kiefer	Vice President/Assistant Secretary	Jack Louis Young, #

OTHER

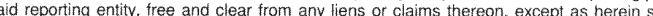
Eric (Rick) Kenneth Noble # Assistant Treasurer **OTHER** Tunde Sotayo Sotunde # Chairperson

DIRECTORS OR TRUSTEES

Wayne Scott DeVeydt Catherine Irene Kelaghan Linda Bellows Bellando #

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 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.



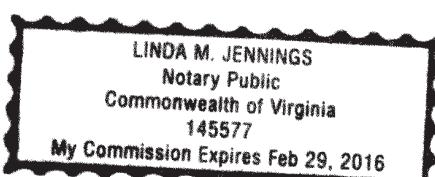

Gary Michael Radtke
President/Chief Executive Officer

Kathleen Susan Kieler
Kathleen Susan Kieler
Secretary


Robert David Kretschmer
Treasurer

Subscribed and sworn to before me this
17th day of February 2014
Linda M. Jennings

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



ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	22,411,412		22,411,412	25,777,337
2. Stocks (Schedule D):				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ 10,955,145 , Schedule E - Part 1), cash equivalents (\$ 0 , Schedule E - Part 2) and short-term investments (\$ 3,993,628 , Schedule DA)	14,948,774		14,948,774	27,147,003
6. Contract loans, (including \$ premium notes)			0	0
7. Derivatives (Schedule DB)			0	0
8. Other invested assets (Schedule BA)			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets (Schedule DL)			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	37,360,186	0	37,360,186	52,924,340
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	209,454		209,454	231,468
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	38,961		38,961	4,136,784
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums			0	0
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	328,126		328,126	168,304
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans			0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	173,723		173,723	0
18.2 Net deferred tax asset	676,650	66,645	610,005	790,057
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software			0	1,713
21. Furniture and equipment, including health care delivery assets (\$)	305,363	305,363	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 0) and other amounts receivable	1,498,145	1,498,145	0	0
25. Aggregate write-ins for other than invested assets	8,580	8,580	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	40,599,188	1,878,733	38,720,455	58,252,666
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	40,599,188	1,878,733	38,720,455	58,252,666
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepays	8,580	8,580	0	0
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	8,580	8,580	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	3,216,038		3,216,038	11,121,478
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	109,339		109,339	206,452
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act		45,000	45,000	255,814
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserves			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance			0	0
9. General expenses due or accrued	888,004		888,004	2,671,281
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized capital gains (losses))			0	482,826
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable			0	0
12. Amounts withheld or retained for the account of others			0	0
13. Remittance and items not allocated	591,846		591,846	311,035
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	15,014		15,014	907,661
16. Derivatives			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans			0	283,432
23. Aggregate write-ins for other liabilities (including \$ current)	15,409	0	15,409	6,821
24. Total liabilities (Lines 1 to 23)	4,880,650	0	4,880,650	16,246,800
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	10	10
27. Preferred capital stock	XXX	XXX		
28. Gross paid in and contributed surplus	XXX	XXX	10,580,060	17,992,909
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	23,259,735	24,012,947
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$).	XXX	XXX		
32.2 shares preferred (value included in Line 27 \$).	XXX	XXX		
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	33,839,805	42,005,866
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	38,720,455	58,252,666
DETAILS OF WRITE-INS				
2301. Unclaimed Property	15,409		15,409	6,821
2302.				
2303.				
2308. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2309. Totals (Lines 2301 thru 2303 plus 2308)(Line 23 above)	15,409	0	15,409	6,821
2501.	XXX	XXX		
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX.....	315,416	680,599
2. Net premium income (including \$ non-health premium income).....	XXX.....	79,831,525	169,589,135
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	210,814	0
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0	0
5. Risk revenue.....	XXX.....	0	0
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0	0
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0	0
8. Total revenues (Lines 2 to 7).....	XXX.....	80,042,339	169,589,135
Hospital and Medical:			
9. Hospital/medical benefits.....		33,858,956	73,560,468
10. Other professional services.....		3,775,727	8,575,287
11. Outside referrals.....		0	0
12. Emergency room and out-of-area.....		6,722,284	13,425,247
13. Prescription drugs.....		7,820,189	17,576,187
14. Aggregate write-ins for other hospital and medical.....	0	1,259,866	1,727,852
15. Incentive pool, withhold adjustments, and bonus amounts.....		700,000	0
16. Subtotal (Lines 9 to 15).....	0	54,137,022	114,865,041
Less:			
17. Net reinsurance recoveries.....		2,468,340	852,114
18. Total hospital and medical (Lines 16 minus 17).....	0	51,668,682	114,012,927
19. Non-health claims (net).....		0	0
20. Claims adjustment expenses, including \$ 2,291,034 cost containment expenses.....		6,432,405	7,060,771
21. General administrative expenses.....		10,043,750	28,217,291
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22).....	0	68,144,837	149,290,989
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	11,897,502	20,298,146
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		369,800	449,890
26. Net realized capital gains (losses) less capital gains tax of \$ 3,685.....		5,900	16,904
27. Net investment gains (losses) (Lines 25 plus 26).....	0	375,700	466,794
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)].....			
29. Aggregate write-ins for other income or expenses.....	0	0	0
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.....	12,273,202	20,764,940
31. Federal and foreign income taxes incurred.....	XXX.....	3,904,350	7,280,989
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	8,368,852	13,483,951
DETAILS OF WRITE-INS			
0601.....	XXX.....		
0602.....	XXX.....		
0603.....	XXX.....		
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above).....	XXX.....	0	0
0701.....	XXX.....		
0702.....	XXX.....		
0703.....	XXX.....		
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above).....	XXX.....	0	0
1401. Ancillary, Durable Medical Equipment, Home Healthcare, Ambulance, Transportation.....		1,259,866	1,727,852
1402.....			
1403.....			
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above).....	0	1,259,866	1,727,852
2901.....			
2902.....			
2903.....			
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above).....	0	0	0

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	42,005,866	32,668,268
34. Net income or (loss) from Line 32	8,368,852	13,483,951
35. Change in valuation basis of aggregate policy and claim reserves		
36. Change in net unrealized capital gains (losses) less capital gains tax of \$		
37. Change in net unrealized foreign exchange capital gain or (loss)		
38. Change in net deferred income tax	(242,083)	(274,736)
39. Change in nonadmitted assets	(292,830)	603,193
40. Change in unauthorized and certified reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles.....		
44. Capital Changes:		
44.1 Paid in	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....		
45. Surplus adjustments:		
45.1 Paid in	(7,412,849)	421,990
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital	7,412,849	
46. Dividends to stockholders	(16,000,000)	(4,896,800)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(8,166,061)	9,337,598
49. Capital and surplus end of reporting period (Line 33 plus 48)	33,839,805	42,005,866
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	83,929,348	167,191,985
2. Net investment income	714,611	773,701
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	84,643,959	167,965,686
5. Benefit and loss related payments	59,733,944	118,367,211
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	18,639,977	36,467,054
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$	3,685	4,564,583
10. Total (Lines 5 through 9)	82,938,504	161,918,897
11. Net cash from operations (Line 4 minus Line 10)	1,705,455	6,046,789
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	6,924,459	12,974,572
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	221
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	6,924,459	12,974,793
13. Cost of investments acquired (long-term only):		
13.1 Bonds	3,871,747	11,447,247
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	3,871,747	11,447,247
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	3,052,712	1,527,546
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	16,000,000	4,896,800
16.6 Other cash provided (applied)	(956,396)	758,475
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(16,956,396)	(4,138,325)
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(12,198,229)	3,436,010
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	27,147,003	23,710,993
19.2 End of year (Line 18 plus Line 19.1)	14,948,774	27,147,003

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001. Non Cash Capital Contribution		421,990
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ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Net premium income	79,831,525								79,831,525	
2. Change in unearned premium reserves and reserve for rate credit	210,814								210,814	
3. Fee-for-service (net of \$ medical expenses)	0									XXX
4. Risk revenue	0									XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	80,042,339	0	0	0	0	0	0	0	80,042,339	0
8. Hospital/medical benefits	33,858,956								33,858,956	
9. Other professional services	3,775,727								3,775,727	
10. Outside referrals	0									XXX
11. Emergency room and out-of-area	6,722,284								6,722,284	
12. Prescription drugs	7,820,189								7,820,189	
13. Aggregate write-ins for other hospital and medical	1,259,866	0	0	0	0	0	0	0	1,259,866	0
14. Incentive pool, withhold adjustments and bonus amounts	700,000								700,000	
15. Subtotal (Lines 8 to 14)	54,137,022	0	0	0	0	0	0	0	54,137,022	0
16. Net reinsurance recoveries	2,468,340								2,468,340	
17. Total medical and hospital (Lines 15 minus 16)	51,668,682	0	0	0	0	0	0	0	51,668,682	0
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses including \$ 2,291,034 cost containment expenses	6,432,405								6,432,405	
20. General administrative expenses	10,043,750								10,043,750	
21. Increase in reserves for accident and health contracts	0									XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	68,144,837	0	0	0	0	0	0	0	68,144,837	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	11,897,502	0	0	0	0	0	0	0	11,897,502	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Ancillary, durable medical equipment, home health care, ambulance, transportation	1,259,866								1,259,866	
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	1,259,866	0	0	0	0	0	0	0	1,259,866	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 1 - PREMIUMS**

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)				0
2. Medicare Supplement				0
3. Dental only				0
4. Vision only				0
5. Federal Employees Health Benefits Plan	0			0
6. Title XVIII - Medicare	0			0
7. Title XIX - Medicaid	81,868,435		2,036,910	79,831,525
8. Other health				0
9. Health subtotal (Lines 1 through 8)	81,868,435	0	2,036,910	79,831,525
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	81,868,435	0	2,036,910	79,831,525

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2 - CLAIMS INCURRED DURING THE YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	61,342,462							61,342,462		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	2,308,518							2,308,518		
1.4 Net	59,033,944	0	0	0	0	0	0	59,033,944	0	0
2. Paid medical incentive pools and bonuses	700,000							700,000		
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	3,216,038	0	0	0	0	0	0	3,216,038	0	0
3.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
3.4 Net	3,216,038	0	0	0	0	0	0	3,216,038	0	0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	0									
4.2 Reinsurance assumed	0									
4.3 Reinsurance ceded	0									
4.4 Net	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0									
6. Net healthcare receivables (a)	0									
7. Amounts recoverable from reinsurers December 31, current year	328,126							328,126		
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	11,121,478	0	0	0	0	0	0	11,121,478	0	0
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
8.4 Net	11,121,478	0	0	0	0	0	0	11,121,478	0	0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	0									
9.2 Reinsurance assumed	0									
9.3 Reinsurance ceded	0									
9.4 Net	0	0	0	0	0	0	0	0	0	0
10. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0	0	0
11. Amounts recoverable from reinsurers December 31, prior year	168,304	0	0	0	0	0	0	168,304	0	0
12. Incurred Benefits:										
12.1 Direct	53,437,022	0	0	0	0	0	0	53,437,022	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	2,468,340	0	0	0	0	0	0	2,468,340	0	0
12.4 Net	50,968,682	0	0	0	0	0	0	50,968,682	0	0
13. Incurred medical incentive pools and bonuses	700,000	0	0	0	0	0	0	700,000	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	(54,079)								(54,079)	
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	0									
1.4 Net	(54,079)	0	0	0	0	0	0	(54,079)	0	0
2. Incurred but Unreported:										
2.1 Direct	3,270,117								3,270,117	
2.2 Reinsurance assumed	0									
2.3 Reinsurance ceded	0									
2.4 Net	3,270,117	0	0	0	0	0	0	3,270,117	0	0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	0									
3.2 Reinsurance assumed	0									
3.3 Reinsurance ceded	0									
3.4 Net	0	0	0	0	0	0	0	0	0	0
4. TOTALS:										
4.1 Direct	3,216,038	0	0	0	0	0	0	3,216,038	0	0
4.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0
4.4 Net	3,216,038	0	0	0	0	0	0	3,216,038	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 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 December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)					0	0
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	0
6. Title XVIII - Medicare					0	0
7. Title XIX - Medicaid	8,446,103	51,076,164	56,050	3,159,988	8,502,153	11,121,478
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	8,446,103	51,076,164	56,050	3,159,988	8,502,153	11,121,478
10. Healthcare receivables (a)	170,517	477,628			170,517	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts		700,000			0	0
13. Totals (Lines 9 - 10 + 11 + 12)	8,275,586	51,298,536	56,050	3,159,988	8,331,636	11,121,478

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

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Medicare Supplement**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Dental Only**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	20,263	19,897	19,894	19,869	19,819
2. 2009	208,406	226,323	225,500	225,578	225,535
3. 2010	XXX	103,670	108,498	106,161	106,143
4. 2011	XXX	XXX	98,525	108,025	108,525
5. 2012	XXX	XXX	XXX	110,982	118,868
6. 2013	XXX	XXX	XXX	XXX	51,299

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	21,129	19,898	19,635	19,869	19,819
2. 2009	230,888	226,509	225,476	225,578	225,535
3. 2010	XXX	116,509	109,305	106,151	106,143
4. 2011	XXX	XXX	114,304	108,567	108,532
5. 2012	XXX	XXX	XXX	121,571	118,917
6. 2013	XXX	XXX	XXX	XXX	54,459

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	264,841	225,535	7,132	3.2	232,667	87.9			232,667	87.9
2. 2010	154,029	106,143	5,201	4.9	111,344	72.3			111,344	72.3
3. 2011	148,035	108,525	5,932	5.5	114,457	77.3	7		114,464	77.3
4. 2012	169,589	118,868	7,307	6.1	126,175	74.4	49	2	126,226	74.4
5. 2013	80,042	51,299	5,513	10.7	56,812	71.0	3,160	107	60,079	75.1

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS**

(000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section B - Incurred Health Claims - Other**

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior					
2. 2009					
3. 2010	XXX				
4. 2011	XXX	XXX			
5. 2012	XXX	XXX	XXX		
6. 2013	XXX	XXX	XXX	XXX	

NONE**Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other**

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 2/3) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009										
2. 2010										
3. 2011										
4. 2012										
5. 2013										

NONE

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	20,263	19,897	19,894	19,869	19,819
2. 2009	208,406	226,323	225,500	225,578	225,535
3. 2010	XXX	103,670	108,498	106,161	106,143
4. 2011	XXX	XXX	98,525	108,025	108,525
5. 2012	XXX	XXX	XXX	110,982	118,868
6. 2013	XXX	XXX	XXX	XXX	51,299

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2009	2 2010	3 2011	4 2012	5 2013
1. Prior	21,129	19,898	19,635	19,869	19,819
2. 2009	230,888	226,509	225,476	225,578	225,535
3. 2010	XXX	116,509	109,305	106,151	106,143
4. 2011	XXX	XXX	114,304	108,567	108,532
5. 2012	XXX	XXX	XXX	121,571	118,917
6. 2013	XXX	XXX	XXX	XXX	54,459

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2009	264,841	225,535	7,132	3.2	232,667	87.9	0	0	232,667	87.9
2. 2010	154,029	106,143	5,201	4.9	111,344	72.3	0	0	111,344	72.3
3. 2011	148,035	108,525	5,932	5.5	114,457	77.3	7	0	114,464	77.3
4. 2012	169,589	118,868	7,307	6.1	126,175	74.4	49	2	126,226	74.4
5. 2013	80,042	51,299	5,513	10.7	56,812	71.0	3,160	107	60,079	75.1

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT**PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY**

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1. Unearned premium reserves	0								
2. Additional policy reserves (a)	0								
3. Reserve for future contingent benefits	0								
4. Reserve for rate credits or experience rating refunds (including \$ for investment income	45,000							45,000	
5. Aggregate write-ins for other policy reserves	0	0	0	0	0	0	0	0	0
6. Totals (gross)	45,000	0	0	0	0	0	0	45,000	0
7. Reinsurance ceded	0								
8. Totals (Net)(Page 3, Line 4)	45,000	0	0	0	0	0	0	45,000	0
9. Present value of amounts not yet due on claims	0								
10. Reserve for future contingent benefits	0								
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0								
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

**ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.
UNDERWRITING AND INVESTMENT EXHIBIT**

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$ for occupancy of own building)	98		630,811		.630,909
2. Salary, wages and other benefits	1,334,894	902,102	1,718,292		3,955,288
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses20,199		20,199
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services	678,670	2,551	437,187		1,118,408
7. Traveling expenses	54,005	4,165	72,578		130,748
8. Marketing and advertising	14,947		16,904		31,851
9. Postage, express and telephone	124,448	31,635	148,237		.304,320
10. Printing and office supplies	16,837	1,194	3,756		21,787
11. Occupancy, depreciation and amortization					0
12. Equipment		739	274,179		.274,918
13. Cost or depreciation of EDP equipment and software	(22,953)	(813)	(98,279)		(122,045)
14. Outsourced services including EDP, claims, and other services	(10,953)	3,238,960	.75,345		3,303,352
15. Boards, bureaus and association fees	1,299		4,788		.6,087
16. Insurance, except on real estate			22,618		22,618
17. Collection and bank service charges			(4,890)		(4,890)
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses		4	235,283		.235,287
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			143,403		.143,403
23.2 State premium taxes			6,371,273		6,371,273
23.3 Regulatory authority licenses and fees	(2,993)		(35,972)		(38,965)
23.4 Payroll taxes	103,722	58,079	.73,118		.234,919
23.5 Other (excluding federal income and real estate taxes)			226,503		226,503
24. Investment expenses not included elsewhere				24,167	.24,167
25. Aggregate write-ins for expenses	(987)	(97,245)	(291,583)	0	(389,815)
26. Total expenses incurred (Lines 1 to 25)	2,291,034	4,141,371	10,043,750	24,167	(a) 16,500,322
27. Less expenses unpaid December 31, current year	109,339		888,005		.997,344
28. Add expenses unpaid December 31, prior year	206,452	0	2,671,281	0	2,877,733
29. Amounts receivable relating to uninsured plans, prior year	0	0	0	0	0
30. Amounts receivable relating to uninsured plans, current year					0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	2,388,147	4,141,371	11,827,026	24,167	18,380,711
DETAILS OF WRITE-INS					
2501. Miscellaneous expenses	(987)	(97,245)	(291,583)		(389,815)
2502.					
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	(987)	(97,245)	(291,583)	0	(389,815)

(a) Includes management fees of \$ 4,240,930 to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a)	
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a)	389,264
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract Loans		
6. Cash, cash equivalents and short-term investments	(e)	3,972
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	631	730
10. Total gross investment income	415,981	393,967
11. Investment expenses	(g)	24,167
12. Investment taxes, licenses and fees, excluding federal income taxes	(g)	0
13. Interest expense	(h)	
14. Depreciation on real estate and other invested assets	(i)	0
15. Aggregate write-ins for deductions from investment income		
16. Total deductions (Lines 11 through 15)		24,167
17. Net investment income (Line 10 minus Line 16)		369,800
DETAILS OF WRITE-INS		
0901. Miscellaneous	626	723
0902. Securities Lending5	7
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	631	730
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page	0	
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)	0	

- (a) Includes \$ 2,260 accrual of discount less \$ 325,057 amortization of premium and less \$ 9,071 paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$. investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1 Realized Gain (Loss) On Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	0	0	0	0	0
1.1 Bonds exempt from U.S. tax			0		
1.2 Other bonds (unaffiliated)	9,584	0	9,584	0	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans			0	0	0
4. Real estate		0	0	0	0
5. Contract loans			0		
6. Cash, cash equivalents and short-term investments			0		
7. Derivative instruments			0		
8. Other invested assets		0	0	0	0
9. Aggregate write-ins for capital gains (losses)	0	0	0	0	0
10. Total capital gains (losses)	9,584	0	9,584	0	0
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)		0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks		0	0
2.2 Common stocks		0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens		0	0
3.2 Other than first liens.....		0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company		0	0
4.2 Properties held for the production of income.....		0	0
4.3 Properties held for sale		0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)		0	0
6. Contract loans		0	0
7. Derivatives (Schedule DB)		0	0
8. Other invested assets (Schedule BA)		0	0
9. Receivables for securities		0	0
10. Securities lending reinvested collateral assets (Schedule DL)		0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)		0	0
14. Investment income due and accrued		0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection		0	0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due		0	0
15.3 Accrued retrospective premiums		0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers		0	0
16.2 Funds held by or deposited with reinsured companies		0	0
16.3 Other amounts receivable under reinsurance contracts		0	0
17. Amounts receivable relating to uninsured plans		0	0
18.1 Current federal and foreign income tax recoverable and interest thereon		0	0
18.2 Net deferred tax asset	66,645	128,677	62,032
19. Guaranty funds receivable or on deposit		0	0
20. Electronic data processing equipment and software		0	0
21. Furniture and equipment, including health care delivery assets	305,363	427,073	121,710
22. Net adjustment in assets and liabilities due to foreign exchange rates		0	0
23. Receivable from parent, subsidiaries and affiliates		0	0
24. Health care and other amounts receivable	1,498,145	1,030,153	(467,992)
25. Aggregate write-ins for other than invested assets	8,580	0	(8,580)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	1,878,733	1,585,903	(292,830)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts		0	0
28. Total (Lines 26 and 27)	1,878,733	1,585,903	(292,830)
DETAILS OF WRITE-INS			
1101.			
1102.			
1103.			
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepays	8,580	0	(8,580)
2502.			
2503.			
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	8,580	0	(8,580)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	53,672	53,358	49,983			315,416
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....	0	0	0	0	0	0
7. Total	53,672	53,358	49,983	0	0	315,416
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Ohio, Inc. (the “Company”) have been prepared in conformity with the National Association of Insurance Commissioners’ (“NAIC”) *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practices and Procedures Manual* (“NAIC SAP”), subject to any deviations prescribed or permitted by the Ohio Department of Insurance (“ODI”).

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the ODI is shown below:

	State of Domicile	2013	2012
<u>Net Income</u>			
(1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	Ohio	\$ 8,368,852	\$ 13,483,951
(2) State Prescribed Practices that increase/(decrease) NAIC SAP:	—	—	—
(3) State Permitted Practices that increase/(decrease) NAIC SAP:	—	—	—
(4) NAIC SAP (1-2-3=4)	Ohio	\$ 8,368,852	\$ 13,483,951
<u>Surplus</u>			
(5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 33,839,805	\$ 42,005,866
(6) State Prescribed Practices that increase/(decrease) NAIC SAP:	—	—	—
(7) State Permitted Practices that increase/(decrease) NAIC SAP:	—	—	—
(8) NAIC SAP (5-6-7=8)	Ohio	\$ 33,839,805	\$ 42,005,866

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policies

Health premium revenues, based on membership records and premium rates for each membership category within each county, are recognized as revenue during the period in which the Company is obligated to provide service to members. Premiums are reported net of excess loss reinsurance ceded and experience rating refunds. Premiums paid before the effective service month are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are subjected to approval by Centers for Medicare and Medicaid Services (“CMS”). Costs, such as premium taxes and other underwriting expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Short-term investments with maturities of less than one year at the date of acquisition are reported at amortized cost, which approximates fair value. Non-investment grade short-term investments are stated at the lower of amortized cost or fair value.
2. Investment grade bonds not backed by other loans are stated at amortized cost, with amortization calculated based on the modified scientific method, using lower of yield

NOTES TO FINANCIAL STATEMENTS

- to call or yield to maturity. Non-investment grade bonds are stated at the lower of amortized cost or fair value as determined by various third-party pricing sources.
3. The Company has no investments in common stocks.
 4. The Company has no investments in preferred stocks.
 5. The Company has no mortgage loans.
 6. Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities were obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with current interest rates and the economic environment. The retrospective adjustment method is used to value all loan-backed securities. Non-investment grade loan-backed securities are stated at the lower of amortized cost or fair value.
 7. The Company has no investments in subsidiaries, controlled and affiliated companies.
 8. The Company has no investments in joint ventures, partnerships and limited liability companies.
 9. The Company has no investments in derivatives.
 10. The Company does not utilize anticipated investment income as a factor in premium deficiency calculations.
 11. Unpaid claims and claims adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business practices, economic conditions and other factors that may materially affect the cost, frequency and severity of claims. Reserves for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, 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 changes in estimates are incorporated into current period estimates.
 12. The Company has not modified its capitalization policy from the prior period.
 13. Pharmacy rebate receivables are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms. All pharmaceutical rebates receivables are considered non-admitted due to their collectability beyond 90 days.

2. Accounting Changes and Corrections of Errors

There were no significant changes or corrections during the years ended December 31, 2013 and 2012.

3. Business Combinations and Goodwill

A. Statutory Purchase Method	Not applicable.
B. Statutory Merger	Not applicable.
C. Assumption Reinsurance	Not applicable.
D. Impairment Loss	Not applicable.

4. Discontinued Operations

- 1 – 4. The Company's contract with the Ohio Department of Job and Family Services terminated effective June 30, 2013. The Company performed certain operations throughout 2013 to close out the contract.
5. Not applicable.

5. Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans

The Company did not have investments in mortgage loans at December 31, 2013 or 2012.

NOTES TO FINANCIAL STATEMENTS

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2013 or 2012.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2013 or 2012.

D. Loan-Backed Securities

1. Prepayment assumptions for single-class and multi-class mortgage-backed and asset-backed securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
2. The Company did not recognize other-than-temporary impairments on its loan backed securities during the year ended December 31, 2013.
3. The Company did not hold other-than-temporarily impaired loan backed securities at December 31, 2013.
4. The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at December 31, 2013.
5. The Company had no impaired loaned-backed securities at December 31, 2013.

E. Repurchase Agreements and/or Securities Lending Transactions

The Company did not enter into repurchase agreements or securities lending transactions at December 31, 2013 or 2012.

F. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2013 or 2012.

G. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

H. Restricted Assets

1. Restricted assets (including pledged)

Restricted Asset Category	1	2	3	4	5	6
	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease) (1 minus 2)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	0.0%	0.0%
b. Collateral held under security lending agreements	-	-	-	-	0.0%	0.0%
c. Subject to repurchase agreements	-	-	-	-	0.0%	0.0%
d. Subject to reverse repurchase agreements	-	-	-	-	0.0%	0.0%
e. Subject to dollar repurchase agreements	-	-	-	-	0.0%	0.0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	0.0%	0.0%
g. Placed under option contracts	-	-	-	-	0.0%	0.0%
h. Letter stock or securities restricted as to sale	-	-	-	-	0.0%	0.0%
i. On deposit with states	4,345,694	3,580,217	765,477	4,345,694	10.7%	11.2%
j. On deposit with other regulatory bodies	-	-	-	-	0.0%	0.0%
k. Pledged as collateral not captured in other categories	-	-	-	-	0.0%	0.0%
l. Other restricted assets	-	-	-	-	0.0%	0.0%
m. Total Restricted Assets	\$ 4,345,694	\$ 3,580,217	\$ 765,477	\$ 4,345,694	10.7%	11.2%

2. Not applicable.

3. Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in joint ventures, partnerships or limited liability companies.

B. Not applicable.

7. Investment Income

A. All investment income due and accrued with amounts that are over 90 days past due is non-admitted.

B. At December 31, 2013 and 2012 there was no non-admitted accrued investment interest income.

8. Derivative Instruments

The Company has no derivative instruments.

9. Income Taxes

A. The components of net deferred tax assets (liabilities):

1. The components of net deferred tax asset (liabilities) at December 31 are as follows:

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

12/31/2013		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

(a) Gross Deferred Tax Assets	\$ 678,116	\$ -	\$ 678,116
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	678,116	-	678,116
(d) Deferred Tax Assets Nonadmitted	66,645	-	66,645
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	611,471	-	611,471
(f) Deferred Tax Liabilities	-	1,466	1,466
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 611,471	\$ (1,466)	\$ 610,005

12/31/2012		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

(a) Gross Deferred Tax Assets	\$ 918,734	\$ -	\$ 918,734
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	918,734	-	918,734
(d) Deferred Tax Assets Nonadmitted	128,677	-	128,677
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	790,057	-	790,057
(f) Deferred Tax Liabilities	-	-	-
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ 790,057	\$ -	\$ 790,057

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

(a) Gross Deferred Tax Assets	\$ (240,618)	\$ -	\$ (240,618)
(b) Statutory Valuation Allowance Adjustments	-	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(240,618)	-	(240,618)
(d) Deferred Tax Assets Nonadmitted	(62,032)	-	(62,032)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(178,586)	-	(178,586)
(f) Deferred Tax Liabilities	-	1,466	1,466
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	\$ (178,586)	\$ (1,466)	\$ (180,052)

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

2. The amount of admitted adjusted gross deferred tax assets under each component of SSAP 101 as of December 31 is as follows:

12/31/2013		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 602,871	\$ -	\$ 602,871
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	7,134	-	7,134
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	7,134	-	7,134
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	4,984,470
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,466	-	1,466
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	<u>\$ 611,471</u>	<u>\$ -</u>	<u>\$ 611,471</u>

12/31/2012		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 783,868	\$ -	\$ 783,868
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	6,189	-	6,189
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	6,189	-	6,189
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	6,182,114
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	-	-	-
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	<u>\$ 790,057</u>	<u>\$ -</u>	<u>\$ 790,057</u>

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ (180,997)	\$ -	\$ (180,997)
(b) Adjusted Gross Deferred Tax Assets Expected To Be Realized (Excluding The Amount Of Deferred Tax Assets From 2(a) above) After Application of the Threshold Limitation. (The Lesser of 2(b)1 and 2(b)2 Below)	945	-	945
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	945	-	945
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	(1,197,644)
(c) Adjusted Gross Deferred Tax Assets (Excluding The Amount Of Deferred Tax Assets From 2(a) and 2(b) above) Offset by Gross Deferred Tax Liabilities.	1,466	-	1,466
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	<u>\$ (178,586)</u>	<u>\$ -</u>	<u>\$ (178,586)</u>

	2013	2012
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	1361.72%	849.97%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 33,229,802	\$ 41,214,096

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

4.

12/31/2013		12/31/2012		Change	
(1)	(2)	(3)	(4)	(5)	(6)
Ordinary	Capital	Ordinary	Capital	(Col 1-3) Ordinary	(Col 2-4) Capital

Impact of Tax-Planning
Strategies

- (a) Determination of Adjusted Gross
Deferred Tax Assets and Net
Admitted Deferred Tax Assets, By
Tax Character As A Percentage.

1. Adjusted Gross DTAs Amount From Note 9A1(c)	\$ 678,116	\$ -	\$ 918,734	\$ -	\$ (240,618)	\$ -
2. Percentage of Adjusted Gross DTAs By Tax Character Attributable To The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
3. Net Admitted Adjusted Gross DTAs Amount From Note 9A1(e)	\$ 611,471	\$ -	\$ 790,057	\$ -	\$ (178,586)	\$ -
4. Percentage of Net Admitted Adjusted Gross DTAs By Tax Character Admitted Because Of The Impact Of Tax Planning Strategies	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

(b) Does the Company's tax-planning strategies include the use of reinsurance? Yes _____ No X

B. The Company has no unrecognized deferred tax liabilities at December 31, 2013 and 2012.

C. Current income taxes incurred consist of the following major components:

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2013	(2) 12/31/2012	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 3,904,350	\$ 7,280,989	\$ (3,376,639)
(b) Foreign	-	-	-
(c) Subtotal	3,904,350	7,280,989	(3,376,639)
(d) Federal income tax expense on net capital gains	3,685	9,103	(5,418)
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 3,908,035	\$ 7,290,092	\$ (3,382,057)
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 12,524	\$ 8,587	\$ 3,937
(2) Unearned premium reserve	-	-	-
(3) Policyholder reserves	35,000	-	35,000
(4) Investments	-	-	-
(5) Deferred acquisition costs	-	-	-
(6) Policyholder dividends accrual	-	-	-
(7) Fixed assets	82,400	147,124	(64,724)
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	538,077	752,692	(214,615)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	10,115	10,331	(216)
(99) Subtotal	678,116	918,734	(240,618)
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	66,645	128,677	(62,032)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	611,471	790,057	(178,586)
(e) Capital:			
(1) Investments	-	-	-
(2) Net capital loss carry-forward	-	-	-
(3) Real estate	-	-	-
(4) Other (including items <5% of total capital tax assets)	-	-	-
(99) Subtotal	-	-	-
(f) Statutory valuation allowance adjustment	-	-	-
(g) Nonadmitted	-	-	-
(h) Admitted capital deferred tax assets (2e99 - 2f - 2g)	-	-	-
(i) Admitted deferred tax assets (2d + 2h)	\$ 611,471	790,057	(178,586)

NOTES TO FINANCIAL STATEMENTS

(a) Ordinary					
(1) Investments	\$	-	\$	-	\$
(2) Fixed assets		-		-	-
(3) Deferred and uncollected premium		-		-	-
(4) Policyholder reserves		-		-	-
(5) Other (including items <5% of total ordinary tax liabilities)		-		-	-
(99) Subtotal		-		-	-
(b) Capital:					
(1) Investments		1,466		-	1,466
(2) Real estate		-		-	-
(3) Other (including items <5% of total capital tax liabilities)		-		-	-
(4) Investment partnership		-		-	-
(99) Subtotal		1,466		-	1,466
(c) Deferred tax liabilities					
(3a99 + 3b99)		1,466		-	1,466
4. Net deferred tax assets/liabilities (2i - 3c)					
	\$	610,005	\$	790,057	\$ (180,052)

D. The Company's income tax expense and change in deferred income taxes differs from the amount obtained by applying the federal statutory income tax rate of 35% for the year ended December 31 as follows:

	2013	2012
Tax expense computed using federal statutory rate	\$ 4,296,912	\$ 7,270,916
Change in nonadmitted assets	(124,202)	201,792
Tax exempt income and dividend received deduction net of proration	(64,732)	(64,329)
Prior year true-up and adjustments	(188,808)	5,034
Other	230,948	151,415
Total	\$ 4,150,118	\$ 7,564,828
Federal income taxes incurred	\$ 3,908,035	\$ 7,290,092
Change in net deferred income taxes	242,083	274,736
Total statutory income taxes	\$ 4,150,118	\$ 7,564,828

E. Operating loss carryforwards:

1. The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2013.
2. The following are income taxes incurred in the current and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2013	\$ 3,888,001	\$ 3,685	\$ 3,891,686
2012	7,292,303	9,102	7,301,405
2011	N/A	1,135	1,135

3. The Company has no protective tax deposits reported as admitted assets under Section 6603 of the Internal Revenue Service Code as of December 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

F. The following companies will be included in the consolidated federal income tax return with their parent WellPoint, Inc. as of December 31, 2013 and either are current members of the consolidated tax sharing agreement or are in the process of being added to the consolidated tax sharing agreement. Allocation of federal income taxes with affiliates subject to the tax sharing agreement is based upon separate income tax return calculations with credit for net losses that can be used on a consolidated basis. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

1-800 CONTACTS PARENT CORP.	Cerulean Companies, Inc.
1-800 CONTACTS PARENT HOLDINGS CORP.	CL I, Inc.
1-800 CONTACTS, INC.	CL II, Inc.
American Imaging Management, Inc.	CL III, Inc.
AMERIGROUP Arizona, Inc.	Claim Management Services, Inc.
AMERIGROUP California, Inc.	Community Insurance Company
AMERIGROUP Colorado, Inc.	CommunityConnect Health Plan of Pennsylvania, Inc.
AMERIGROUP Community Care of Arizona, Inc.	Compcare Health Services Insurance Corporation
AMERIGROUP Community Care of Mississippi, Inc.	Crossroads Acquisition Corp
AMERIGROUP Community Care of New Mexico, Inc.	DeCare Analytics, LLC
AMERIGROUP Connecticut, Inc.	DeCare Dental Health International, LLC
AMERIGROUP Corporation	DeCare Dental Networks, LLC
AMERIGROUP Delaware, Inc.	DeCare Dental, LLC
AMERIGROUP Florida, Inc.	Designated Agent Company, Inc.
AMERIGROUP Hawaii, Inc.	EHC Benefits Agency, Inc.
AMERIGROUP Health Solutions, Inc.	Empire HealthChoice Assurance, Inc.
AMERIGROUP Indiana, Inc.	Empire HealthChoice HMO, Inc.
Amerigroup Insurance Company	EVISION, INC.
Amerigroup Kansas, Inc.	Forty-Four Forty-Four Forest Park Redevelopment Corp
AMERIGROUP Louisiana, Inc.	Golden West Health Plan, Inc.
AMERIGROUP Maine, Inc.	Government Health Services, LLC
AMERIGROUP Maryland, Inc.	Health Core, Inc.
AMERIGROUP Massachusetts, Inc.	Health Management Corporation
AMERIGROUP Michigan, Inc.	HealthKeepers, Inc.
AMERIGROUP Nevada, Inc.	HealthLink HMO, Inc.
AMERIGROUP New Jersey, Inc.	HealthLink, Inc.
AMERIGROUP New York, LLC	Healthy Alliance Life Insurance Company
AMERIGROUP Ohio, Inc.	HMO Colorado, Inc.
AMERIGROUP Pennsylvania, Inc.	HMO Missouri, Inc.
AMERIGROUP Puerto Rico, Inc.	Imaging Management Holdings, LLC
Amerigroup Services, Inc.	Imaging Providers of Texas
AMERIGROUP Tennessee, Inc.	LENS 1ST HOLDING COMPANY
AMERIGROUP Texas, Inc.	Matthew Thornton Health Plan, Inc.
AMERIGROUP Washington, Inc.	National Government Services, Inc.
AMERIGROUP Wisconsin, Inc.	OneNation Insurance Company
AMERIVANTAGE, Inc.	Park Square Holdings, Inc.
AMGP Georgia Managed Care Company, Inc.	Park Square I, Inc.
AMGP Georgia, Inc.	Park Square II, Inc.
Anthem Blue Cross Life and Health Insurance Company	PHP Holdings, Inc.
Anthem Credentialing Services, Inc.	R&P Realty, Inc.
Anthem Financial, Inc.	Rayant Insurance Company of New York
Anthem Health Insurance Company of Nevada	Resolution Health, Inc.
Anthem Health Plans of Kentucky, Inc.	RightCHOICE Insurance Company
Anthem Health Plans of Maine, Inc.	RightCHOICE Managed Care, Inc.
Anthem Health Plans of New Hampshire, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Anthem Health Plans of Virginia, Inc.	SellCore, Inc.
Anthem Health Plans, Inc.	Southeast Services, Inc.

NOTES TO FINANCIAL STATEMENTS

Anthem Holding Corp.	State Sponsored Business UM Services, Inc.
Anthem Insurance Companies, Inc.	The WellPoint Companies of California, Inc.
Anthem Life & Disability Insurance Company	The WellPoint Companies, Inc.
Anthem Southeast, Inc.	TrustSolutions, LLC
Anthem UM Services, Inc.	UNICARE Health Insurance Company of the Midwest
Arcus Enterprises, Inc.	UNICARE Health Plan of Kansas, Inc.
ARCUS HealthyLiving Services, Inc.	UNICARE Health Plan of West Virginia, Inc.
Associated Group, Inc.	UNICARE Health Plans of Texas, Inc.
Behavioral Health Network, Inc.	UNICARE Health Plans of the Midwest, Inc.
Blue Cross and Blue Shield of Georgia, Inc.	UNICARE Illinois Services, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	UNICARE Life & Health Insurance Company
Blue Cross Blue Shield of Wisconsin	UNICARE National Services, Inc.
Blue Cross of California	UNICARE Specialty Services, Inc.
Blue Cross of California Partnership Plan, Inc.	United Government Services, LLC
CareMore Health Group, Inc.	UtiliMed IPA, Inc.
CareMore Health Plan	WellPoint Behavioral Health, Inc.
CareMore Health Plan of Arizona, Inc.	WellPoint California Services, Inc.
CareMore Health Plan of Colorado, Inc.	WellPoint Dental Services, Inc.
CareMore Health Plan of Georgia, Inc.	WellPoint Holding Corporation
CareMore Health Plan of Nevada	WellPoint Information Technology Services, Inc.
CareMore Health Plan of Texas, Inc.	WellPoint Insurance Services, Inc.
CareMore Health System	WellPoint, Inc.
CareMore Holdings, Inc.	

10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

A. Nature of the Relationship

The Company is an Ohio domiciled stock insurance company and is a wholly-owned subsidiary of AMERIGROUP Corporation (“AGP”), which is an indirect wholly-owned subsidiary of WellPoint, Inc. (“WellPoint”), a publicly traded company.

B. Significant Transactions for each Period

The following significant transactions took place between the Company and its affiliates:

The Board of Directors of the Company declared an extraordinary dividend in the amount of \$7,412,849 and an ordinary dividend in the amount of \$8,587,151 on March 25, 2013. The ODI approved the extraordinary dividend on April 18, 2013. The Company paid these dividends to its parent company, AGP, on April 29, 2013.

The Board of Directors of the Company declared an extraordinary dividend in the amount of \$4,896,800 in June 2012. The ODI approved this dividend in June 2012. The Company paid these dividends to its parent company, AGP, on June 15, 2012.

C. Intercompany Management and Service Arrangements

There were no changes to the intercompany management and service arrangements, and there were no additional arrangements entered into during 2013 or 2012. The amounts of transactions under such agreements are presented in Schedule Y, Part 2.

D. Amounts Due to or from Related Parties

At December 31, 2013 and 2012, the Company reported \$15,014 and \$907,661 due to affiliates. The balance represents intercompany transactions that will be settled in accordance with the settlement terms of the intercompany agreement.

E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company’s or any affiliated insurer’s assets or liabilities.

NOTES TO FINANCIAL STATEMENTS

F. Management, Service Contracts, Cost Sharing Arrangements

The Company has entered into administrative services agreements with AGP which includes material management or service contracts, among which are Administrative and Support Services, Royalties and Tax-Sharing. Pursuant to these agreements, various administrative, management and support services are provided to the Company. The costs and expenses related to these administrative management and support services are charged using statistics such as per member per month rate and percentage of net premium revenue. Direct costs, which are directly attributable to the Company's operations, including expenses such as advertising, consulting services and legal costs, printing and reproduction as well as postage and delivery costs for materials are also charged.

G. Nature of Control Relationships that Could Affect Operations or Financial Position

AGP owns all outstanding shares of the Company. The Company's ultimate parent is WellPoint.

H. Amount Deducted for Investment in Upstream Company

The Company does not own shares of upstream intermediate entities or WellPoint.

I. Detail of Investments in Affiliates Greater than 10% of Admitted Assets

The Company does not have investments in affiliates greater than 10% of admitted assets.

J. Write-down for Impairments of Investments in Subsidiaries, Controlled or Affiliated Companies

Not applicable.

K. Investment in a Foreign Insurance Subsidiary

The Company does not have investments in foreign insurance subsidiaries.

L. Investment in Downstream Non-insurance Holding Companies

The Company does not have investments in downstream non-insurance holding companies.

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2013 and 2012.

B. All Other Debt

The Company had no other debt outstanding at December 31, 2013 and 2012.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

A. Defined Benefit Plan

Not applicable.

B. Not applicable.

C. Not applicable

NOTES TO FINANCIAL STATEMENTS

D. Not applicable.

E. Defined Contribution Plan

Not applicable – See Note 12G.

F. Multiemployer Plan

The Company does not participate in a multiemployer plan.

G. Consolidated/Holding Company Plans

The Company participates in a defined contribution plan, sponsored by AGP, covering substantially all employees. Voluntary employee contributions are matched by AGP subject to certain limitations. AGP allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. During 2013 and 2012, these costs totaled \$50,852 and \$103,711 respectively. The Company has no legal obligation for benefits under these plans.

H. Post Employment Benefits and Compensated Absences

Liabilities for earned not yet taken vacation and severance benefits have been accrued as of December 31, 2013 and 2012.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) Outstanding Shares

As of December 31, 2013, the Company has 1,000 shares of \$0.01 par value common stock authorized. The number of shares issued and outstanding is 1,000.

(2) Preferred Stock

The Company has no preferred stock outstanding.

(3) Dividend Restrictions

The maximum amount of dividends which can be paid by State of Ohio insurance companies to shareholders without prior approval of the Insurance Commissioner is subject to restrictions relating to statutory surplus and net income. Within any 12 month period, cumulative dividends may not exceed the greater of 10% of statutory surplus at the prior December 31, or net income for the 12 month period ending at the prior December 31. Also, any dividend paid from other than earned surplus shall be considered an extraordinary dividend.

(4) Dividends Paid

See Footnote 10B.

(5) Maximum Ordinary Dividend During 2014

Within the limitations of (3) above, the Company may pay \$8,368,852 in dividends during 2014 without prior approval.

(6) Unassigned Surplus Restrictions

NOTES TO FINANCIAL STATEMENTS

Unassigned surplus funds are not restricted at December 31, 2013.

(7) Mutual Surplus Advances

Not applicable.

(8) Company Stock Held for Special Purpose

There are no shares of stock held for special purposes at December 31, 2013.

(9) Changes in Special Surplus Funds

The Company has no changes in special surplus funds at December 31, 2013.

(10) Changes in Unassigned Funds

Unassigned surplus has not been impacted by unrealized gains or losses at December 31, 2013.

(11) Surplus Notes

The Company has not issued any surplus notes or debentures or similar obligations.

(12) Restatement due to Prior Quasi-reorganizations

The Company had no restatements due to prior quasi-reorganizations.

(13) Quasi-reorganizations over Prior 10 Years

The Company has not been involved in a quasi-reorganization during the past 10 years.

14. Contingencies

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2013.

B. Assessments

The Company has no assessments at December 31, 2013.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2013.

D. Claims-Related Extra Contractual Obligation and the Bad Faith Losses Stemming From Lawsuits

Not applicable.

E. All Other Contingencies

The Company has no other known contingencies. The Company has no uncollectible premium receivables at December 31, 2013.

NOTES TO FINANCIAL STATEMENTS

15. Leases

A. Lessee Leasing Arrangements

1. The Company leases office space and equipment under various noncancelable and cancelable operating leases that expire through December 2016. Related lease expense for 2013 and 2012 was \$128,785 and \$177,083, respectively.
2. At January 1, 2014, the minimum aggregate rental commitments are as follows:

	Year Ending	Operating Leases
	December 31	
1. 2014	\$ 88,451	
2. 2015	-	
3. 2016	-	
4. 2017	-	
5. 2018	-	
6. Total	<hr/> <hr/> \$ 88,451	

3. The Company has not entered into any material sales-leaseback transactions.

B. Lessor Leasing Arrangements

1. The Company has not entered into any operating leases.
2. The Company has not entered into any leveraged leases.

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

The Company has no significant financial instruments with off-balance sheet risk.

Financial instruments that potentially subject the Company to concentrations of credit risk consist primarily of investment securities. All investment securities are managed by professional investment managers within policies authorized by the board of directors. Such policies limit the amounts that may be invested in any one issuer and prescribe certain investee company criteria. As of December 31, 2013, there were no significant concentrations.

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

A. Transfers of Receivables Reported as Sales

Not applicable at December 31, 2013 and 2012.

B. Transfer and Servicing of Financial Assets

Not applicable at December 31, 2013 and 2012.

C. Wash Sales

1. In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
2. At December 31, 2013 and 2012, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

NOTES TO FINANCIAL STATEMENTS

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

A. Administrative Services Only Plans

Not applicable at December 31, 2013 and 2012.

B. Administrative Services Contract Plans

Not applicable at December 31, 2013 and 2012.

C. Medicare or Other Similarly Structured Cost-Based Reimbursement Contract

Not applicable at December 31, 2013 and 2012.

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

No premiums were written by managing general agents or third party administrators during the years ended December 31, 2013 and 2012.

20. Fair Value Measurements

A. There are no assets or liabilities measured at fair value as of December 31, 2013 and 2012.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2013 and 2012.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 22,655,967	\$ 22,411,412	\$ -	\$ 22,655,967	\$ -	\$ -
Short term investments	3,993,628	3,993,628	3,993,628	-	-	-

D. Not Practicable to Estimate Fair Value

There are no financial instruments that were not practicable to estimate fair value.

21. Other Items

A. Extraordinary Items

Not applicable at December 31, 2013 and 2012.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2013 and 2012.

C. Other Disclosures and Unusual items

Not applicable at December 31, 2013 and 2012.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

E. State Transferable Tax Credits

The Company did not have state transferable tax credits at December 31, 2013 and 2012.

F. Subprime Mortgage-Related Risk Exposure

1. The Company consults with its external investment managers to assess its subprime mortgage-related risk exposure. The general categories of information considered in determining exposure are collateral and the structure of the security. Other categories considered in determining the exposure include loan purpose, loan documentation, occupancy, geographical location, loan size and loan type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans.

The Company's investment strategy of providing safety and preservation of capital, sufficient liquidity to meet cash flow requirements and the attainment of a competitive after-tax investment return is supported by a well diversified portfolio consisting of many different types of investments. The portion of the Company's investment portfolio with subprime mortgage-related risk exposure is relatively small in comparison to the overall investment portfolio, and consists of investment grade securities with no exposure to collateralized debt obligations. All mortgage related investments are monitored closely as part of the quarterly investment review performed by the WellPoint Investment Review Committee.

2. At December 31, 2013, the Company did not carry investments in subprime mortgage loans in its portfolio.
3. At December 31, 2013, the Company's investment portfolio did not contain investments with subprime mortgage-related risk exposure.
4. The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2013.

G. Retained Assets

The Company did not have any retained assets at December 31, 2013 and 2012.

H. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2013 and 2012.

I. Joint and Several Liabilities

The Company did not have any joint or several liability arrangements at December 31, 2013 and 2012.

22. Events Subsequent

There were no events occurring subsequent to December 31, 2013 requiring disclosure. Subsequent events have been considered through February 25, 2014 for the statutory statement issued on February 25, 2014.

NOTES TO FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

1. Are any of the reinsurers that are listed in Schedule S as non-affiliated owned in excess of 10% or controlled, either directly or indirectly, by the Company or by any representative, officer, trustee, or director of the Company?

Yes () No (X)

If yes, give full details.

2. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled, directly or indirectly, by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

1. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

2. Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

1. What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate.

N/A

2. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as of the effective date of the agreement?

Yes () No (X)

NOTES TO FINANCIAL STATEMENTS

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2013 and 2012.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2013 and 2012.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or stats subject revocations during 2013 and 2012.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable.

B. Not applicable.

C. Not applicable.

D. Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims expense attributable to insured events of prior years decreased by \$2,789,842 during 2013. This is approximately 25.1% of unpaid claims of \$11,121,478 as of December 31, 2012. The redundancy reflects the decreases in estimated claims as a result of claim payments during the year, and as additional information is received regarding claims incurred prior to 2013. Recent claim development trends are also taken into account in evaluating the overall adequacy of unpaid claims.

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2013 and 2012.

27. Structured Settlements

Not applicable at December 31, 2013 and 2012.

NOTES TO FINANCIAL STATEMENTS

28. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

Quarter	Estimated Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More Than 180 Days After Billing
12/31/2013	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2013	-	-	-	-	-
6/30/2013	74,921	65,186	-	65,186	-
3/31/2013	76,734	71,291	-	71,291	-
12/31/2012	78,504	76,739	-	76,739	-
9/30/2012	54,062	56,681	-	56,681	-
6/30/2012	40,970	42,792	-	42,792	-
3/31/2012	41,550	45,989	-	45,989	-
12/31/2011	49,807	54,672	-	54,672	-
9/30/2011	-	-	-	-	-
6/30/2011	-	-	-	-	-
3/31/2011	-	-	-	-	-

B. Risk Sharing Receivables

Not applicable at December 31, 2013 and 2012.

C. Other Health Care Receivables

As of December 31, 2013, the Company has total provider advances of \$850,000. In accordance with SSAP No. 84, *Certain Health Care Receivables and Receivables Under Government Insured Plans*, these provider advances were nonadmitted.

29. Participating Policies

Not applicable at December 31, 2013 and 2012.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2013 and 2012.

31. Anticipated Subrogation and Other Recoveries

The Company took into account estimated anticipated subrogation and other recoveries in its determination of the liability for unpaid claims and reduced its liability by \$159,000 at December 31, 2013.

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

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

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Ohio
- 2.1 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]
- 2.2 If yes, date of change: _____
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2013
- 3.2 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
- 3.3 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
- 3.4 By what department or departments?
Ohio Department of Insurance
- 3.5 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]
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the 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.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
|---------------------|------------------------|------------------------|
- 6.1 Has the 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]
- 6.2 If yes, give full information:
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).
- | 1
Nationality | 2
Type of Entity |
|------------------|---------------------|
|------------------|---------------------|

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.
GENERAL INTERROGATORIES

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.

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.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
 Ernst & Young, LLP 111 Monument Circle, Suite 2600, Indianapolis, IN 46204

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]

10.2 If the response to 10.1 is yes, provide information related to this exemption:

10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]

10.4 If the response to 10.3 is yes, provide information related to this exemption:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []

10.6 If the response to 10.5 is no or n/a, please explain

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
 JoAnn Carol Stuckmeyer, Director and Actuary III (employee), 1831 Chestnut Street, St. Louis, MO 63103

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]

12.11 Name of real estate holding company

12.12 Number of parcels involved

12.13 Total book/adjusted carrying value \$

12.2 If, yes provide explanation:

13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []

14.1 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 [] No [] N/A []

(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.

14.11 If the response to 14.1 is No, please explain:

14.2 Has the code of ethics for senior managers been amended? Yes [X] No []

14.21 If the response to 14.2 is yes, provide information related to amendment(s).

Effective April 2013, the Amerigroup code was updated with clarifications necessitated by the WellPoint transaction.

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.
GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|-------|--|----------|
| 20.11 | To directors or other officers..... | \$ |
| 20.12 | To stockholders not officers..... | \$ |
| 20.13 | Trustees, supreme or grand
(Fraternal Only) | \$ |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | | |
|-------|--|----------|
| 20.21 | To directors or other officers..... | \$ |
| 20.22 | To stockholders not officers..... | \$ |
| 20.23 | Trustees, supreme or grand
(Fraternal Only) | \$ |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | | |
|-------|---------------------------|----------|
| 21.21 | Rented from others..... | \$ |
| 21.22 | Borrowed from others..... | \$ |
| 21.23 | Leased from others | \$ |
| 21.24 | Other | \$ |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | | |
|-------|---|----------|
| 22.21 | Amount paid as losses or risk adjustment \$ | |
| 22.22 | Amount paid as expenses | \$ |
| 22.23 | Other amounts paid | \$ |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [] No [X]
- 24.02 If no, give full and complete information relating thereto
The Company has securities on deposit with the State of Ohio.
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.
GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 0
24.103 Total payable for securities lending reported on the liability page	\$ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes [X] No []

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$ 0
25.22 Subject to reverse repurchase agreements	\$ 0
25.23 Subject to dollar repurchase agreements	\$ 0
25.24 Subject to reverse dollar repurchase agreements	\$ 0
25.25 Pledged as collateral	\$ 0
25.26 Placed under option agreements	\$ 0
25.27 Letter stock or other securities restricted as to sale	\$ 4,345,694
25.28 On deposit with state or other regulatory body	\$ 0
25.29 Other	\$ 0

25.3 For category (25.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A [X]
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

27.2 If yes, state the amount thereof at December 31 of the current year. \$

28. 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 []

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

1 Name of Custodian(s)	2 Custodian's Address
The Bank of New York Mellon Corporation	One BNY Mellon Center Rook 151-1035 Pittsburgh, PA 15258

28.02 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)

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes [X] No []

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

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
US Bank, NA	Bank of New York Mellon Corporation	03/15/2013	The Company was purchased by WellPoint, Inc. (WLP) in December 2012. WLP transferred all accounts to their existing bank custodians.

28.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of brokers/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 Number(s)	2 Name	3 Address
105006	Deutsche Asset Management	New York, NY
113878	McDonnell Investment Management, LLC	Oak Brook, IL

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

GENERAL INTERROGATORIES

- 29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]
- 29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
.....
29.2999 - Total		0

- 29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	26,405,041	26,649,596	244,555
30.2 Preferred stocks0		0
30.3 Totals	26,405,041	26,649,596	244,555

- 30.4 Describe the sources or methods utilized in determining the fair values:

Fair values were obtained from third-party pricing sources. If a security was not priced by a third-party pricing source, internal analytical systems or broker quotes were utilized.

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
-

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes [X] No []
- 32.2 If no, list exceptions:
-

GENERAL INTERROGATORIES**OTHER**

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$

33.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

34.1 Amount of payments for legal expenses, if any?\$1,719

34.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Foley and Lardner	448

35.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$30,000

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
Ice Miller, LLP Lobbying expenses disclosed reflect amounts reported in the Lobbyist Disclosure Reports filed with the Secretary of State as well as the cost of external contractors who provided lobbying services to the Company. The amount may include expenses that may have been paid by an affiliate on behalf of the Company and, as a result, may not be included in the Underwriting Gain reported on page 4 of the 2013 Annual Statement.	30,000

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

GENERAL INTERROGATORIES**PART 2 - HEALTH INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [] No [X]				
1.2	If yes, indicate premium earned on U.S. business only.	\$ _____				
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ _____				
1.31	Reason for excluding					
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$ _____				
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$ _____ 0				
1.6	Individual policies:	Most current three years: 1.61 Total premium earned\$ 0 1.62 Total incurred claims\$ 0 1.63 Number of covered lives 0 All years prior to most current three years: 1.64 Total premium earned\$ 0 1.65 Total incurred claims\$ 0 1.66 Number of covered lives 0				
1.7	Group policies:	Most current three years: 1.71 Total premium earned\$ 0 1.72 Total incurred claims\$ 0 1.73 Number of covered lives 0 All years prior to most current three years: 1.74 Total premium earned\$ 0 1.75 Total incurred claims\$ 0 1.76 Number of covered lives 0				
2.	Health Test:	<table border="0"> <tr> <td style="width: 40px;">1</td> <td style="width: 40px;">2</td> </tr> <tr> <td>Current Year</td> <td>Prior Year</td> </tr> </table>	1	2	Current Year	Prior Year
1	2					
Current Year	Prior Year					
2.1	Premium Numerator	79,831,525 169,589,135				
2.2	Premium Denominator	79,831,525 169,589,135				
2.3	Premium Ratio (2.1/2.2)1.000 1.000				
2.4	Reserve Numerator	3,261,038 11,377,292				
2.5	Reserve Denominator	3,261,038 11,377,292				
2.6	Reserve Ratio (2.4/2.5)1.000 1.000				
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?	Yes [] No [X]				
3.2	If yes, give particulars:					
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?	Yes [X] No []				
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?	Yes [] No []				
5.1	Does the reporting entity have stop-loss reinsurance?	Yes [] No [X]				
5.2	If no, explain: WellPoint has the ability to cover costs for the entity as needed.					
5.3	Maximum retained risk (see instructions)	5.31 Comprehensive Medical\$ 5.32 Medical Only\$ 5.33 Medicare Supplement\$ 5.34 Dental & Vision\$ 5.35 Other Limited Benefit Plan\$ 5.36 Other\$				
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: The Company's provider contracts include insolvency provisions, continuity of care provisions and hold harmless language. Benefit certificates include continuation language allowing subscribers and dependents to continue under certain circumstances. WellPoint, Inc. will assume, pay and discharge the obligations in the event the Company is insolvent.					
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?.....	Yes [X] No []				
7.2	If no, give details					
8.	Provide the following information regarding participating providers:	8.1 Number of providers at start of reporting year 6,034 8.2 Number of providers at end of reporting year 0				
9.1	Does the reporting entity have business subject to premium rate guarantees?	Yes [] No [X]				
9.2	If yes, direct premium earned:	9.21 Business with rate guarantees between 15-36 months...\$ 9.22 Business with rate guarantees over 36 months\$				

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

GENERAL INTERROGATORIES10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No []10.2 If yes:
10.21 Maximum amount payable bonuses.....\$
10.22 Amount actually paid for year bonuses.....\$700,000
10.23 Maximum amount payable withholds.....\$
10.24 Amount actually paid for year withholds.....\$

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model, Yes [] No []
11.13 An Individual Practice Association (IPA), or, Yes [] No []
11.14 A Mixed Model (combination of above)? Yes [] No []11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [] No []

11.3 If yes, show the name of the state requiring such net worth. Ohio

11.4 If yes, show the amount required. \$2,500,000

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No []

11.6 If the amount is calculated, show the calculation

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Hamilton County
Butler County
Montgomery County
Clemont County
Clinton County
Drake County
Champaign County
Clarke County
Greene County
Adams County
Highland County
Miami County
Preble County
Shelby County
Warren County
Brown County

13.1 Do you act as a custodian for health savings accounts? Yes [] No []

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$

13.3 Do you act as an administrator for health savings accounts? Yes [] No []

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2013	2 2012	3 2011	4 2010	5 2009
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	38,720,455	58,252,666	55,962,712	53,377,402	80,939,729
2. Total liabilities (Page 3, Line 24)	4,880,650	16,246,800	23,294,444	17,632,591	45,096,082
3. Statutory surplus	2,500,000	14,547,156	13,824,474	18,190,880	18,275,204
4. Total capital and surplus (Page 3, Line 33)	33,839,805	42,005,866	32,668,268	35,744,811	35,843,647
Income Statement (Page 4)					
5. Total revenues (Line 8)	80,042,339	169,589,135	148,035,378	154,029,351	264,840,656
6. Total medical and hospital expenses (Line 18)	51,668,682	114,012,927	107,360,028	112,443,300	222,044,899
7. Claims adjustment expenses (Line 20)	6,432,405	7,060,771	5,671,259	5,241,664	7,028,863
8. Total administrative expenses (Line 21)	10,043,750	28,217,291	24,817,515	24,643,957	29,865,249
9. Net underwriting gain (loss) (Line 24)	11,897,502	20,298,146	10,186,576	11,700,430	5,901,645
10. Net investment gain (loss) (Line 27)	375,700	466,794	391,628	754,029	1,055,987
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	8,368,852	13,483,951	6,806,787	9,237,266	3,200,443
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	1,705,455	6,046,789	14,526,186	(15,341,900)	11,790,782
Risk-Based Capital Analysis					
14. Total adjusted capital	33,839,805	42,005,866	32,668,268	35,744,811	35,843,647
15. Authorized control level risk-based capital	2,440,280	4,849,083	4,608,158	4,810,729	9,137,602
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	0	53,672	55,379	55,460	59,648
17. Total members months (Column 6, Line 7)	315,416	680,599	669,569	684,848	720,670
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	64.6	67.2	72.5	73.0	83.8
20. Cost containment expenses	2.9	3.4	3.0	2.3	1.9
21. Other claims adjustment expenses	5.2	0.8	0.8	1.1	0.8
22. Total underwriting deductions (Line 23)	85.1	88.0	93.1	92.4	97.8
23. Total underwriting gain (loss) (Line 24)	14.9	12.0	6.9	7.6	2.2
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	8,331,636	7,701,501	4,239,929	16,466,294	21,129,414
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	11,121,478	15,127,305	10,786,815	20,465,034	27,988,854
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above					

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS**Allocated by States and Territories**

States, etc.	1 Active Status	Direct Business Only								9 Deposit-Type Contracts
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Plan Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	N							0	
4. Arkansas	AR	N							0	
5. California	CA	N							0	
6. Colorado	CO	N							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. District of Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	N							0	
14. Illinois	IL	N							0	
15. Indiana	IN	N							0	
16. Iowa	IA	N							0	
17. Kansas	KS	N							0	
18. Kentucky	KY	N							0	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	N							0	
27. Montana	MT	N							0	
28. Nebraska	NE	N							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	N							0	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	L			81,868,435				81,868,435	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	N							0	
42. South Dakota	SD	N							0	
43. Tennessee	TN	N							0	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	N							0	
48. Washington	WA	N							0	
49. West Virginia	WV	N							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal		XXX	0	0	81,868,435	0	0	0	81,868,435	0
60. Reporting entity contributions for Employee Benefit Plans		XXX							0	
61. Total (Direct Business)	(a) 1	0	0	81,868,435	0	0	0	81,868,435	0	
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0	0

(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.

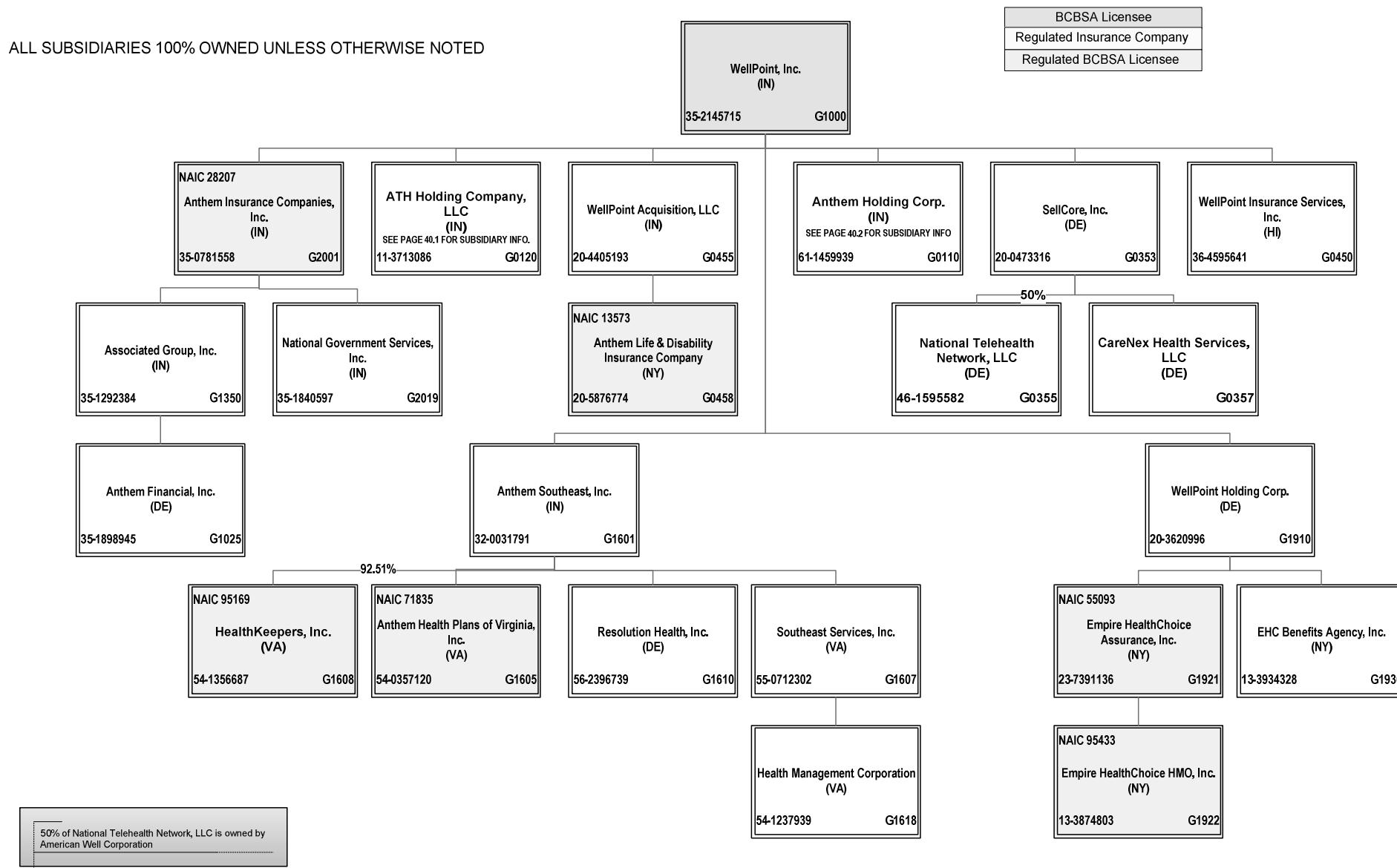
Explanation of basis of allocation by states, premiums by state, etc.

Allocate based on the situs of the contract.

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

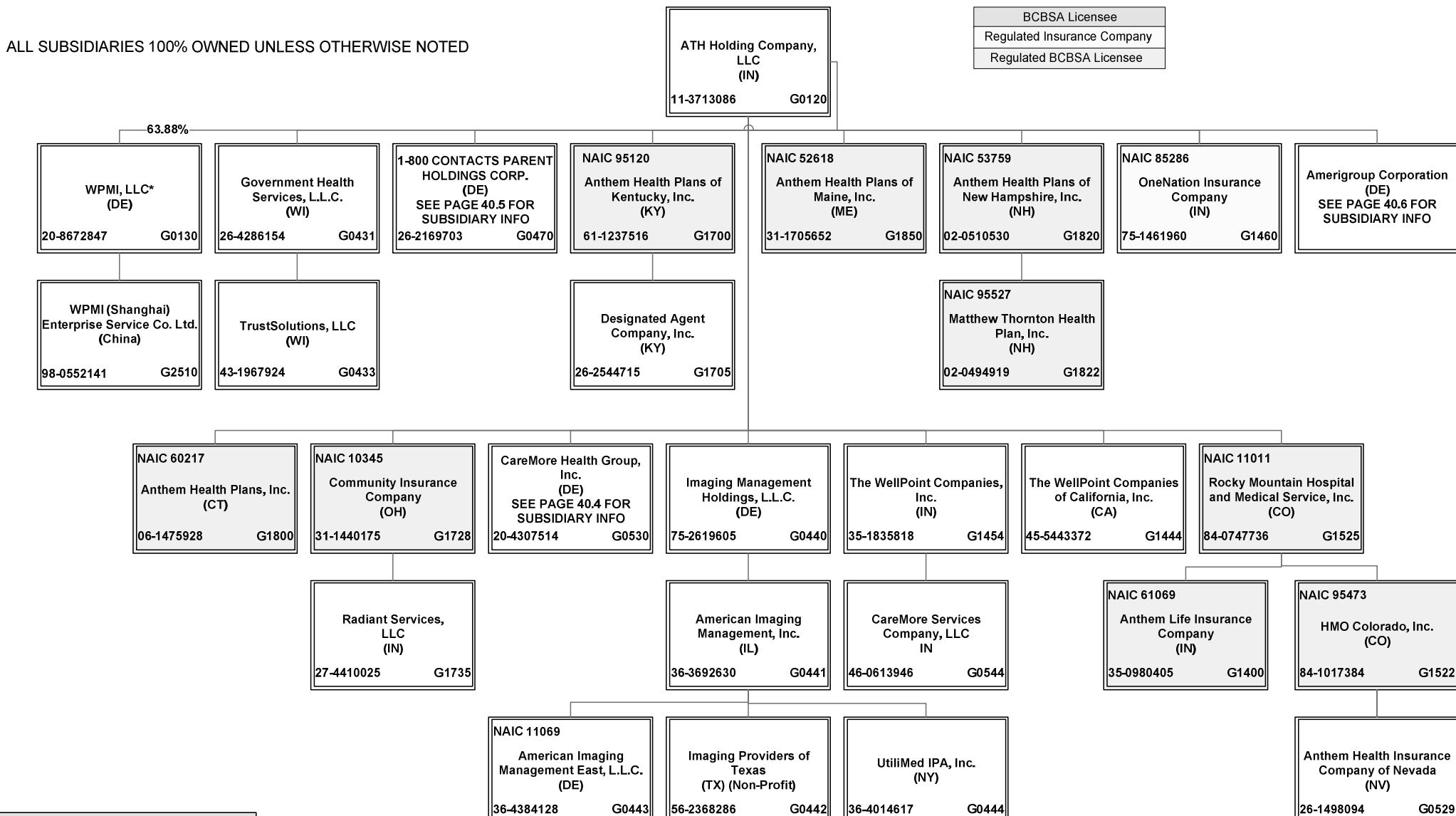
SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



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

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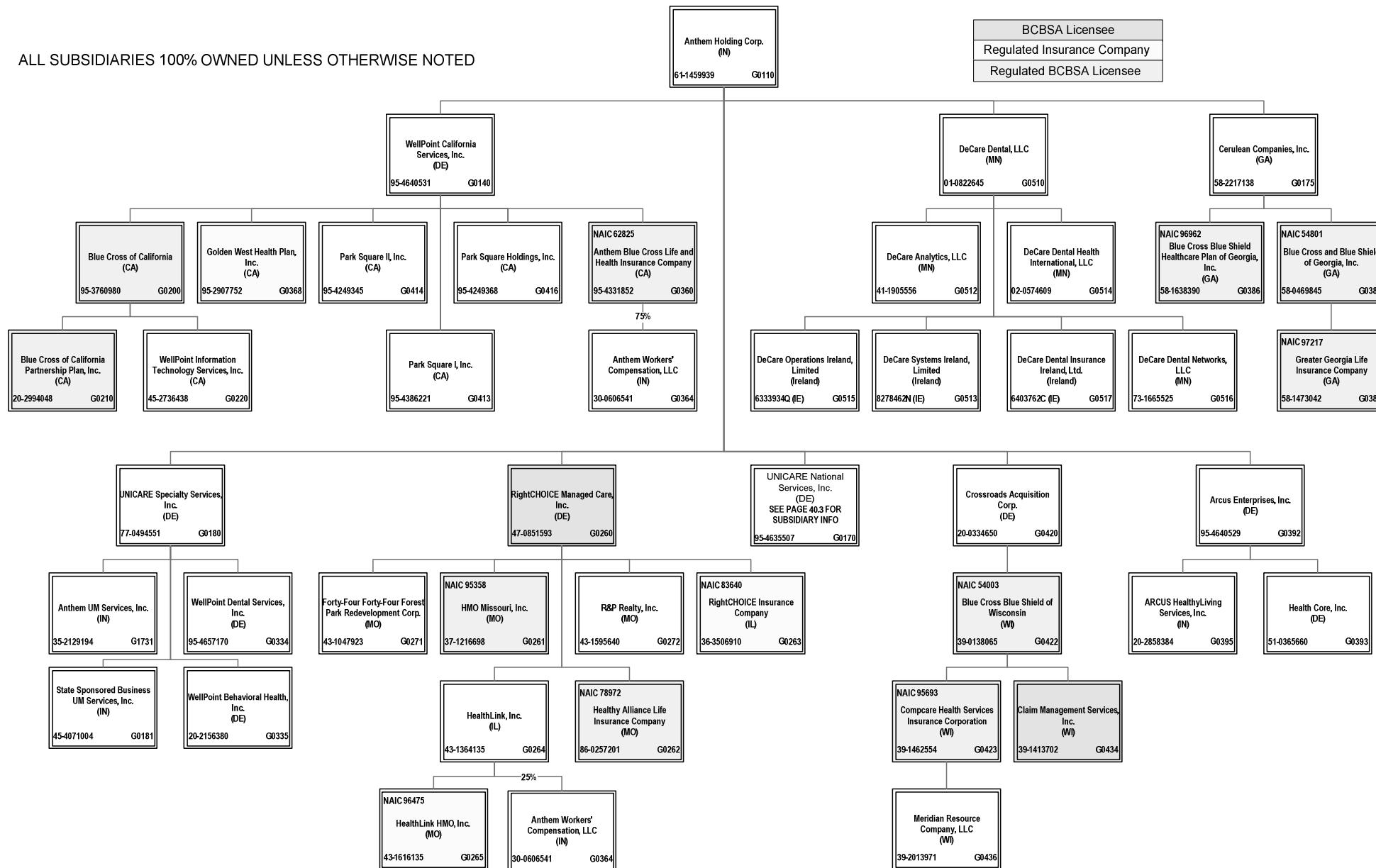


*36.12 of WPMI, LLC is owned by unaffiliated investors

ANNUAL STATEMENT FOR THE YEAR 2013 OF THE Amerigroup Ohio, Inc.

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
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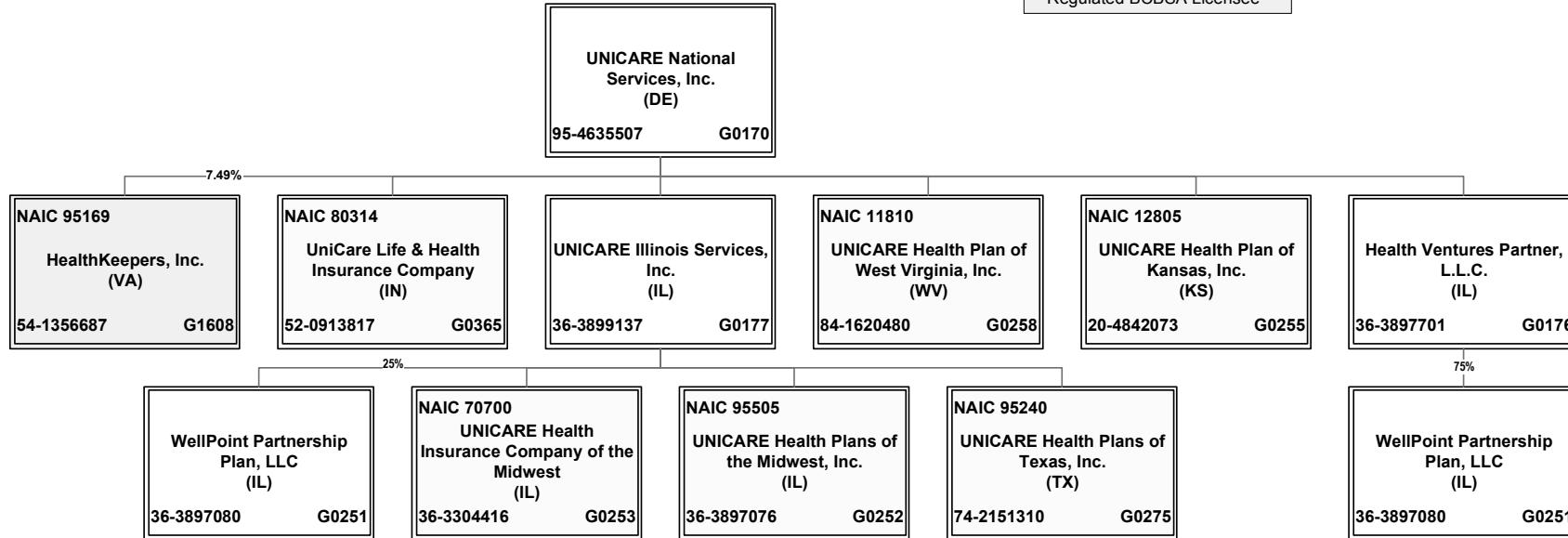
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



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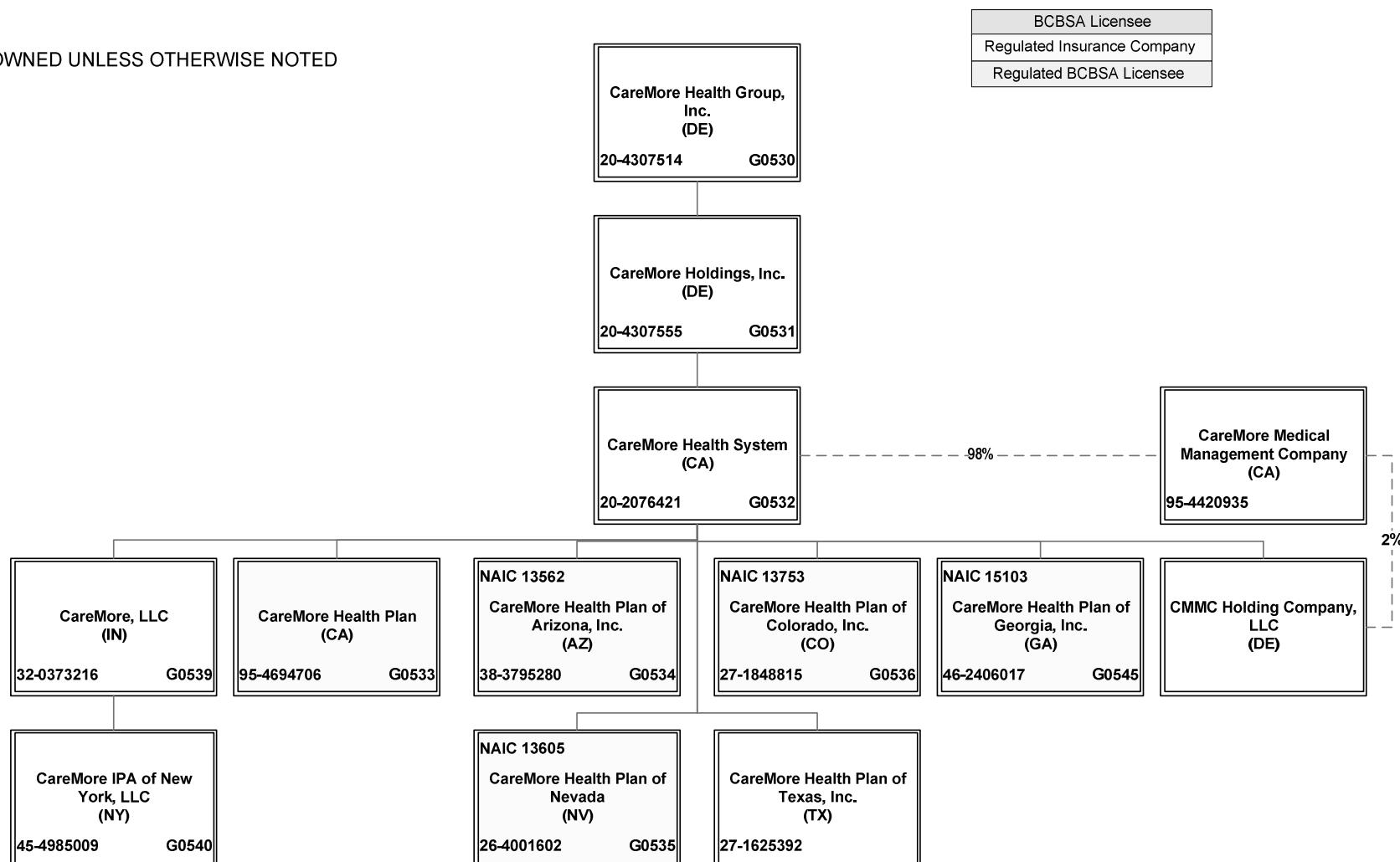
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



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

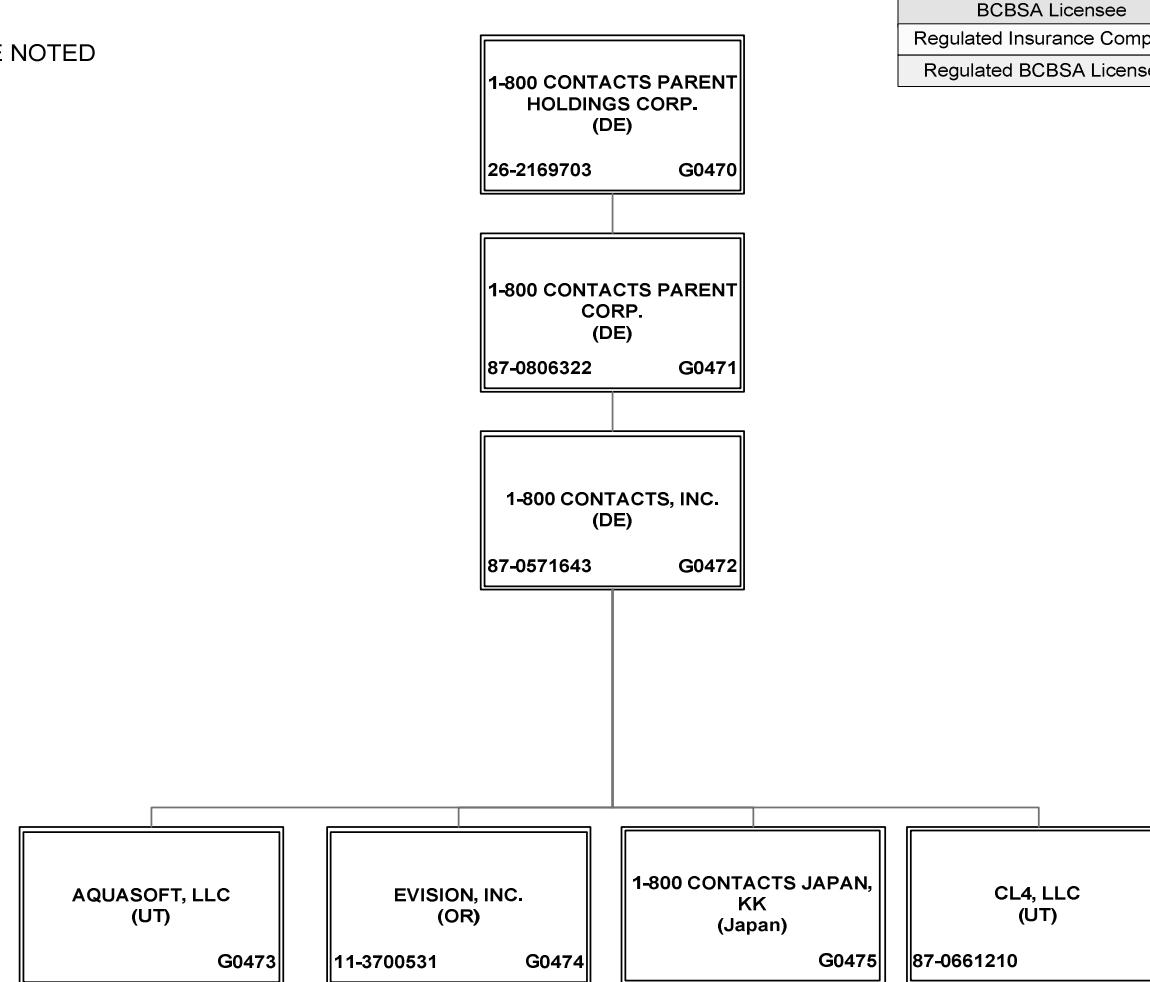
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



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

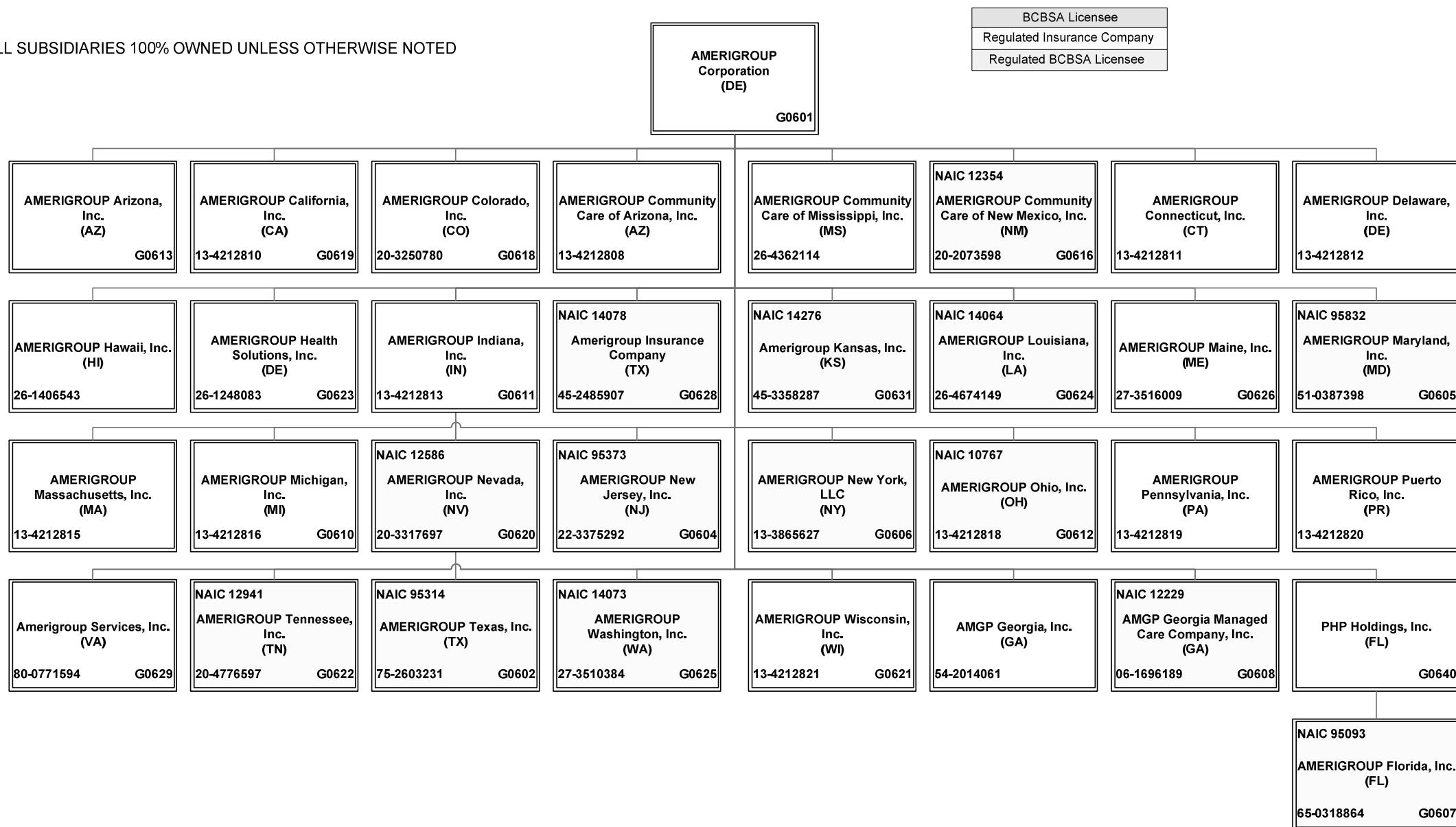
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



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

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



OVERFLOW PAGE FOR WRITE-INS

NONE

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