



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
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.			Mason , OH, US 45040		
	(Street and Number)			(City or Town, State, Country and Zip Code)		
Main Administrative Office	4425 Corporation Lane					
	(Street and Number)					
Virginia Beach , VA, US 23462 (City or Town, State, Country and Zip Code)				757-490-6900 (Area Code) (Telephone Number)		
Mail Address	N17 W24340 Riverwood Drive			Waukesha , WI, US 53188		
	(Street and Number or P.O. Box)			(City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	N17 W24340 Riverwood Drive					
	(Street and Number)					
Waukesha , WI, US 53188 (City or Town, State, Country and Zip Code)				262-523-2439 (Area Code) (Telephone Number)		
Internet Website Address	www.amerigroup.com					
Statutory Statement Contact	Brenda J. Buss			262-523-2439		
	(Name)			(Area Code) (Telephone Number)		
brenda.buss@bcbswi.com (E-mail Address)				262-523-4945 (FAX Number)		

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 Tunde Sotayo Solunje Chairperson JoAnn Carol Stuckmeyer # Valuation Actuary

DIRECTORS OR TRUSTEES

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 Kiefer
Secretary

Robert David Kretschmer
Treasurer

Subscribed and sworn to before me this
1st day of February
Brittany Rankin

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)	24,849,637		24,849,637	22,411,412
2. Stocks (Schedule D):				0
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 (\$(15,255,159) , Schedule E - Part 1), cash equivalents (\$, Schedule E - Part 2) and short-term investments (\$ 3,961,202 , Schedule DA)		(11,293,957)	(11,293,957)	14,948,774
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)	682,833		682,833	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	14,238,513	0	14,238,513	37,360,186
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	246,161		246,161	209,454
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	90,465		90,465	38,961
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			0	328,126
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	201,693		201,693	173,723
18.2 Net deferred tax asset	4,310	568	3,742	610,005
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 (\$)			0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	27,468		27,468	0
24. Health care (\$) and other amounts receivable			0	0
25. Aggregate write-ins for other than invested assets	145,006	145,006	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	14,953,616	145,574	14,808,042	38,720,455
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	14,953,616	145,574	14,808,042	38,720,455
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. Premium tax recoverable	135,527	135,527	0	0
2502. State income tax recoverable	9,479	9,479	0	0
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)	145,006	145,006	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)			.0	3,216,038
2. Accrued medical incentive pool and bonus amounts			.0	0
3. Unpaid claims adjustment expenses			.0	109,339
4. Aggregate health policy reserves, including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act			.0	45,000
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	21,094		21,094	.888,004
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			.0	0
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. Remittances and items not allocated	3,664,248		3,664,248	.591,846
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			.0	0
15. Amounts due to parent, subsidiaries and affiliates	48,598		48,598	.15,014
16. Derivatives			.0	0
17. Payable for securities	284,595		284,595	0
18. Payable for securities lending	682,833		682,833	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	0
23. Aggregate write-ins for other liabilities (including \$ current)	16,384	.0	16,384	.15,409
24. Total liabilities (Lines 1 to 23)	4,717,752	.0	4,717,752	.4,880,650
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	10,396,904	.10,580,060
29. Surplus notes	XXX	XXX	.0	
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	.0	0
31. Unassigned funds (surplus)	XXX	XXX	(306,624)	.23,259,735
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	10,090,290	.33,839,805
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	14,808,042	.38,720,455
DETAILS OF WRITE-INS				
2301. Unclaimed Property	16,384		16,384	.15,409
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	.0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	16,384	0	16,384	.15,409
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
2. Net premium income (including \$ non-health premium income).....	XXX.....	293,313	79,831,525
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	45,000	210,814
4. Fee-for-service (net of \$ medical expenses).....	XXX.....	0	
5. Risk revenue.....	XXX.....	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.....	338,313	80,042,339
Hospital and Medical:			
9. Hospital/medical benefits.....		413,140	33,858,956
10. Other professional services.....		(2)	3,775,727
11. Outside referrals.....		0	
12. Emergency room and out-of-area.....		0	6,722,284
13. Prescription drugs.....		(193,408)	7,820,189
14. Aggregate write-ins for other hospital and medical.....	0	0	1,259,866
15. Incentive pool, withhold adjustments and bonus amounts.....		0	700,000
16. Subtotal (Lines 9 to 15).....	0	219,730	54,137,022
Less:			
17. Net reinsurance recoveries.....		(68,974)	2,468,340
18. Total hospital and medical (Lines 16 minus 17).....	0	288,704	51,668,682
19. Non-health claims (net).....			
20. Claims adjustment expenses, including \$ 42,487 cost containment expenses.....		(108,558)	6,432,405
21. General administrative expenses.....		272,632	10,043,750
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	452,778	68,144,837
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(114,465)	11,897,502
25. Net investment income earned (Exhibit of Net Investment Income, Line 17).....		430,846	369,800
26. Net realized capital gains (losses) less capital gains tax of \$ 8,166.....		12,619	5,900
27. Net investment gains (losses) (Lines 25 plus 26).....	0	443,465	375,700
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.....	329,000	12,273,202
31. Federal and foreign income taxes incurred.....	XXX.....	139,333	3,904,350
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	189,667	8,368,852
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
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	0	1,259,866
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.....	33,839,805	42,005,866
34. Net income or (loss) from Line 32	189,667	8,368,852
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	(672,340)	(242,083)
39. Change in nonadmitted assets	1,733,159	(292,830)
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	(183,156)	(7,412,849)
45.2 Transferred to capital (Stock Dividend)		
45.3 Transferred from capital	183,156	7,412,849
46. Dividends to stockholders	(25,000,000)	(16,000,000)
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital and surplus (Lines 34 to 47)	(23,749,514)	(8,166,061)
49. Capital and surplus end of reporting period (Line 33 plus 48)	10,090,290	33,839,805
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 2014 OF THE Amerigroup Ohio, Inc.

CASH FLOW

	1 Current Year	2 Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	241,809	83,929,348
2. Net investment income	749,562	714,611
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	991,371	84,643,959
5. Benefit and loss related payments	3,176,616	59,733,944
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7. Commissions, expenses paid and aggregate write-ins for deductions	1,140,323	18,639,977
8. Dividends paid to policyholders		
9. Federal and foreign income taxes paid (recovered) net of \$ 8,166 tax on capital gains (losses)	175,469	4,564,583
10. Total (Lines 5 through 9)	4,492,408	82,938,504
11. Net cash from operations (Line 4 minus Line 10)	(3,501,037)	1,705,455
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	9,189,058	6,924,459
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	0
12.7 Miscellaneous proceeds	284,595	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	9,473,653	6,924,459
13. Cost of investments acquired (long-term only):		
13.1 Bonds	11,961,922	3,871,747
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	682,833	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	12,644,755	3,871,747
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)	(3,171,102)	3,052,712
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	25,000,000	16,000,000
16.6 Other cash provided (applied)	5,429,408	(956,396)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	(19,570,592)	(16,956,396)
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)	(26,242,731)	(12,198,229)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	14,948,774	27,147,003
19.2 End of year (Line 18 plus Line 19.1)	(11,293,957)	14,948,774

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

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

ANNUAL STATEMENT FOR THE YEAR 2014 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	293,313			293,313
8. Other health				0
9. Health subtotal (Lines 1 through 8)	293,313	.0	.0	293,313
10. Life	0			0
11. Property/casualty	0			0
12. Totals (Lines 9 to 11)	293,313	0	0	293,313

ANNUAL STATEMENT FOR THE YEAR 2014 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	3,435,768							3,435,768		
1.2 Reinsurance assumed	0									
1.3 Reinsurance ceded	259,152							259,152		
1.4 Net	3,176,616	0	0	.0	0	0	0	3,176,616	0	0
2. Paid medical incentive pools and bonuses	0									
3. Claim liability December 31, current year from Part 2A:										
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. 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	0									
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	3,216,038	0	0	0	0	0	0	3,216,038	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	3,216,038	0	0	.0	0	0	0	3,216,038	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									
11. Amounts recoverable from reinsurers December 31, prior year	328,126							328,126		
12. Incurred Benefits:										
12.1 Direct .....	.219,730	0	0	.0	0	0	0	.219,730	0	0
12.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0
12.3 Reinsurance ceded	(68,974)	0	0	0	0	0	0	(68,974)	0	0
12.4 Net	288,704	0	0	0	0	0	0	288,704	0	0
13. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0

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

ANNUAL STATEMENT FOR THE YEAR 2014 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										
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net										
2. Incurred but Unreported:										
2.1 Direct										
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net										
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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	6
	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	3,504,742				3,504,742	3,216,038
8. Other health					0	0
9. Health subtotal (Lines 1 to 8)	3,504,742	0	0	0	3,504,742	3,216,038
10. Healthcare receivables (a)					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts					0	0
13. Totals (Lines 9 - 10 + 11 + 12)	3,504,742	0	0	0	3,504,742	3,216,038

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

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX	XXX

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX	XXX

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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX	XXX

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX	XXX

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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	XXX	XXX	XXX	XXX

NONE**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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX		
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011	XXX				
4. 2012	XXX	XXX			
5. 2013	XXX	XXX	XXX	XXX	
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	17,551	16,725	16,778	16,685	16,683
2. 2010	103,670	108,498	106,161	106,143	106,119
3. 2011	XXX	98,525	108,025	108,525	108,489
4. 2012	XXX	XXX	110,982	118,868	118,757
5. 2013	XXX	XXX	XXX	51,299	54,977
6. 2014	XXX	XXX	XXX	XXX	XXX

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	17,738	16,442	16,778	16,685	16,683
2. 2010	116,509	109,305	106,151	106,143	106,119
3. 2011	XXX	114,304	108,567	108,532	108,489
4. 2012	XXX	XXX	121,571	118,917	118,757
5. 2013	XXX	XXX	XXX	54,459	54,977
6. 2014	XXX	XXX	XXX	XXX	XXX

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. 2010	154,029	106,119	5,201	4.9	111,320	72.3			111,320	72.3
2. 2011	148,035	108,489	5,932	5.5	114,421	77.3			114,421	77.3
3. 2012	169,589	118,757	7,307	6.2	126,064	74.3			126,064	74.3
4. 2013	80,042	54,977	5,514	10.0	60,491	75.6			60,491	75.6
5. 2014	338			0.0	0	0.0			0	0.0

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior					
2. 2010					
3. 2011		XXX			
4. 2012		XXX	XXX		
5. 2013		XXX	XXX	XXX	
6. 2014	XXX	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. 2010										
2. 2011										
3. 2012										
4. 2013										
5. 2014										

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	17,551	16,725	16,778	16,685	16,683
2. 2010	103,670	108,498	106,161	106,143	106,119
3. 2011	XXX	98,525	108,025	108,525	108,489
4. 2012	XXX	XXX	110,982	118,868	118,757
5. 2013	XXX	XXX	XXX	51,299	54,977
6. 2014	XXX	XXX	XXX	XXX	0

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 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	17,738	16,442	16,778	16,685	16,683
2. 2010	116,509	109,305	106,151	106,143	106,119
3. 2011	XXX	114,304	108,567	108,532	108,489
4. 2012	XXX	XXX	121,571	118,917	118,757
5. 2013	XXX	XXX	XXX	54,459	54,977
6. 2014	XXX	XXX	XXX	XXX	0

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. 2010	154,029	106,119	5,201	4.9	111,320	72.3	0	0	111,320	72.3
2. 2011	148,035	108,489	5,932	5.5	114,421	77.3	0	0	114,421	77.3
3. 2012	169,589	118,757	7,307	6.2	126,064	74.3	0	0	126,064	74.3
4. 2013	80,042	54,977	5,514	10.0	60,491	75.6	0	0	60,491	75.6
5. 2014	338	0	0	0.0	0	0.0	0	0	0	0.0

ANNUAL STATEMENT FOR THE YEAR 2014 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									
2. Additional policy reserves (a)									
3. Reserve for future contingent benefits									
4. Reserve for rate credits or experience rating refunds (including \$ for investment income)									
5. Aggregate write-ins for other policy reserves									
6. Totals (gross)									
7. Reinsurance ceded									
8. Totals (Net)(Page 3, Line 4)									
9. Present value of amounts not yet due on claims									
10. Reserve for future contingent benefits									
11. Aggregate write-ins for other claim reserves									
12. Totals (gross)									
13. Reinsurance ceded									
14. Totals (Net)(Page 3, Line 7)									
DETAILS OF WRITE-INS									
0501.									
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page									
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)									
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page									
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)									

(a) Includes \$ premium deficiency reserve.

NONE

**ANNUAL STATEMENT FOR THE YEAR 2014 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) .....	.9		(213)		(204)
2. Salary, wages and other benefits	217		168		385
3. Commissions (less \$ ceded plus \$ assumed)					0
4. Legal fees and expenses			1		1
5. Certifications and accreditation fees					0
6. Auditing, actuarial and other consulting services			(7,782)		(7,782)
7. Traveling expenses .....	.8		10		18
8. Marketing and advertising			81		81
9. Postage, express and telephone	16		14,715		14,731
10. Printing and office supplies					0
11. Occupancy, depreciation and amortization					0
12. Equipment			600		600
13. Cost or depreciation of EDP equipment and software .....	.2		1,707		1,709
14. Outsourced services including EDP, claims, and other services .....	.8	(74,735)	(3,411)		(78,138)
15. Boards, bureaus and association fees					0
16. Insurance, except on real estate			1		1
17. Collection and bank service charges					0
18. Group service and administration fees					0
19. Reimbursements by uninsured plans					0
20. Reimbursements from fiscal intermediaries					0
21. Real estate expenses			3		3
22. Real estate taxes					0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes			(6,325)		(6,325)
23.2 State premium taxes			26,595		26,595
23.3 Regulatory authority licenses and fees			(4,630)		(4,630)
23.4 Payroll taxes	10		10		20
23.5 Other (excluding federal income and real estate taxes)			4,722		4,722
24. Investment expenses not included elsewhere				40,432	40,432
25. Aggregate write-ins for expenses	42,217	(76,310)	246,380	0	212,287
26. Total expenses incurred (Lines 1 to 25)	42,487	(151,045)	272,632	40,432	(a) 204,506
27. Less expenses unpaid December 31, current year			21,094		21,094
28. Add expenses unpaid December 31, prior year	109,339		888,005		997,344
29. Amounts receivable relating to uninsured plans, prior year					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)	151,826	(151,045)	1,139,543	40,432	1,180,756
DETAILS OF WRITE-INS					
2501. Asset retirement			205,501		205,501
2502. Other expense	42,217	(76,310)	40,879		6,786
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)	42,217	(76,310)	246,380	0	212,287

(a) Includes management fees of \$ (25,854) to affiliates and \$ to non-affiliates.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) .....(2,268)	1,164
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) .....435,225	.468,453
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) .....1,138	1,138
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	475	523
10. Total gross investment income	434,571	471,278
11. Investment expenses	(g) .....40,432	
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)	
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		40,432
17. Net investment income (Line 10 minus Line 16)		430,846
DETAILS OF WRITE-INS		
0901. Securities Lending	484	532
0902. Miscellaneous	(9)	(9)
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)	475	523
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 \$ 2,845 accrual of discount less \$ 358,269 amortization of premium and less \$ 21,544 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)	20,785	0	20,785	.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		
4. Real estate			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)	20,785	0	20,785	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 2014 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
2. Stocks (Schedule D):			
2.1 Preferred stocks			0
2.2 Common stocks			0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			0
3.2 Other than first liens.....			0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			0
4.2 Properties held for the production of income.....			0
4.3 Properties held for sale			0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)			0
6. Contract loans			0
7. Derivatives (Schedule DB)			0
8. Other invested assets (Schedule BA)			0
9. Receivables for securities			0
10. Securities lending reinvested collateral assets (Schedule DL)			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
14. Investment income due and accrued			0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection			0
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			0
15.3 Accrued retrospective premiums			0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers			0
16.2 Funds held by or deposited with reinsured companies			0
16.3 Other amounts receivable under reinsurance contracts			0
17. Amounts receivable relating to uninsured plans			0
18.1 Current federal and foreign income tax recoverable and interest thereon			0
18.2 Net deferred tax asset	568	66,645	66,077
19. Guaranty funds receivable or on deposit			0
20. Electronic data processing equipment and software			0
21. Furniture and equipment, including health care delivery assets		305,363	305,363
22. Net adjustment in assets and liabilities due to foreign exchange rates			0
23. Receivable from parent, subsidiaries and affiliates			0
24. Health care and other amounts receivable		1,498,145	1,498,145
25. Aggregate write-ins for other than invested assets	145,006	8,580	(136,426)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	145,574	1,878,733	1,733,159
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0
28. Total (Lines 26 and 27)	145,574	1,878,733	1,733,159
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. Premium tax recoverable	135,527		(135,527)
2502. State income tax recoverable	9,479		(9,479)
2503. Prepaid		8,580	8,580
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)	145,006	8,580	(136,426)

ANNUAL STATEMENT FOR THE YEAR 2014 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						
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business.....						
7. Total						
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)						

NONE

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	2014	2013
<u>Net Income</u>			
(1) AMERIGROUP Ohio, Inc. state basis (Page 4, Line 32, Columns 2 & 3)	Ohio	\$ 189,667	\$ 8,368,852
(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	<u>\$ 189,667</u>	<u>\$ 8,368,852</u>
<u>Surplus</u>			
(5) AMERIGROUP Ohio, Inc. state basis (Page 3, Line 33, Columns 3 & 4)	Ohio	\$ 10,090,290	\$ 33,839,805
(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	<u>\$ 10,090,290</u>	<u>\$ 33,839,805</u>

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 unaffiliated 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 accounting changes or corrections during the years ended December 31, 2014 and 2013.

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 is expected to perform certain operations 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, 2014 or 2013.

NOTES TO FINANCIAL STATEMENTS

B. Debt Restructuring

The Company did not have invested assets that were restructured debt at December 31, 2014 or 2013.

C. Reverse Mortgages

The Company did not have investments in reverse mortgages at December 31, 2014 or 2013.

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 years ended December 31, 2014 and 2013.
3. The Company did not hold other-than-temporarily impaired loan-backed securities at December 31, 2014 and 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, 2014 and 2013.
5. The Company had no impaired loan-backed securities at December 31, 2014 and 2013.

E. Repurchase Agreements and/or Securities Lending Transactions

1. The Company did not enter into repurchase agreements at December 31, 2014 and 2013.
2. The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers based on, among other things, their creditworthiness in exchange for collateral initially equal to at least 102% of the market value of the loaned securities. The Company receives the collateral in cash or securities, and if cash is received the cash collateral is thereafter invested according to guidelines of the Company's Investment Policy.

NOTES TO FINANCIAL STATEMENTS

3. Collateral received

a. Aggregate amount collateral received

1. Repurchase agreement - Not applicable.

	<u>Fair</u> <u>Value</u>
2. Securities Lending	
(a) Open	\$ 682,833
(b) 30 days or less	-
(c) 31 to 60 days	-
(d) 61 to 90 days	-
(e) Greater than 90 days	-
(f) Sub-total	682,833
(g) Securities received	-
(h) Total collateral received	<u>\$ 682,833</u>

3. Dollar repurchase agreement - Not applicable.

b. The fair value of that collateral and of the portion of that collateral that it has sold or repledged

\$ 682,833

c. The Company receives cash collateral in an amount in excess of fair value of the securities lent. The Company reinvests the cash collateral into short-term investments.

4. Not applicable.

5. Collateral Reinvestment

a. Aggregate amount collateral reinvested

1. Repurchase agreement - Not applicable.

	<u>Amortized</u> <u>Cost</u>	<u>Fair</u> <u>Value</u>
2. Securities Lending		
(a) Open	\$ -	\$ -
(b) 30 days or less	682,833	682,833
(c) 31 to 60 days	-	-
(d) 61 to 90 days	-	-
(e) 91 to 120 days	-	-
(f) 121 to 180 days	-	-
(g) 181 to 365 days	-	-
(h) 1 to 2 years	-	-
(i) 2 to 3 years	-	-
(j) Greater than 3 years	-	-
(k) Sub-total	682,833	682,833
(l) Securities received	-	-
(m) Total collateral reinvested	<u>\$ 682,833</u>	<u>\$ 682,833</u>

3. Dollar repurchase agreement - Not applicable.

b. Not applicable.

NOTES TO FINANCIAL STATEMENTS

6. Not applicable.

7. Not applicable.

F. Real Estate

The Company did not have investments in real estate and did not engage in retail land sales operations during 2014 or 2013.

G. Investments in Low-Income Housing Tax Credits

The Company did not invest in properties generating low-income housing tax credits during 2014 and 2013.

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	682,833	-	682,833	682,833	4.6%	4.6%
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 - excluding FHLB capital stock	-	-	-	-	0.0%	0.0%
i. FHLB capital stock	-	-	-	-	0.0%	0.0%
j. On deposit with states	7,834,521	4,345,694	3,488,827	7,834,521	52.4%	52.9%
k. On deposit with other regulatory bodies	-	-	-	-	0.0%	0.0%
l. Pledged as collateral to FHLB (including assets backing funding agreements)	-	-	-	-	0.0%	0.0%
m. Pledged as collateral not captured in other categories	-	-	-	-	0.0%	0.0%
n. Other restricted assets	-	-	-	-	0.0%	0.0%
o. Total Restricted Assets	\$ 8,517,354	\$ 4,345,694	\$ 4,171,660	\$ 8,517,354	57.0%	57.5%

2. Not applicable.

3. Not applicable.

I. Working Capital Finance Investments

The Company did not have any working capital finance investments at December 31, 2014 and 2013.

J. Offsetting and Netting of Assets and Liabilities

The Company did not have any offsetting or netting of assets and liabilities at December 31, 2014 and 2013.

K. Structured Notes

The Company did not have any structured notes at December 31, 2014 and 2013.

NOTES TO FINANCIAL STATEMENTS

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, 2014 and 2013 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:

12/31/2014		
(1)	(2)	(3)
Ordinary	Capital	(Col 1+2) Total
(a) Gross Deferred Tax Assets	\$ 6,520	\$ 6,520
(b) Statutory Valuation Allowance Adjustments	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	6,520	6,520
(d) Deferred Tax Assets Nonadmitted	568	568
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	5,952	5,952
(f) Deferred Tax Liabilities	492	1,718
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 5,460</u>	<u>\$ (1,718)</u>
	<u>\$ 3,742</u>	<u>\$ 3,742</u>

12/31/2013		
(4)	(5)	(6)
Ordinary	Capital	(Col 4+5) 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
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ 611,471</u>	<u>\$ (1,466)</u>
	<u>\$ 610,005</u>	<u>\$ 610,005</u>

Change		
(7)	(8)	(9)
(Col 1-4) Ordinary	(Col 2-5) Capital	(Col 7+8) Total
(a) Gross Deferred Tax Assets	\$ (671,596)	\$ (671,596)
(b) Statutory Valuation Allowance Adjustments	-	-
(c) Adjusted Gross Deferred Tax Assets (1a - 1b)	(671,596)	(671,596)
(d) Deferred Tax Assets Nonadmitted	(66,077)	(66,077)
(e) Subtotal Net Admitted Deferred Tax Asset (1c - 1d)	(605,519)	(605,519)
(f) Deferred Tax Liabilities	492	252
(g) Net Admitted Deferred Tax Asset/(Net Deferred Tax Liability) (1e - 1f)	<u>\$ (606,011)</u>	<u>\$ (252)</u>
	<u>\$ (606,263)</u>	<u>\$ (606,263)</u>

ANNUAL STATEMENT FOR THE YEAR 2014 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:

12/31/2014		
(1)	(2)	(3) (Col 1+2) Total
Ordinary	Capital	

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ 2,658	\$ -	\$ 2,658
(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)	1,084	-	1,084
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	1,084	-	1,084
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	1,512,982
(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.	2,210	-	2,210
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	\$ 5,952	\$ -	\$ 5,952

12/31/2013		
(4)	(5)	(6) (Col 4+5) Total
Ordinary	Capital	

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))	\$ 611,471	\$ -	\$ 611,471

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

Admission Calculation Components SSAP No. 101

(a) Federal Income Taxes Paid in Prior Years Recoverable Through Loss Carrybacks.	\$ (600,213)	\$ -	\$ (600,213)
(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)	(6,050)	-	(6,050)
1. Adjusted Gross Deferred Tax Assets Expected To Be Realized Following the Balance Sheet Date.	(6,050)	-	(6,050)
2. Adjusted Gross Deferred Tax Assets Allowed per Limitation Threshold.	XXX	XXX	(3,471,488)
(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.	744	-	744
(d) Deferred Tax Assets Admitted as the result of application of SSAP No. 101.			
Total (2(a) + 2(b) + 2(c))	\$ (605,519)	\$ -	\$ (605,519)

3.

	2014	2013
(a) Ratio Percentage Used To Determine Recovery Period And Threshold Limitation Amount.	1273.84%	1361.72%
(b) Amount Of Adjusted Capital And Surplus Used To Determine Recovery Period And Threshold Limitation In 2(b)2 Above.	\$ 10,086,548	\$ 33,229,802

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

4.

12/31/2014		12/31/2013		Change	
(1) Ordinary	(2) Capital	(3) Ordinary	(4) Capital	(5) (Col 1-3) Ordinary	(6) (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)	\$ 6,520	\$ -	\$ 678,116	\$ -	\$ (671,596)	\$ -
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)	\$ 5,952	\$ -	\$ 611,471	\$ -	\$ (605,519)	\$ -
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, 2014 and 2013.

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

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col 1-2) Change
1. Current Income Tax			
(a) Federal	\$ 139,333	\$ 3,904,350	\$ (3,765,017)
(b) Foreign	-	-	-
(c) Subtotal	139,333	3,904,350	(3,765,017)
(d) Federal income tax expense on net capital gains	8,166	3,685	4,481
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other	-	-	-
(g) Federal and foreign income taxes incurred	\$ 147,499	\$ 3,908,035	\$ (3,760,536)

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col 1-2) Change
2. Deferred Tax Assets:			
(a) Ordinary			
(1) Discounting of unpaid losses	\$ 491	\$ 12,524	\$ (12,033)
(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	(82,400)
(8) Compensation and benefits accrual	-	-	-
(9) Pension accrual	-	-	-
(10) Receivables - nonadmitted	-	538,077	(538,077)
(11) Net operating loss carry-forward	-	-	-
(12) Tax credit carry-forward	-	-	-
(13) Other (including items <5% of total ordinary tax assets)	-	7,112	(1,083)
(14) Amortization	6,029	7,112	(1,083)
(15) Prepaid expenses	-	3,003	(3,003)
(99) Subtotal	<u>6,520</u>	<u>678,116</u>	<u>(671,596)</u>
(b) Statutory valuation allowance adjustment	-	-	-
(c) Nonadmitted	568	66,645	(66,077)
(d) Admitted ordinary deferred tax assets (2a99 - 2b - 2c)	5,952	611,471	(605,519)
(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)	<u>\$ 5,952</u>	<u>611,471</u>	<u>(605,519)</u>

NOTES TO FINANCIAL STATEMENTS

	(1) 12/31/2014	(2) 12/31/2013	(3) (Col 1-2) Change
3. Deferred Tax Liabilities:			
(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)	-	-	-
(6) Discount of coordination of benefits	492	-	492
(99) Subtotal	492	-	492
(b) Capital:			
(1) Investments	1,718	1,466	252
(2) Real estate	-	-	-
(3) Other (including items <5% of total capital tax liabilities)	-	-	-
(99) Subtotal	1,718	1,466	252
(c) Deferred tax liabilities			
(3a99 + 3b99)	2,210	1,466	744
4. Net deferred tax assets/liabilities			
(2i - 3c)	<u>\$ 3,742</u>	<u>\$ 610,005</u>	<u>\$ (606,263)</u>

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:

	2014	2013
Tax expense computed using federal statutory rate	\$ 118,007	\$ 4,296,912
Change in nonadmitted assets	634,231	(124,202)
Tax exempt income and dividend received deduction net of proration	(80,938)	(64,732)
Prior year true-up and adjustments	61,013	(188,808)
Other	87,526	230,948
Total	<u>\$ 819,839</u>	<u>\$ 4,150,118</u>
Federal income taxes incurred	\$ 147,499	\$ 3,908,035
Change in net deferred income taxes	672,340	242,083
Total statutory income taxes	<u>\$ 819,839</u>	<u>\$ 4,150,118</u>

E. Operating loss carryforwards:

1. The Company has no operating loss carryforwards and no tax credit carryforwards as of December 31, 2014.
2. The following are income taxes incurred in the current year and prior year(s) that will be available for recoupment in the event of future net losses:

	Ordinary	Capital	Total
2014	\$ 78,862	\$ 8,166	\$ 87,028
2013	4,052,861	10,528	4,063,389
2012	N/A	-	-

NOTES TO FINANCIAL STATEMENTS

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, 2014 and 2013.

F. The following companies will be included in the consolidated federal income tax return with their parent Anthem, Inc. as of December 31, 2014 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. Pursuant to this agreement, the Company has the enforceable right to recoup federal income taxes paid in prior years in the event of future net losses, which it may incur, or to recoup its net losses carried forward as an offset to future net income subject to federal income taxes. Intercompany income tax balances are settled based on the Internal Revenue Service due dates.

1-800 CONTACTS PARENT CORP.	CareMore Health Plan of Texas, Inc.
1-800 CONTACTS PARENT HOLDINGS CORP.	CareMore Health System
1-800 CONTACTS, INC.	CareMore Holdings, Inc.
American Imaging Management, Inc.	Cerulean Companies, Inc.
AMERIGROUP Arizona, Inc.	Claim Management Services, Inc.
AMERIGROUP California, Inc.	Community Insurance Company
AMERIGROUP Colorado, Inc.	Compcare Health Services Insurance Corporation
AMERIGROUP Community Care of Arizona, Inc.	Crossroads Acquisition Corp
AMERIGROUP Community Care of Mississippi, Inc.	DeCare Analytics, LLC
AMERIGROUP Community Care of New Mexico, Inc.	DeCare Dental Health International, LLC
AMERIGROUP Connecticut, Inc.	DeCare Dental Networks, LLC
AMERIGROUP Corporation	DeCare Dental, LLC
AMERIGROUP Delaware, Inc.	Designated Agent Company, Inc.
AMERIGROUP Florida, Inc.	EHC Benefits Agency, Inc.
AMERIGROUP Hawaii, Inc.	Empire HealthChoice Assurance, Inc.
AMERIGROUP Health Solutions, Inc.	Empire HealthChoice HMO, Inc.
AMERIGROUP Indiana, Inc.	EVISION, INC.
Amerigroup Insurance Company	Forty-Four Forty-Four Forest Park Redevelopment Corp
Amerigroup Kansas, Inc.	Golden West Health Plan, Inc.
AMERIGROUP Louisiana, Inc.	Government Health Services, LLC
AMERIGROUP Maine, Inc.	Health Core, Inc.
AMERIGROUP Maryland, Inc.	Health Management Corporation
AMERIGROUP Massachusetts, Inc.	HealthKeepers, Inc.
AMERIGROUP Michigan, Inc.	HealthLink HMO, Inc.
AMERIGROUP Nevada, Inc.	HealthLink, Inc.
AMERIGROUP New Jersey, Inc.	Healthy Alliance Life Insurance Company
AMERIGROUP New York, LLC	HMO Colorado, Inc.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

AMERIGROUP Ohio, Inc.	HMO Missouri, Inc.
AMERIGROUP Pennsylvania, Inc.	Imaging Management Holdings, LLC
AMERIGROUP Puerto Rico, Inc.	Imaging Providers of Texas
Amerigroup Services, Inc.	Matthew Thornton Health Plan, Inc.
AMERIGROUP Tennessee, Inc.	National Government Services, Inc.
AMERIGROUP Texas, Inc.	OneNation Insurance Company
AMERIGROUP Washington, Inc.	Park Square Holdings, Inc.
AMERIGROUP Wisconsin, Inc.	Park Square I, Inc.
AMGP Georgia Managed Care Company, Inc.	Park Square II, Inc.
AMGP Georgia, Inc.	PHP Holdings, Inc.
Anthem Blue Cross Life and Health Insurance Company	R&P Realty, Inc.
Anthem Financial, Inc.	Resolution Health, Inc.
Anthem Health Insurance Company of Nevada	RightCHOICE Insurance Company
Anthem Health Plans of Kentucky, Inc.	RightCHOICE Managed Care, Inc.
Anthem Health Plans of Maine, Inc.	Rocky Mountain Hospital and Medical Service, Inc.
Anthem Health Plans of New Hampshire, Inc.	SellCore, Inc.
Anthem Health Plans of Virginia, Inc.	Southeast Services, Inc.
Anthem Health Plans, Inc.	State Sponsored Business UM Services, Inc.
Anthem Holding Corp.	The Anthem Companies of California, Inc.
Anthem Insurance Companies, Inc.	The Anthem Companies, Inc.
Anthem Kentucky Managed Care Plan, Inc.	TrustSolutions, LLC
Anthem Life & Disability Insurance Company	UNICARE Health Insurance Company of the Midwest
Anthem Southeast, Inc.	UNICARE Health Plan of Kansas, Inc.
Anthem UM Services, Inc.	UNICARE Health Plan of West Virginia, Inc.
Anthem, Inc.	UNICARE Health Plans of Texas, Inc.
Arcus Enterprises, Inc.	UNICARE Health Plans of the Midwest, Inc.
ARCUS HealthyLiving Services, Inc.	UNICARE Illinois Services, Inc.
Associated Group, Inc.	UNICARE Life & Health Insurance Company
Blue Cross and Blue Shield of Georgia, Inc.	UNICARE National Services, Inc.
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	UNICARE Specialty Services, Inc.
Blue Cross Blue Shield of Wisconsin	UtiliMed IPA, Inc.
Blue Cross of California	WellPoint Behavioral Health, Inc.
Blue Cross of California Partnership Plan, Inc.	WellPoint California Services, Inc.
CareMore Health Group, Inc.	WellPoint Dental Services, Inc.
CareMore Health Plan	WellPoint Holding Corporation
CareMore Health Plan of Arizona, Inc.	WellPoint Information Technology Services, Inc.
CareMore Health Plan of Colorado, Inc.	WellPoint Insurance Services, Inc.
CareMore Health Plan of Georgia, Inc.	WellPoint Military Care Corporation
CareMore Health Plan of Nevada	

G. Not applicable.

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 Anthem, Inc. (“Anthem”), a publicly traded company. The shareholders of Anthem approved a proposal to amend its articles of incorporation to change the name to Anthem, Inc. from WellPoint, Inc. The name change was effective December 2, 2014.

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 \$25,000,000 on May 20, 2014. The ODI approved this dividend on June 17, 2014. The Company paid this dividend to its parent company, AGP, on June 25, 2014.

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.

NOTES TO FINANCIAL STATEMENTS

C. Intercompany Management and Service Arrangements

See note F below for changes to intercompany management and service arrangements. 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, 2014 and 2013, the Company reported \$27,468 and \$0 due from affiliates and \$48,598 and \$15,014 due to affiliates, respectively. 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.

F. Management, Service Contracts, Cost Sharing Arrangements

Effective January 1, 2014 the Company has entered into an administrative services agreement with its affiliated companies. Pursuant to these agreements, various administrative, management and support services are provided to or provided by the Company. The costs and expenses related to these administrative management and support services are allocated to or allocated by the Company in an amount equal to the direct and indirect costs and expenses incurred in providing these services. Direct costs include expenses such as salaries, employee benefits, communications, advertising, consulting services, maintenance, rent, utilities, and supplies which are directly attributable to the Company's operations. Allocated costs include expenses such as salaries, benefit claims and enrollment processing, billing, accounting, underwriting, product development and budgeting, which support the Company's operations. These costs are allocated based on various utilization statistics.

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 Anthem.

H. Amount Deducted for Investment in Upstream Company

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

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.

NOTES TO FINANCIAL STATEMENTS

11. Debt

A. Capital Notes

The Company had no capital notes outstanding at December 31, 2014 and 2013.

B. All Other Debt

The Company had no other debt outstanding at December 31, 2014 and 2013.

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

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

Beginning January 1, 2014, the Company participated in a defined contribution plan sponsored by ATH Holding Company LLC (“ATH Holding”) and covering substantially all employees. Voluntary employee contributions are matched by ATH Holding subject to certain limitations. ATH Holding allocates a share of the total accumulated costs of this plan to the Company based on the number of allocated employees. During 2014 these costs totaled \$8. Prior to January 1, 2014, the Company participated in a defined contribution plan sponsored by AGP and covering substantially all employees in which a portion of the total accumulated costs of the Plan were allocated to the Company based on the number of allocated employees. During 2013, those costs totaled \$50,852. 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, 2014 and 2013.

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, 2014, the Company has 1,000 shares of \$0.01 par value common stock authorized. The number of shares issued and outstanding is 1,000.

NOTES TO FINANCIAL STATEMENTS

(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 2015

Within the limitations of (3) above, the Company cannot pay dividends during 2015 without prior approval.

(6) Unassigned Surplus Restrictions

Unassigned surplus funds are not restricted at December 31, 2014.

(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, 2014.

(9) Changes in Special Surplus Funds

The Company has no changes in special surplus funds at December 31, 2014.

(10) Changes in Unassigned Funds

Unassigned surplus has not been impacted by unrealized gains or losses at December 31, 2014.

(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. Liabilities, Contingencies and Assessments

A. Contingent Commitments

The Company has no contingent commitments at December 31, 2014.

NOTES TO FINANCIAL STATEMENTS

B. Assessments

The Company has no assessments at December 31, 2014.

C. Gain Contingencies

The Company has no gain contingencies at December 31, 2014.

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

Not applicable.

E. Joint and Several Liabilities

Not applicable.

F. All Other Contingencies

In February 2015, Anthem reported that it was the target of a sophisticated external cyber-attack. The attackers gained unauthorized access to certain of Anthem's information technology systems and obtained personal information related to many of Anthem's current and former members and employees, such as names, birthdays, health care identification/social security numbers, street addresses, email addresses and employment information, including income data. To date, there is no evidence that credit card or medical information, such as claims, test results or diagnostic codes, were targeted, accessed or obtained, although no assurance can be given that Anthem will not identify additional information that was accessed or obtained.

Currently, Anthem is in the process of determining the extent of this cyber-attack and supporting federal law enforcement efforts to identify the responsible parties. Upon discovery of the cyber-attack, Anthem took immediate action to remediate the security vulnerability and retained a cybersecurity firm to evaluate the systems and identify solutions based on the evolving landscape. Anthem will provide credit monitoring and identity protection services to those who have been affected by this cyber-attack. Anthem has incurred expenses subsequent to the cyber attack to investigate and remediate this matter and expects to continue to incur expenses of this nature in the foreseeable future. Although Anthem is unable to quantify the ultimate magnitude of such expenses at this time, they may be significant. Anthem will recognize these expenses in the periods in which they are incurred.

Actions have been filed in courts in many states and other claims have been or may be asserted against Anthem on behalf of current or former members, current or former employees, shareholders or others seeking damages or other related relief, allegedly arising out of the cyber attack. State and federal agencies, including state insurance regulators, state attorneys general, and the Federal Bureau of Investigations, are investigating events related to the cyber attack, including how it occurred, its consequences and our responses. Although Anthem is cooperating in these investigations, Anthem may be subject to fines or other obligations, which may have an adverse effect on how we operate our business and our results of operations. Anthem has contingency plans and insurance coverage for potential liabilities of this nature, however, the coverage may not be sufficient to cover all claims and liabilities. While a loss from these matters is reasonably possible, the Company cannot reasonably estimate a range of possible losses because our investigation into the matter is ongoing, the proceedings remain in the early stages, alleged damages have not been specified, there is uncertainty as to the likelihood of a class or classes being certified or the ultimate size of any class if certified, and there are significant factual and legal issues to be resolved.

NOTES TO FINANCIAL STATEMENTS

The Company is involved in other pending and threatened litigation of the character incidental to the business transacted, arising out of its operations and is from time to time involved as a party in various governmental and administrative proceedings. These investigations, audits and reviews include routine and special investigations by state insurance departments, state attorneys general, the U.S. Attorney General and Federal Agencies. Such investigations could result in the imposition of civil or criminal fines, penalties and other sanctions. The Company believes that any liability that may result from any one of these actions is unlikely to have a material adverse effect on the Company's financial position or results of operations.

At December 31, 2014 and 2013, the Company reported admitted assets of \$90,465 and \$38,961 respectively in premium receivables. These receivables are not deemed to be uncollectible, therefore, no provision for uncollectible amounts have been recorded. The potential for any loss is not believed to be material to the Company's financial condition. The Company has no other known contingencies.

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 2014 and 2013 was \$0 and \$128,785, respectively.
2. Not applicable.
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, 2014, 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, 2014 and 2013.

B. Transfer and Servicing of Financial Assets

- (1) The Company participates in a securities lending program whereby marketable securities in its investment portfolio are transferred to independent brokers or dealers. At December 31, 2014 the fair value of securities loaned was \$666,711 and the carrying value of securities loaned was \$660,704.
- (2) – (7) Not applicable.

NOTES TO FINANCIAL STATEMENTS

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, 2014 and 2013, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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, 2014 and 2013.

B. Administrative Services Contract Plans

Not applicable at December 31, 2014 and 2013.

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

Not applicable at December 31, 2014 and 2013.

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, 2014 and 2013.

20. Fair Value Measurements

A.

- (1) There are no assets or liabilities measured at fair value as of December 31, 2014 and 2013.
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

There are no investments in Level 3 as of December 31, 2014 and 2013.

- (3) The Company's policy is to recognize transfers between levels, if any, as of the beginning of the reporting period.

- (4) Fair values of fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. United States Government securities represent Level 1 securities, while Level 2 securities primarily include corporate securities, securities from states, municipalities and political subdivisions and residential mortgage-backed securities. For securities not actively traded, the third party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds.

Fair values of equity securities are generally designated as Level 1 and are based on quoted market prices. For certain equity securities, quoted market prices for the identical security are not always available and the fair value is estimated by reference to similar securities for which quoted prices are available. These securities are designated Level 2.

NOTES TO FINANCIAL STATEMENTS

There have been no significant changes in the valuation techniques during the current period.

B. Fair Value Measurements Under Other Accounting Pronouncements

Not applicable at December 31, 2014 and 2013.

C. Financial Instruments

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 25,257,901	\$ 24,849,637	\$ 417,302	\$ 24,840,599	\$ -	\$ -
Short-term investments	3,961,202	3,961,202	3,961,202	-	-	-

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, 2014 and 2013.

B. Troubled Debt Restructuring: Debtors

Not applicable at December 31, 2014 and 2013.

C. Other Disclosures and Unusual items

Not applicable at December 31, 2014 and 2013.

D. Business Interruption Insurance Recoveries

The Company has reported no recoveries for business interruption for the years ended December 31, 2014 and 2013.

E. State Transferable Tax Credits

The Company did not have state transferable tax credits at December 31, 2014 and 2013.

F. Subprime Mortgage-Related Risk Exposure

1. 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 a quarterly investment review performed by the Anthem Investment Impairment Review Committee.
2. At December 31, 2014, the Company did not carry investments in subprime mortgage loans in its portfolio.
3. At December 31, 2014, the Company's investment portfolio did not contain investments with subprime mortgage-related risk exposure.

NOTES TO FINANCIAL STATEMENTS

4. The Company did not underwrite Mortgage Guaranty or Financial Guaranty insurance coverage at December 31, 2014.

G. Retained Assets

The Company did not have any retained assets at December 31, 2014 and 2013.

22. Events Subsequent

The Company did not have any Affordable Care Act (“ACA”) assessable premium in 2014 and 2013.

There were no other events occurring subsequent to December 31, 2014 requiring disclosure. Subsequent events have been considered through February 24, 2015 for the statutory statement issued on February 24, 2015.

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)

If yes, give full details.

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.

NOTES TO FINANCIAL STATEMENTS

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.

\$0

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)

If yes, give full details.

B. Uncollectible Reinsurance

The Company has no uncollectible reinsurance at December 31, 2014 and 2013.

C. Commutation of Ceded Reinsurance

The Company has not commuted ceded reinsurance during 2014 and 2013.

D. Certified Reinsurer Rating Downgraded or Status Subject Revocation

The Company has no downgraded certified reinsurer ratings or status subject revocations during 2014 and 2013.

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination

A. Not applicable.

B. Not applicable.

C. Not applicable.

D. Not applicable.

E. Risk-Sharing Provisions of the ACA

(1) Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions (YES/NO)?

No _____

(2) Not applicable.

(3) Not applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

The estimated cost of claims and claim adjustment expense attributable to insured events of prior years increased by \$180,146 during 2014. This is approximately 5.4% of unpaid claims and claim adjustment expenses of \$3,325,377 as of December 31, 2013. The deficiency reflects the increases in estimated claims and claim adjustment expenses as a result of claim payments during the year, and as additional information is received regarding claims incurred prior to 2014.

NOTES TO FINANCIAL STATEMENTS

26. Intercompany Pooling Arrangements

Not applicable at December 31, 2014 and 2013.

27. Structured Settlements

Not applicable at December 31, 2014 and 2013.

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
12/31/2014	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2014	-	-	-	-	-
6/30/2014	-	-	-	-	-
3/31/2014	-	-	-	-	-
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	-

B. Risk Sharing Receivables

Not applicable at December 31, 2014 and 2013.

C. Other Health Care Receivables

As of December 31, 2014 the Company did not have any provider advances. As of December 31, 2013, the Company had 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, 2014 and 2013.

30. Premium Deficiency Reserves

The Company had no liabilities related to premium deficiency reserves as of December 31, 2014 and 2013.

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 \$0 and \$159,000 at December 31, 2014 and 2013, respectively.

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
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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
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ANNUAL STATEMENT FOR THE YEAR 2014 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 Stuckmeyer (employee), Director and Actuary III, 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 January 2014, the Company adopted Anthem's Standards of Ethical Business Conduct as approved by the Board of Directors.

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 2014 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 [X] No []

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 27,387

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 [X] No []

24.02 If no, give full and complete information relating thereto

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) See Notes 5E and 17B for details.

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 [X] No [] N/A []

24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$ 682,833

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 [X] No [] N/A []

24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [X] No [] N/A []

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 [X] No [] N/A []

ANNUAL STATEMENT FOR THE YEAR 2014 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	\$ 682,833
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2	\$ 682,833
24.103 Total payable for securities lending reported on the liability page	\$ 682,833

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 [] No []

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

25.21 Subject to repurchase agreements	\$
25.22 Subject to reverse repurchase agreements	\$
25.23 Subject to dollar repurchase agreements	\$
25.24 Subject to reverse dollar repurchase agreements	\$
25.25 Placed under option agreements	\$
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$
25.27 FHLB Capital Stock	\$
25.28 On deposit with states	\$ 7,834,521
25.29 On deposit with other regulatory bodies	\$
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$
25.32 Other	\$

25.3 For category (25.26) 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 []

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] N/A []
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 []

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 [] 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
Bank of New York Mellon Corporation	One BNY Mellon Center Room 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 [] No []

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

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

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 2014 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	28,810,839	29,219,103	408,264
30.2 Preferred stocks .....	.0		0
30.3 Totals	28,810,839	29,219,103	408,264

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?\$0

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

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

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

ANNUAL STATEMENT FOR THE YEAR 2014 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: 50px;">1</td> <td style="width: 50px;">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	293,313 79,831,525				
2.2	Premium Denominator	293,313 79,831,525				
2.3	Premium Ratio (2.1/2.2)1.000 1.000				
2.4	Reserve Numerator	0 3,261,038				
2.5	Reserve Denominator	0 3,261,038				
2.6	Reserve Ratio (2.4/2.5)0.000 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: Anthem 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. Anthem, 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 8.2 Number of providers at end of reporting year				
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 2014 OF THE Amerigroup Ohio, Inc.

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [] No [X]

10.2 If yes: 10.21 Maximum amount payable bonuses..... \$
10.22 Amount actually paid for year bonuses..... \$
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 [X]
11.13 An Individual Practice Association (IPA), or, Yes [] No [X]
11.14 A Mixed Model (combination of above)? Yes [] No [X]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes [X] 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 [X]

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 [X]

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 [X]

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

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
.....

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written \$

15.2 Total Incurred Claims \$

15.3 Number of Covered Lives \$

*Ordinary Life Insurance Includes
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

FIVE-YEAR HISTORICAL DATA

	1 2014	2 2013	3 2012	4 2011	5 2010
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	14,808,042	38,720,455	58,252,666	55,962,712	53,377,402
2. Total liabilities (Page 3, Line 24)	4,717,752	4,880,650	16,246,900	23,294,444	17,632,591
3. Statutory surplus	2,500,000	2,500,000	14,547,156	13,824,474	18,190,880
4. Total capital and surplus (Page 3, Line 33)	10,090,290	33,839,805	42,005,866	32,668,268	35,744,811
Income Statement (Page 4)					
5. Total revenues (Line 8)	338,313	80,042,339	169,589,135	148,035,378	154,029,351
6. Total medical and hospital expenses (Line 18)	288,704	51,668,682	114,012,927	107,360,028	112,443,300
7. Claims adjustment expenses (Line 20)	(108,558)	6,432,405	7,060,771	5,671,259	5,241,664
8. Total administrative expenses (Line 21)	272,632	10,043,750	28,217,291	24,817,515	24,643,957
9. Net underwriting gain (loss) (Line 24)	(114,465)	11,897,502	20,298,146	10,186,576	11,700,430
10. Net investment gain (loss) (Line 27)	443,465	375,700	466,794	391,628	754,029
11. Total other income (Lines 28 plus 29)	0	0	0	0	0
12. Net income or (loss) (Line 32)	189,667	8,368,852	13,483,951	6,806,787	9,237,266
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(3,501,037)	1,705,455	6,046,789	14,526,186	(15,341,900)
Risk-Based Capital Analysis					
14. Total adjusted capital	10,090,290	33,839,805	42,005,866	32,668,268	35,744,811
15. Authorized control level risk-based capital	791,825	2,440,280	4,849,083	4,608,158	4,810,729
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)		0	53,672	55,379	55,460
17. Total members months (Column 6, Line 7)		315,416	680,599	669,569	684,848
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)	85.3	64.6	67.2	72.5	73.0
20. Cost containment expenses	12.6	2.9	3.4	3.0	2.3
21. Other claims adjustment expenses	(44.6)	5.2	0.8	0.8	1.1
22. Total underwriting deductions (Line 23)	133.8	85.1	88.0	93.1	92.4
23. Total underwriting gain (loss) (Line 24)	(33.8)	14.9	12.0	6.9	7.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	3,504,742	8,331,636	7,701,501	4,239,929	16,466,294
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	3,216,038	11,121,478	15,127,305	10,786,815	20,465,034
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)			0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)			0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)			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							
		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	9 Deposit-Type Contracts
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		293,313				293,313	
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
59. Subtotal		XXX	0	0	293,313	0	0	293,313	0
60. Reporting entity contributions for Employee Benefit Plans		XXX						0	
61. Total (Direct Business)	(a) 1	0	0	293,313	0	0	0	293,313	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	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.

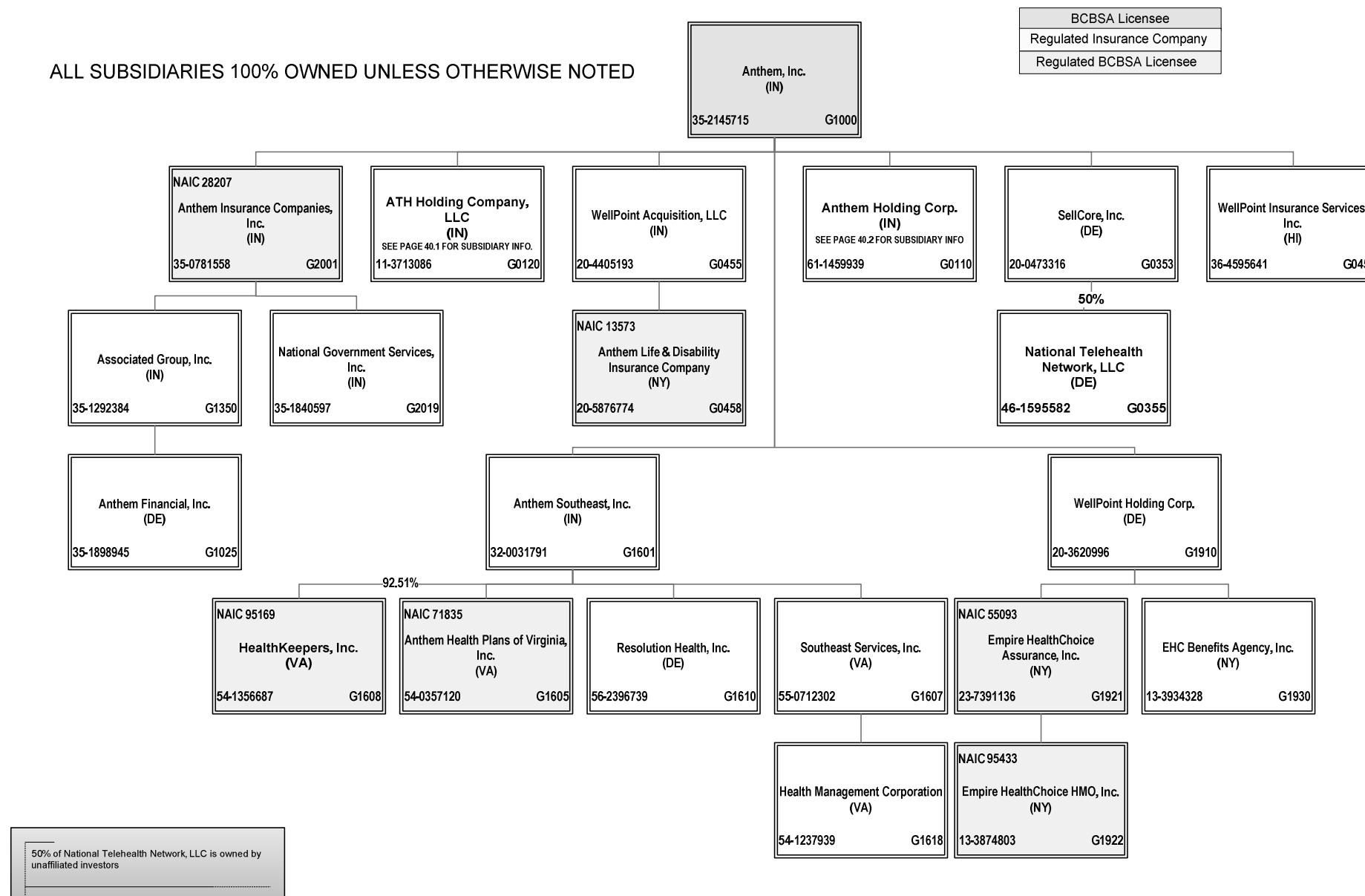
Explanation of basis of allocation by states, premiums by state, etc.

Allocate based on the situs of the contract.

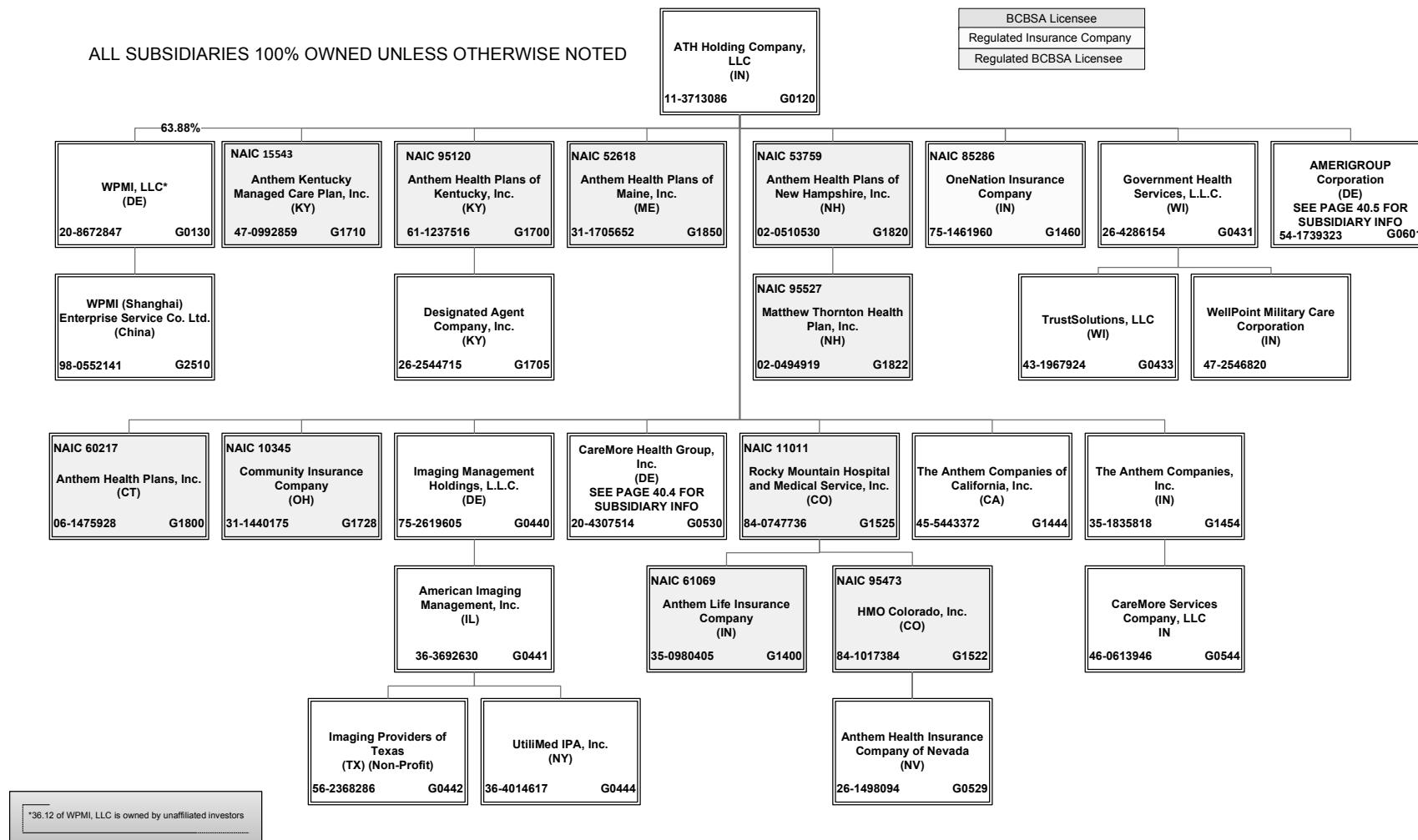
(a) Insert the number of L responses except for Canada and Other Alien.

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

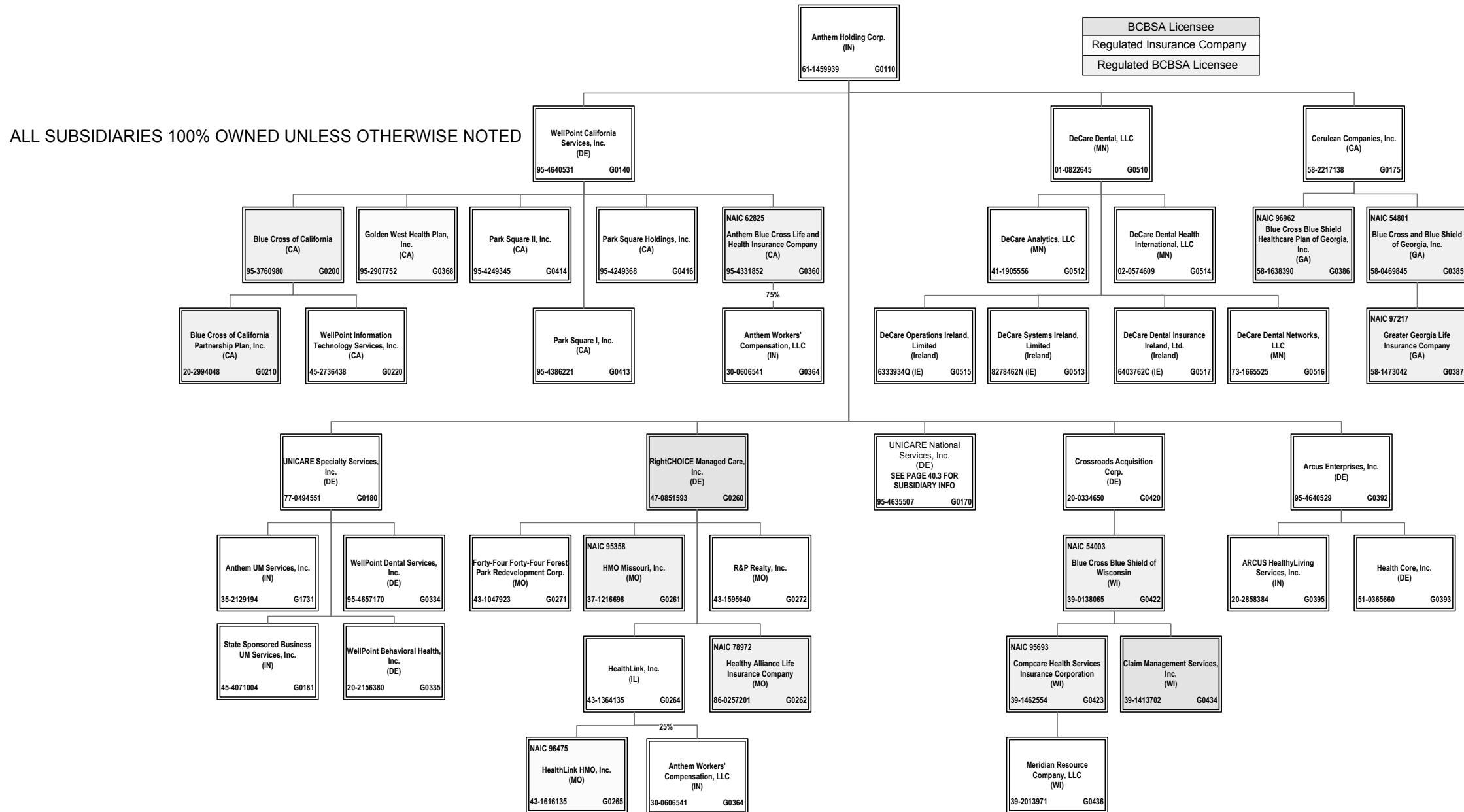
ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



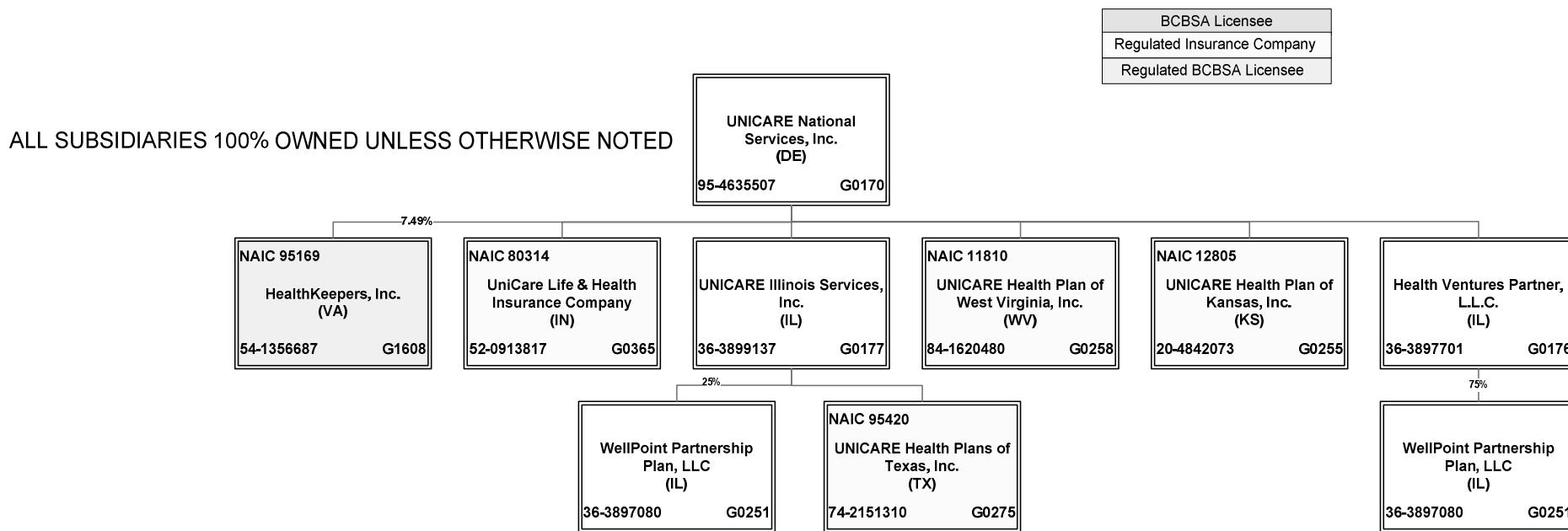
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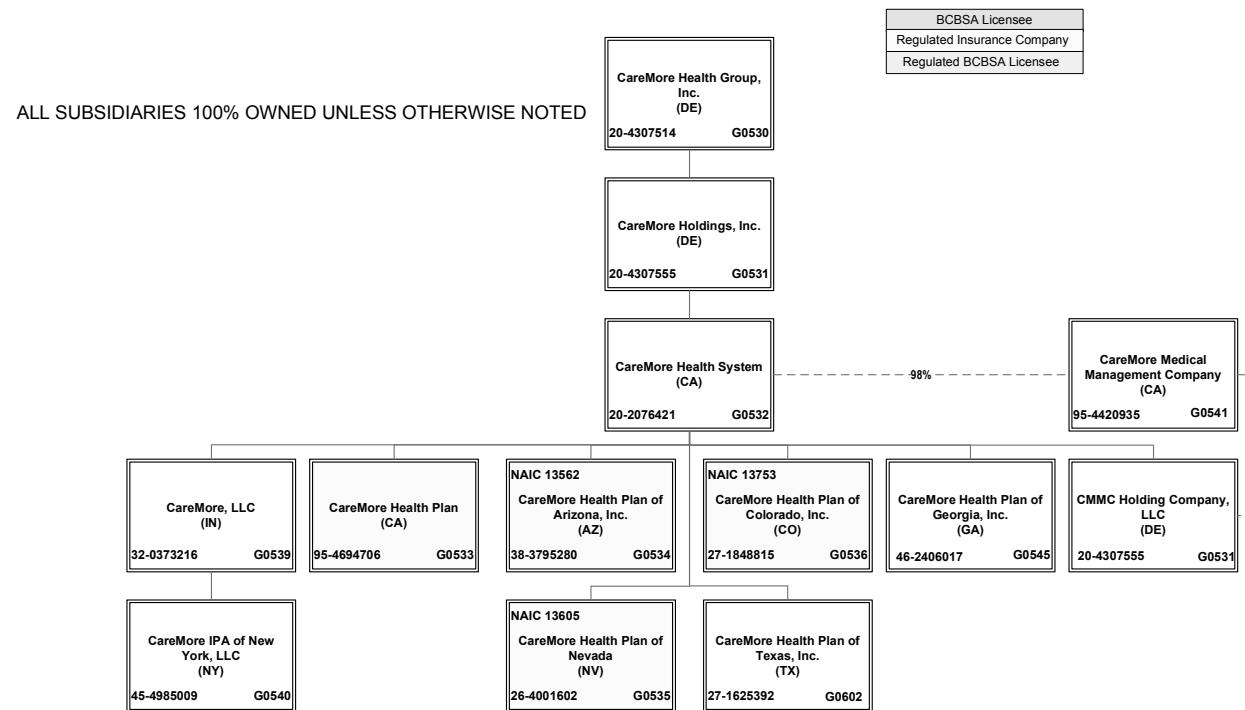


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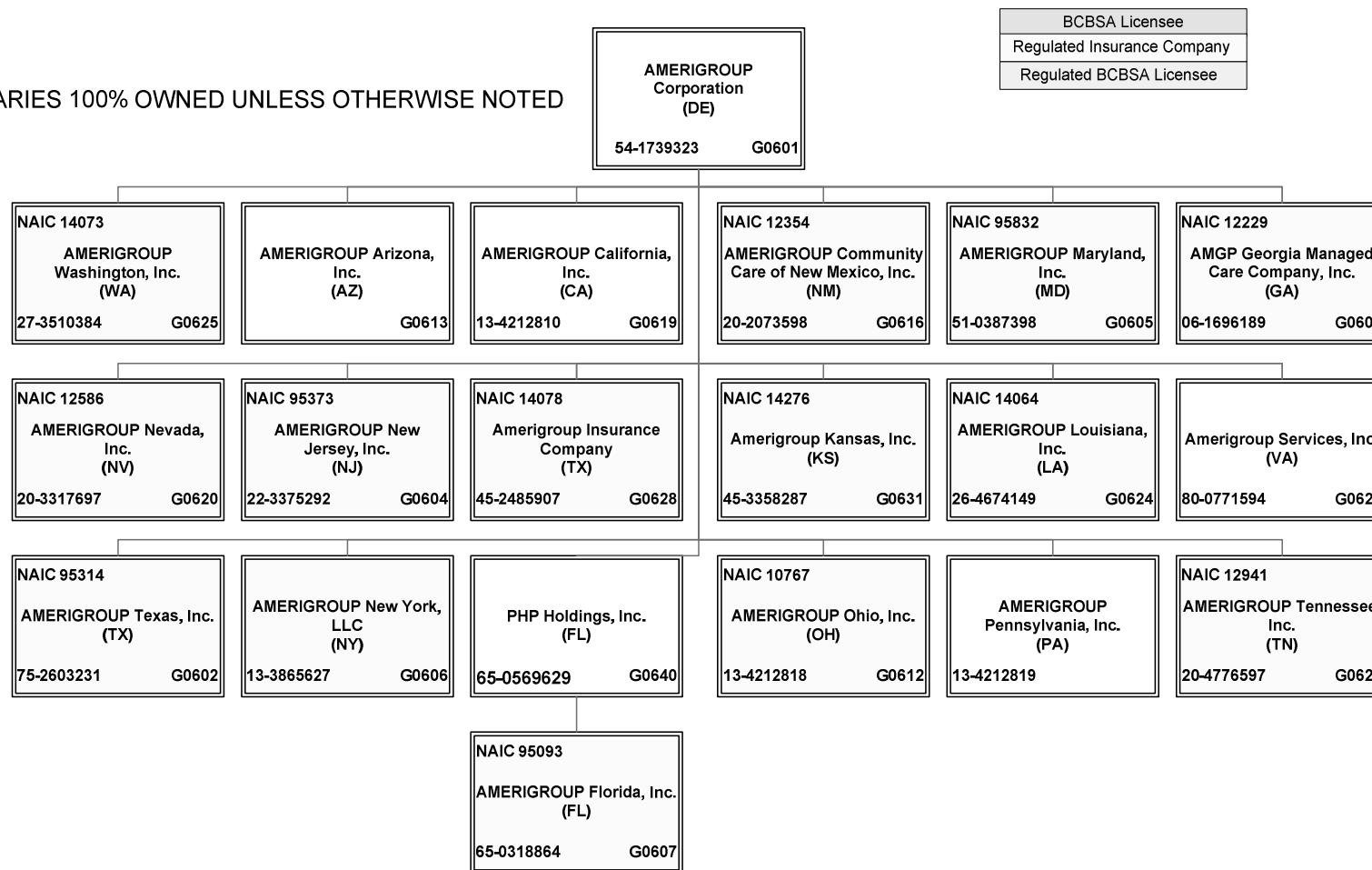
ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.

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



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

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Amerigroup Ohio, Inc.
OVERFLOW PAGE FOR WRITE-INS

NONE

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