QUARTERLY STATEMENT

OF THE

AMERIGROUP Tennessee, Inc.

of

Nashville

in the state of

Tennessee

TO THE

Insurance Department

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED
June 30, 2013

HEALTH

2013

2013

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QUARTERLY STATEMENT

AS OF June 30, 2013

OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Tennessee, Inc.

NAIC Group Code 0671 (Current Period), 1156 (Prior Period) NAIC Company Code 12941 Employer's ID Number 20-4776597

Organized under the Laws of Tennessee, State of Domicile or Port of Entry Tennessee

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[ ] Property/Casualty[ ] Hospital, Medical & Dental Service or Indemnity[ ]
Dental Service Corporation[ ] Vision Service Corporation[ ] Health Maintenance Organization[X]
Other[ ] Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]

Incorporated/Organized 04/26/2006 Commenced Business 04/01/2007

Statutory Home Office 22 Century Boulevard, Suite 310 (Street and Number), Nashville, TN, US 37214 (City or Town, State, Country and Zip Code)

Main Administrative Office 4425 Corporation Lane (Street and Number)
Virginia Beach, VA, 23462 (City or Town, State, Country and Zip Code) (757)490-6900 (Area Code) (Telephone Number)

Mail Address 4425 Corporation Lane (Street and Number or P.O. Box), Virginia Beach, VA, 23462 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 4425 Corporation Lane (Street and Number)
Virginia Beach, VA, 23462 (City or Town, State, Country and Zip Code) (757)490-6900 (Area Code) (Telephone Number)

Internet Web Site Address www.amerigroup.com

Statutory Statement Contact Bette Lou Gronseth (Name) (757)518-3638 (Area Code)(Telephone Number)(Extension)
Bette.Gronseth@amerigroup.com (E-Mail Address) (757)557-6742 (Fax Number)

OFFICERS

Name	Title	
Charles Brian Shipp	Chairperson	#
Alvin Brock King	President/CEO	
Edna Laverne Willingham	Vice President/COO	
Kathleen Susan Kiefer	Secretary	
Jack Louis Young	Vice President/Asst. Secretary	#
Robert David Kretschmer	Treasurer	
Karen Lint Shields	Vice President/Asst. Treasurer	#
Kendall Benjamin Edwards	Vice President, Finance	
Eric (Rick) Kenneth Noble	Asst. Treasurer	#

OTHERS

DIRECTORS OR TRUSTEES

Charles Brian Shipp
Wayne Scott DeVeydt
Alvin Brock King
Carter Allen Beck
Catherine Irene Kelaghan

State of Virginia
County of Virginia Beach ss

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

(Signature)	(Signature)	(Signature)
Alvin Brock King	Kathleen Susan Kiefer	Robert David Kretschmer
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President/CEO	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 12th day of August, 2013

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

(Notary Public Signature)

BARBARA C. MCLEAN STATE OF TENNESSEE NOTARY PUBLIC DAVIDSON COUNTY

My Commission Expires: March 3, 2014

Amerigroup RealSolutions in healthcare

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

To: OptumInsight

From: AMERIGROUP Tennessee, Inc.

In connection with your examination of the unpaid claim liability to be included in the statutory quarterly statement of AMERIGROUP Tennessee, Inc. (Company) as of June 30, 2013, I represent that to the best of my knowledge and belief:

1. All information which would affect the actuarial items examined has been given to you;
2. Basic records, listings, summaries and other information furnished to you, and underlying the calculation of the actuarial items identified below, are accurate and complete;
3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined; and
4. At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers.

I understand that you have relied on these items to perform your analysis and have not audited the accuracy or completeness of these items.

With respect to assets and liabilities of AMERIGROUP Tennessee, Inc. as of June 30, 2013, I represent that to the best of my knowledge and belief, the statutory statement, together with related exhibits, schedules and explanation therein contained, annexed or referred to, is a complete and fair statement of all the assets and liabilities and the condition of affairs of the Company as of June 30, 2013.

Signed	Signed
Name Mark Blessinger	Name James Manger
Title AVP, Corporate Actuarial	Title VP, Finance
Date 8/7/13	Date 8/7/13
Address 4425 Corporation Lane, VA 23462	Address 4425 Corporation Lane, VA 23462
Phone Number 757-962-6490	Phone Number 757-955-8910

4425 Corporation Lane
Virginia Beach, Virginia 23462
757.490.6900
www.amerigroupcorp.com

Statement of Actuarial Opinion
AMERIGROUP Tennessee, Inc.
June 30, 2013

This Opinion is:	☑ Unqualified	☐ Qualified	☐ Adverse	☐ Inconclusive
Identification Section	☑ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Scope Section	☑ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Reliance Section	☑ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☐ Revised Wording	
Opinion Section	☐ Prescribed Wording Only	☐ Prescribed Wording with Additional Wording	☑ Revised Wording	
Relevant Comments	Filing meets requirements of the state of domicile, which is the only state for which a statement is filed		☑ Revised Wording	
☐ The Actuarial Memorandum includes "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, John C. Lloyd, am associated with the firm of OptumInsight. I am a member of the American Academy of Actuaries and have been retained by AMERIGROUP Tennessee, Inc. to render an opinion with regard to loss reserves, actuarial liabilities and related items. I was appointed on December 3, 2009 in accordance with the requirements of the annual statement instructions. I meet the Academy qualification standards for rendering the opinion.

I have examined the assumptions and methods used in determining loss reserves, actuarial liabilities and related items listed below, as shown in the annual statement of the organization as prepared for filing with state regulatory officials, as of June 30, 2013

A.	Claims unpaid (Page 3, Line 1)	$73,227,669
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2)	$38,050
C.	Unpaid claims adjustment expenses (Page 3, Line 3)	$2,109,152
D.	Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D	$0
E.	Aggregate life policy reserves (Page 3, Line 5)	$0
F.	Property/casualty unearned premium reserves (Page 3, Line 6)	$0
G.	Aggregate health claim reserves (Page 3, Line 7)	$0
H.	Any other loss reserves, actuarial liabilities or related items presented as liabilities in the annual statement	None.
I.	Specified actuarial items presented as assets in the annual statement	None.

Statement of Actuarial Opinion
AMERIGROUP Tennessee, Inc.
June 30, 2013

In forming my opinion on items A through I above I relied upon data prepared by Mark Blessinger, AVP – Corporate Actuarial and James Manger, VP – Finance as certified in the attached statements. I evaluated that data for reasonableness and consistency. I also reconciled that data to the Underwriting and Investment Exhibit - Part 2B of the company's current annual statement. In other respects, my examination included review of the actuarial assumptions and actuarial methods used and tests of the calculations I considered necessary.

In my opinion, the amounts carried in the balance sheet on account of the items identified above:

A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,

B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,

C. Meet the requirements of the Insurance Laws and regulations of the state of Tennessee and are at least as great as the minimum aggregate amounts required by any state in which the statement is filed,

D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,

E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding year-end,

F. Include appropriate provision for all actuarial items that ought to be established.

The Underwriting and Investment Exhibit – Part 2B was reviewed for reasonableness and consistency with the applicable Actuarial Standards of Practice.

Actuarial methods, considerations, and analyses used in forming my opinion conform to the relevant Standards of Practice as promulgated from time to time by the Actuarial Standards Board, which standards form the basis of this statement of opinion.

John C. Lloyd FSA, MAAA
2170 Satellite Blvd., Suite 150
Duluth GA 30097
678-417-4906

August 13, 2013

ASSETS

	Current Statement Date 1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 December 31 Prior Year Net Admitted Assets
1. Bonds	180,764,860		180,764,860	128,313,116
2. Stocks:				
2.1 Preferred stocks				
2.2 Common stocks	17,396,748		17,396,748	15,862,262
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate:				
4.1 Properties occupied by the company (less $.....0 encumbrances)				
4.2 Properties held for the production of income (less $.....0 encumbrances)				
4.3 Properties held for sale (less $.....0 encumbrances)				
5. Cash ($....(24,079,941)), cash equivalents ($.....0) and short-term investments ($.....7,132,202)	(16,947,739)		(16,947,739)	54,711,065
6. Contract loans (including $.....0 premium notes)				
7. Derivatives				
8. Other invested assets				
9. Receivables for securities				
10. Securities lending reinvested collateral assets				
11. Aggregate write-ins for invested assets				
12. Subtotals, cash and invested assets (Lines 1 to 11)	181,213,869		181,213,869	198,886,443
13. Title plants less $.....0 charged off (for Title insurers only)				
14. Investment income due and accrued	1,319,925		1,319,925	1,302,906
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,450,526		8,450,526	7,927,310
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including $.....0 earned but unbilled premiums)				
15.3 Accrued retrospective premiums	10,300		10,300	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers				
16.2 Funds held by or deposited with reinsured companies				
16.3 Other amounts receivable under reinsurance contracts				
17. Amounts receivable relating to uninsured plans	168		168	4,226
18.1 Current federal and foreign income tax recoverable and interest thereon				
18.2 Net deferred tax asset	1,645,047		1,645,047	1,860,865
19. Guaranty funds receivable or on deposit				
20. Electronic data processing equipment and software	2,203		2,203	2,772
21. Furniture and equipment, including health care delivery assets ($.....0)	596,199	596,199		
22. Net adjustments in assets and liabilities due to foreign exchange rates				
23. Receivables from parent, subsidiaries and affiliates	672,910		672,910	
24. Health care ($.....1,723,017) and other amounts receivable	4,690,849	2,967,832	1,723,017	2,199,708
25. Aggregate write-ins for other than invested assets				
26. TOTAL assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	198,601,996	3,564,031	195,037,965	212,184,230
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28. TOTAL (Lines 26 and 27)	198,601,996	3,564,031	195,037,965	212,184,230
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page				
1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page				
2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Period			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	73,227,669		73,227,669	72,842,721
2.	Accrued medical incentive pool and bonus amounts	38,050		38,050	127,952
3.	Unpaid claims adjustment expenses	2,109,152		2,109,152	1,472,203
4.	Aggregate health policy reserves, including the liability of $.....0 for medical loss ratio rebate per the Public Health Service Act				476,970
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	120,005		120,005	217,694
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized gains (losses))	2,007,254		2,007,254	2,581,534
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	9,301,344		9,301,344	14,903,158
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				1,391,661
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending				
19.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers, $.....0 unauthorized reinsurers and $.....0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified ($.....0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans	979,907		979,907	431,211
23.	Aggregate write-ins for other liabilities (including $.....0 current)	12,084,145		12,084,145	11,659,281
24.	Total liabilities (Lines 1 to 23)	99,867,526		99,867,526	106,104,385
25.	Aggregate write-ins for special surplus funds	XXX	XXX		
26.	Common capital stock	XXX	XXX	1,000	1,000
27.	Preferred capital stock	XXX	XXX		
28.	Gross paid in and contributed surplus	XXX	XXX	95,809,432	95,809,432
29.	Surplus notes	XXX	XXX		
30.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
31.	Unassigned funds (surplus)	XXX	XXX	(639,993)	10,269,413
32.	Less treasury stock, at cost:				
	32.1 .....0 shares common (value included in Line 26 $.....0)	XXX	XXX		
	32.2 .....0 shares preferred (value included in Line 27 $.....0)	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	95,170,439	106,079,845
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	195,037,965	212,184,230
DETAILS OF WRITE-INS					
2301.	Accrued Premium Tax	12,041,176		12,041,176	11,659,281
2302.	Unclaimed Property - Wells Fargo	42,969		42,969	
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	12,084,145		12,084,145	11,659,281
2501.		XXX	XXX		
2502.		XXX	XXX		
2503.		XXX	XXX		
2598.	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX		
3001.		XXX	XXX		
3002.		XXX	XXX		
3003.		XXX	XXX		
3098.	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX		
3099.	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,218,670	1,228,379	2,459,155
2.	Net premium income (including $.....0 non-health premium income)	XXX	451,413,597	450,213,407	904,880,116
3.	Change in unearned premium reserves and reserves for rate credits	XXX	476,970		
4.	Fee-for-service (net of $.....0 medical expenses)	XXX			
5.	Risk revenue	XXX			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)	XXX	451,890,567	450,213,407	904,880,116
Hospital and Medical:					
9.	Hospital/medical benefits		286,084,683	286,585,637	583,235,023
10.	Other professional services		12,678,360	11,418,429	24,028,749
11.	Outside referrals				
12.	Emergency room and out-of-area		24,616,579	29,524,102	56,100,967
13.	Prescription drugs		3,955,578	2,502,513	4,592,478
14.	Aggregate write-ins for other hospital and medical		44,689,740	34,511,542	72,692,363
15.	Incentive pool, withhold adjustments and bonus amounts		(215)	29,441	140,142
16.	Subtotal (Lines 9 to 15)		372,024,725	364,571,664	740,789,722
Less:					
17.	Net reinsurance recoveries		(141,788)	(131,879)	(279,574)
18.	Total hospital and medical (Lines 16 minus 17)		372,166,513	364,703,543	741,069,296
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including $.....10,167,361 cost containment expenses		12,865,586	12,950,242	25,706,479
21.	General administrative expenses		50,064,136	50,417,471	102,262,359
22.	Increase in reserves for life and accident and health contracts (including $.....0 increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)		435,096,235	428,071,256	869,038,134
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	16,794,332	22,142,151	35,841,982
25.	Net investment income earned		1,611,017	1,557,638	3,092,201
26.	Net realized capital gains (losses) less capital gains tax of $.....33,761		62,700	21,553	103,767
27.	Net investment gains or (losses) (Lines 25 plus 26)		1,673,717	1,579,191	3,195,968
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered $.....0) (amount charged off $.....0)]				
29.	Aggregate write-ins for other income or expenses				
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	18,468,049	23,721,342	39,037,950
31.	Federal and foreign income taxes incurred	XXX	6,046,540	8,187,811	13,193,450
32.	Net income (loss) (Lines 30 minus 31)	XXX	12,421,509	15,533,531	25,844,500
DETAILS OF WRITE-INS					
0601.		XXX			
0602.		XXX			
0603.		XXX			
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.		XXX			
0702.		XXX			
0703.		XXX			
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX			
1401.	DME, Home Health Care, Ambulance, Other LTSS		44,689,740	34,511,542	72,692,363
1402.					
1403.					
1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		44,689,740	34,511,542	72,692,363
2901.					
2902.					
2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page				
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	106,079,845	144,193,492	144,193,492
34.	Net income or (loss) from Line 32	12,421,509	15,533,531	25,844,500
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....(537,070)	997,416	348,871	1,306,474
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	321,252	171,213	314,069
39.	Change in nonadmitted assets	(649,583)	(916,044)	(1,050,133)
40.	Change in unauthorized and certified reinsurance			
41.	Change in treasury stock			
42.	Change in surplus notes			
43.	Cumulative effect of changes in accounting principles			
44.	Capital Changes:			
	44.1 Paid in			
	44.2 Transferred from surplus (Stock Dividend)			
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in		239,878	471,443
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders	(24,000,000)	(65,000,000)	(65,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus			
48.	Net change in capital and surplus (Lines 34 to 47)	(10,909,406)	(49,622,551)	(38,113,647)
49.	Capital and surplus end of reporting period (Line 33 plus 48)	95,170,439	94,570,941	106,079,845
DETAILS OF WRITE-INS				
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page			
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

CASH FLOW

		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	450,880,081	451,514,307	906,257,291
2.	Net investment income	2,695,646	2,593,293	5,132,590
3.	Miscellaneous income			
4.	TOTAL (Lines 1 to 3)	453,575,727	454,107,600	911,389,881
5.	Benefit and loss related payments	372,412,069	375,312,179	751,119,618
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	61,519,428	62,048,110	127,802,800
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)	6,654,581	3,469,323	8,362,229
10.	TOTAL (Lines 5 through 9)	440,586,078	440,829,612	887,284,647
11.	Net cash from operations (Line 4 minus Line 10)	12,989,649	13,277,988	24,105,234
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	29,819,642	34,336,002	68,214,075
	12.2 Stocks			
	12.3 Mortgage loans			
	12.4 Real estate			
	12.5 Other invested assets			
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	(1,053)	(225)	812
	12.7 Miscellaneous proceeds			
	12.8 TOTAL investment proceeds (Lines 12.1 to 12.7)	29,818,589	34,335,777	68,214,887
13.	Cost of investments acquired (long-term only):			
	13.1 Bonds	83,275,520	24,434,802	44,323,637
	13.2 Stocks		6,176,658	6,176,658
	13.3 Mortgage loans			
	13.4 Real estate			
	13.5 Other invested assets			
	13.6 Miscellaneous applications			
	13.7 TOTAL investments acquired (Lines 13.1 to 13.6)	83,275,520	30,611,460	50,500,295
14.	Net increase (or decrease) in contract loans and premium notes			
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(53,456,931)	3,724,317	17,714,592
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock			
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities			
	16.5 Dividends to stockholders	24,000,000	65,000,000	65,000,000
	16.6 Other cash provided (applied)	(7,191,522)	(12,127,330)	(3,468,033)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)	(31,191,522)	(77,127,330)	(68,468,033)
	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)	(71,658,804)	(60,125,025)	(26,648,207)
19.	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year	54,711,065	81,359,272	81,359,272
	19.2 End of period (Line 18 plus Line 19.1)	(16,947,739)	21,234,247	54,711,065

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

20.0001	Depreciation	318,280	275,728	597,000
20.0002	Non-cash Capital Contributions		239,878	471,443

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	205,980							3,744	202,236	
2. First Quarter	203,203							4,030	199,173	
3. Second Quarter	203,841							4,254	199,587	
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	1,218,670							24,333	1,194,337	
Total Member Ambulatory Encounters for Period:										
7. Physician	645,393							30,629	614,764	
8. Non-Physician	812,700							20,048	792,652	
9. Total	1,458,093							50,677	1,407,416	
10. Hospital Patient Days Incurred	71,047							6,820	64,227	
11. Number of Inpatient Admissions	10,672							800	9,872	
12. Health Premiums Written (a)	451,413,597							24,598,265	426,815,332	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	451,890,567							25,075,235	426,815,332	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	372,270,281							22,318,995	349,951,286	
18. Amount Incurred for Provision of Health Care Services	372,024,725							22,902,641	349,122,084	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....24,598,265.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 days	6 Over 120 Days	7 Total
0199999 Individually Listed Claims Unpaid						
0399999 Aggregate Accounts Not Individually Listed - Covered	3,695,934	(75,198)	574	(3,744)	(61,814)	3,555,752
0499999 Subtotals	3,695,934	(75,198)	574	(3,744)	(61,814)	3,555,752
0599999 Unreported claims and other claim reserves						69,671,917
0799999 Total Claims Unpaid						73,227,669
0899999 Accrued Medical Incentive Pool And Bonus Amounts						38,050

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec 31 of Prior Year	On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1+3)	Estimated Claim Reserve and Claim Liability Dec 31 of Prior Year
1. Comprehensive (hospital & medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	2,862,159	19,458,734	33,045	4,731,664	2,895,204	3,933,569
7. Title XIX - Medicaid	56,834,908	293,166,581	3,736,336	64,726,624	60,571,244	68,909,152
8. Other health						
9. Health subtotal (Lines 1 to 8)	59,697,067	312,625,315	3,769,381	69,458,288	63,466,448	72,842,721
10. Healthcare receivables (a)	3,728,884	943,965			3,728,884	4,132,247
11. Other non-health						
12. Medical incentive pools and bonus amounts	89,687		(10,990)	49,040	78,697	127,952
13. Totals (Lines 9 - 10 + 11 + 12)	56,057,870	311,681,350	3,758,391	69,507,328	59,816,261	68,838,426

(a) Excludes $.....18,000 loans or advances to providers not yet expensed.

Notes to Financial Statement

1. Summary of Significant Accounting Policies

A. Accounting Practices

The accompanying financial statements of AMERIGROUP Tennessee, 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 Practice and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Tennessee Department of Commerce and Insurance ("TDCI").

For the six months ended June 30, 2013 and the year ended December 31, 2012, there were no differences between the Company's statutory basis capital and surplus and net income under NAIC SAP and practices prescribed or permitted by the TDCI.

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 amount reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

C. Accounting Policy

Health premium revenues, based on membership records and premiums 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 subject to approval by 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.
(2) Bonds are stated at amortized cost, with amortization calculated based on the scientific method, using lower of yield to call or yield to maturity.
(3) Common stocks of unaffiliated companies are stated at fair value.
(4) The Company has no preferred stock.
(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 are obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities.
(7) The Company has no investment in subsidiaries, controlled and affiliated companies.
(8) The Company has no investment in joint ventures, partnerships and limited liability companies.
(9) The Company has no investment in derivatives.
(10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
(11) Unpaid Claims and loss 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 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 rebates receivable 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 or as contract terms allow. All pharmaceutical rebate receivables are considered non-admitted due to their collectability beyond 90 days.

2. Accounting Changes and Corrections of Errors

No significant change.

3. Business Combinations and Goodwill

No significant change.

4. Discontinued Operations

No significant change.

Notes to Financial Statement

5. **Investments**

A. **Mortgage loans including Mezzanine Real Estate Loans**

No significant change.

B. **Debt Restructuring**

No significant change.

C. **Reverse Mortgages**

No significant change.

D. **Loan-Backed Securities**

(1) Prepayment assumptions for mortgage-backed and structured 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 for the six month period ended June 30, 2013.

(3) The Company did not hold other-than-temporarily impaired loan-backed securities at June 30, 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 June 30, 2013.

(5) The Company had no impaired loan-backed securities at June 30, 2013.

E. **Repurchase Agreements**

No significant change.

F. **Real Estate**

No significant change.

G. **Investments in low-income housing tax credits**

No significant change.

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

No significant change.

7. **Investment Income**

No significant change.

8. **Derivative Instruments**

No significant change.

9. **Income Taxes**

No significant change.

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

A. **Nature of the relationship**

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

B. **Significant transactions for each period**

No significant change.

C. **Administrative Services and Tax-Sharing Agreements**

AMERIGROUP Corporation provides administrative and financial support services to the Company.

Notes to Financial Statement

Administrative services fees charged to the Company were $23,706,943 and $48,012,116 for the six months ended June 30, 2013 and year ended December 31, 2012, respectively. Management fees are included in general administrative expenses in the accompanying statutory statements of revenue and expenses.

Taxes charged to the Company under a Tax-Sharing Agreement were $6,080,302 and $14,707,688 for the six months ended June 30, 2013 and year ended December 31, 2012, respectively.

AMERIGROUP Corporation previously allocated compensation expense related to share-based payments made to employees of the Company. The amount of compensation expense for the year ended December 31, 2012 was $471,443. There was no compensation expense for the six months ended June 30, 2013. The Company reflects these allocated expenses as capital contributions since AMERIGROUP Corporation does not bill the Company for these amounts, which are included in general administrative expenses in the accompanying statements of revenue and expenses.

The Company paid an ordinary dividend of $24,000,000 to AMERIGROUP Corporation on June 5, 2013. During 2012, the Company was granted approval from the Tennessee Department of Commerce and Insurance to pay an extraordinary dividend of $65,000,000 which was disbursed on March 30, 2012.

D. Amounts due to or from Related Parties

AMERIGROUP Corporation owed the Company $672,910 as of June 30, 2013. For the period ended December 31, 2012, the Company owed AMERIGROUP Corporation $1,391,661. The amounts were the difference between the estimated charges and the actual expenses incurred in the month. These balances are paid in the following month.

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

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

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

AMERIGROUP Corporation owns all the outstanding shares of the Company. The Company's ultimate parent is WellPoint, Inc.

H. Amount deducted for Investment in Upstream Company

No significant change.

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

No significant change.

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

No significant change.

K. Investment in a Foreign Insurance Subsidiary

No significant change.

L. Investment in Downstream Non-insurance Holding Companies

No significant change.

11. Debt

No significant change.

Notes to Financial Statement

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

The Company does not participate in a defined benefit program.

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

No significant change.

14. Contingencies

No significant change.

15. Leases

No significant change.

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

No significant change.

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

A. Transfers of Receivables Reported as Sales

None

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

(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 June 30, 2013 and December 31, 2012, 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 A&H Plans and the Uninsured Portion of Partially Insured Plans

No significant change.

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

No significant change.

20. Fair Value

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

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

Cash, uncollected premiums in the course of collection, investment income due and accrued, accrued retrospective premiums, amounts receivable relating to uninsured plans, receivables from parent, subsidiaries and affiliates, receivable from TennCare Oversight, claims unpaid, accrued medical incentive pool and bonus amounts, unpaid claims adjustment expenses, general expenses due or accrued, federal income taxes payable, remittance and items not allocated, liability for amounts held under uninsured plans, accrued premium tax, and unclaimed property – the carrying amounts approximate fair value because of the

short maturity of these items. These financial instruments were not assigned a level category since they are not carried at fair value.

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

Short-term investments and bonds – money market funds included in these financial statement captions' fair values were determined using quoted market prices on one or more securities exchanges. The fair values of corporate bonds, debt securities of government sponsored entities, municipal bonds, mortgage-backed securities, ETF bond funds, and collateralized mortgage obligations were determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets. The Company held one auction rate security as of June 30, 2013. The estimated fair value of the auction rate security was determined using utilizing an income approach, specifically discounted cash flow analyses. These analyses considered among other items, the creditworthiness of the issuer, the timing of the expected future cash flows, including the final maturity associated with the securities, and an assumption of when the next time the security is expected to have a successful auction. These securities were also compared, when possible, to other observable and relevant market data. These debt securities are not assigned a level category as they are not carried at fair value. A portion of the short-term investments are comprised of money market funds that are carried at fair value and, accordingly, are assigned a level category.

Common stock – the fair value of exchange traded equity mutual funds were determined using quoted market prices on one or more securities exchanges. As this investment is carried at fair value, it is assigned a level category.

A. Fair Value Measurements

(1) Fair Value Measurements at June 30, 2013

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value				
Perpetual Preferred Stock				
Industrial and Misc	$ —	$ —	$ —	$ —
Parents, Subsidiaries and Affiliates	—	—	—	—
Total Preferred Perpetual Stocks	$ —	$ —	$ —	$ —
Bonds				
U.S. Government	$ —	$ —	$ —	$ —
Industrial and Misc	—	—	—	—
Hybrid Securities	—	—	—	—
Parents, Subsidiaries and Affiliates	—	—	—	—
Total Bonds	$ -	$ -	$ -	$ -
Common Stock				
Industrial and Misc	$ 12,671,097	$ 4,725,651	$ —	$ 17,396,748
Parents, Subsidiaries and Affiliates	—	—	—	—
Total Common Stocks	$ 12,671,097	$ 4,725,651	$ —	$ 17,396,748
Derivative assets				
Interest rate contracts	$ —	$ —	$ —	$ —
Foreign exchange contracts	—	—	—	—
Credit contracts	—	—	—	—
Commodity future contracts	—	—	—	—
Commodity forward contracts	—	—	—	—
Total Derivatives	$ —	$ —	$ —	$ —
Separate account assets	$	$	$	$
Total assets at fair value	$ 12,671,097	$ 4,725,651	$ —	$ 17,396,748
b. Liabilities at fair value				
Derivative Liabilites	$ —	$ —	$ —	$ —
Total liabilities at fair value	$ —	$ —	$ —	$ —

(2) As of June 30, 2013, there were no investments in Level 3 carried at fair value.

(3) The Company's policy is to recognize transfers between Levels, if any, at the beginning of the reporting period. There were no assets measured at fair value that were transferred between levels as of the six months ended June 30, 2013.

(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

Notes to Financial Statement

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, which would be classified as Level 3, 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. There have been no significant changes in the valuation techniques during the current period. The Company's Level 2 securities consist of corporate bonds, debt securities of government sponsored entities, municipal bonds, mortgage-backed securities, ETF bond funds, and collateralized mortgage obligations.

(5) The Company did not have any derivative assets or liabilities as of the six months ended June 30, 2013.

B. SSAP No. 100 with Other Accounting Pronouncements

No significant change.

C. Aggregate Fair Value

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Not Practicable (Carrying Value)
Bonds	$ 180,535,986	$ 180,764,860	$ —	$ 177,710,986	$ 2,825,000	$ —
Perpetual Preferred Stock	—	—	—	—	—	—
Common Stock	17,396,748	17,396,748	12,671,097	4,725,651	—	—
Derivative	—	—	—	—	—	—
Short Term Inv & MMFs	7,132,202	7,132,202	7,132,202	—	—	—
Cash Equivalents	—	—	—	—	—	—
LIHTC	—	—	—	—	—	—
Totals	$ 205,064,936	$ 205,293,810	$ 19,803,299	$ 182,436,637	$ 2,825,000	$ —

D. Not Practicable to Estimate Fair Value

No significant change.

21. Other Items

No significant change.

22. Events Subsequent

There were no events occurring subsequent to June 30, 2013 requiring disclosure. Subsequent events have been considered through August 14, 2013 for the statutory statement issued on August 14, 2013.

23. Reinsurance

No significant change.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant change.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were $72,970,673. As of June 30, 2013, $59,786,754 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for the prior years are now $3,758,391 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a $9,425,528 favorable prior-year development since December 31, 2012. The decrease is generally the result of ongoing analysis of recent loss development trends and is included in current year operations.

26. Intercompany Pooling Arrangements

No significant change.

Notes to Financial Statement

27. Structured Settlements

No significant change.

28. Health Care Receivables

No significant change.

29. Participating Policies

No significant change.

30. Premium Deficiency Reserves

No significant change.

31. Anticipated Salvage and Subrogation

No significant change.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes[ ] No[X]
1.2 If yes, has the report been filed with the domiciliary state? Yes[ ] No[ ] N/A[X]

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 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes[ ] No[X]
3.2 If the response to 3.1 is yes, provide a brief description of those changes:

4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]
4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes[ ] No[X] N/A[ ]
If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2012
6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 11/09/2011
6.4 By what department or departments?
6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes[ ] No[ ] N/A[X]
6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]
7.2 If yes, give full information

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes[ ] No[X]
8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
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
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

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

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[X] No[ ]
10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 672,910

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes[ ] No[X]
11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: $ 0

13. Amount of real estate and mortgages held in short-term investments: $ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes[ ] No[X]
14.2 If yes, please complete the following:

GENERAL INTERROGATORIES (Continued)

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes[ ] No[X]
15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes[ ] No[ ] N/A[X]
If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 $ 0
16.3 Total payable for securities lending reported on the liability page $ 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]
17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes[X] No[ ]
17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
U.S. Bank Corporate Trust		04/01/2013	Schedule E Part 3 Special Deposit custodians should not be included, and have been removed.

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

1 Central Registration Depository	2 Name(s)	3 Address
105006	Deutsche Asset Management	345 Park Ave, New York, New York 10154
113878	McDonnell Investment Management, LLC	1515 West 22nd Street, 11th Floor, Oak Brook, Illinois 60523

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

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
   1.1 A&H loss percent 84.608%
   1.2 A&H cost containment percent 2.250%
   1.3 A&H expense percent excluding cost containment expenses 11.676%

2.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date. $..... 0
2.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date. $..... 0

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

		Direct Business Only							
	1	2	3	4	5	6	7	8	9
State, Etc.	Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums and Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama (AL)	N								
2. Alaska (AK)	N								
3. Arizona (AZ)	N								
4. Arkansas (AR)	N								
5. California (CA)	N								
6. Colorado (CO)	N								
7. Connecticut (CT)	N								
8. Delaware (DE)	N								
9. District of Columbia (DC)	N								
10. Florida (FL)	N								
11. Georgia (GA)	N								
12. Hawaii (HI)	N								
13. Idaho (ID)	N								
14. Illinois (IL)	N								
15. Indiana (IN)	N								
16. Iowa (IA)	N								
17. Kansas (KS)	N								
18. Kentucky (KY)	N								
19. Louisiana (LA)	N								
20. Maine (ME)	N								
21. Maryland (MD)	N								
22. Massachusetts (MA)	N								
23. Michigan (MI)	N								
24. Minnesota (MN)	N								
25. Mississippi (MS)	N								
26. Missouri (MO)	N								
27. Montana (MT)	N								
28. Nebraska (NE)	N								
29. Nevada (NV)	N								
30. New Hampshire (NH)	N								
31. New Jersey (NJ)	N								
32. New Mexico (NM)	N								
33. New York (NY)	N								
34. North Carolina (NC)	N								
35. North Dakota (ND)	N								
36. Ohio (OH)	N								
37. Oklahoma (OK)	N								
38. Oregon (OR)	N								
39. Pennsylvania (PA)	N								
40. Rhode Island (RI)	N								
41. South Carolina (SC)	N								
42. South Dakota (SD)	N								
43. Tennessee (TN)	L		24,598,265	426,815,332				451,413,597	
44. Texas (TX)	N								
45. Utah (UT)	N								
46. Vermont (VT)	N								
47. Virginia (VA)	N								
48. Washington (WA)	N								
49. West Virginia (WV)	N								
50. Wisconsin (WI)	N								
51. Wyoming (WY)	N								
52. American Samoa (AS)	N								
53. Guam (GU)	N								
54. Puerto Rico (PR)	N								
55. U.S. Virgin Islands (VI)	N								
56. Northern Mariana Islands (MP)	N								
57. Canada (CAN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX		24,598,265	426,815,332				451,413,597	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. Total (Direct Business)	(a) 1		24,598,265	426,815,332				451,413,597	
DETAILS OF WRITE-INS									
5801.	XXX								
5802.	XXX								
5803.	XXX								
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX								
5899. TOTALS (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX								

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

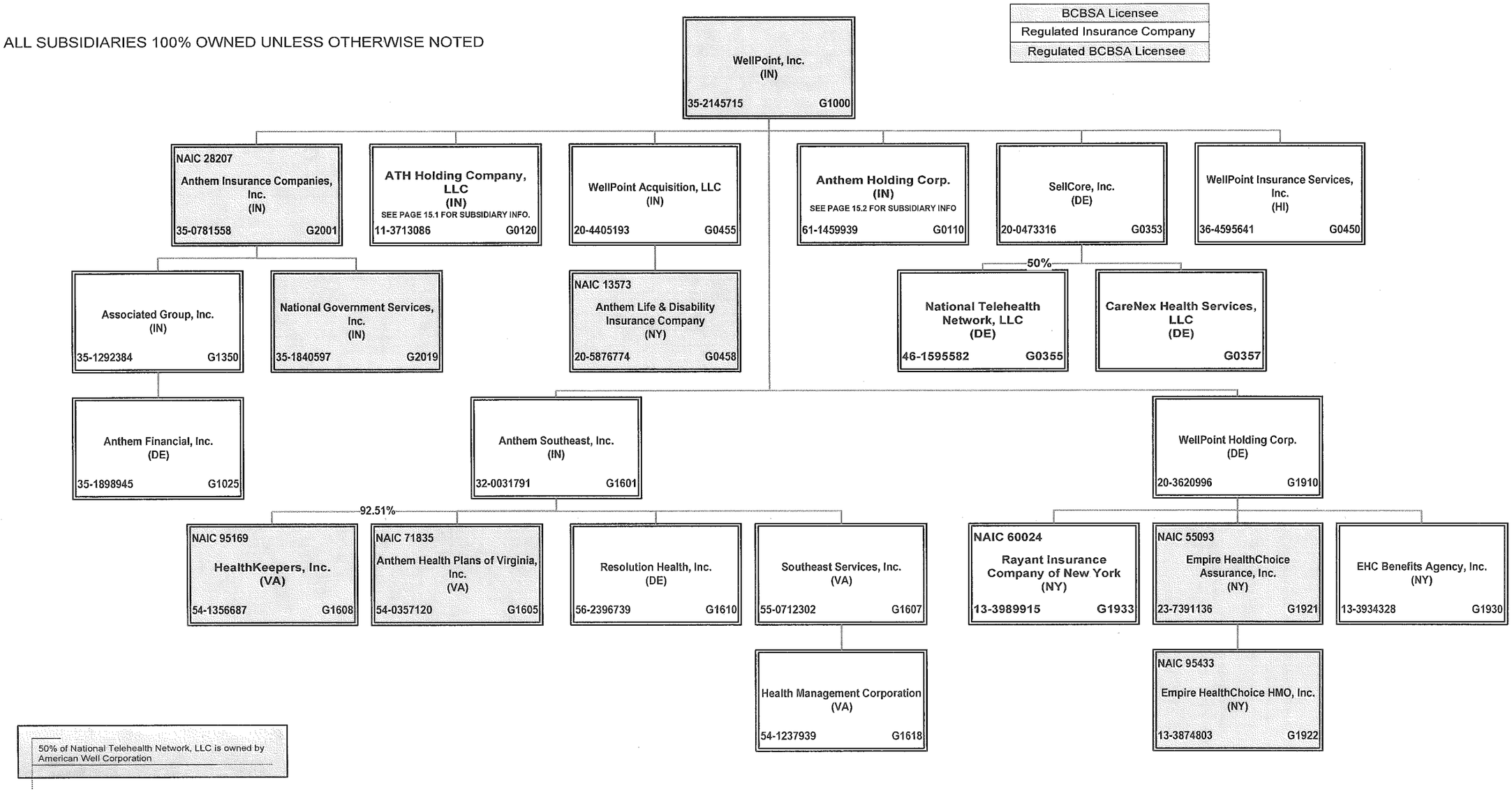
(a) Insert the number of L responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



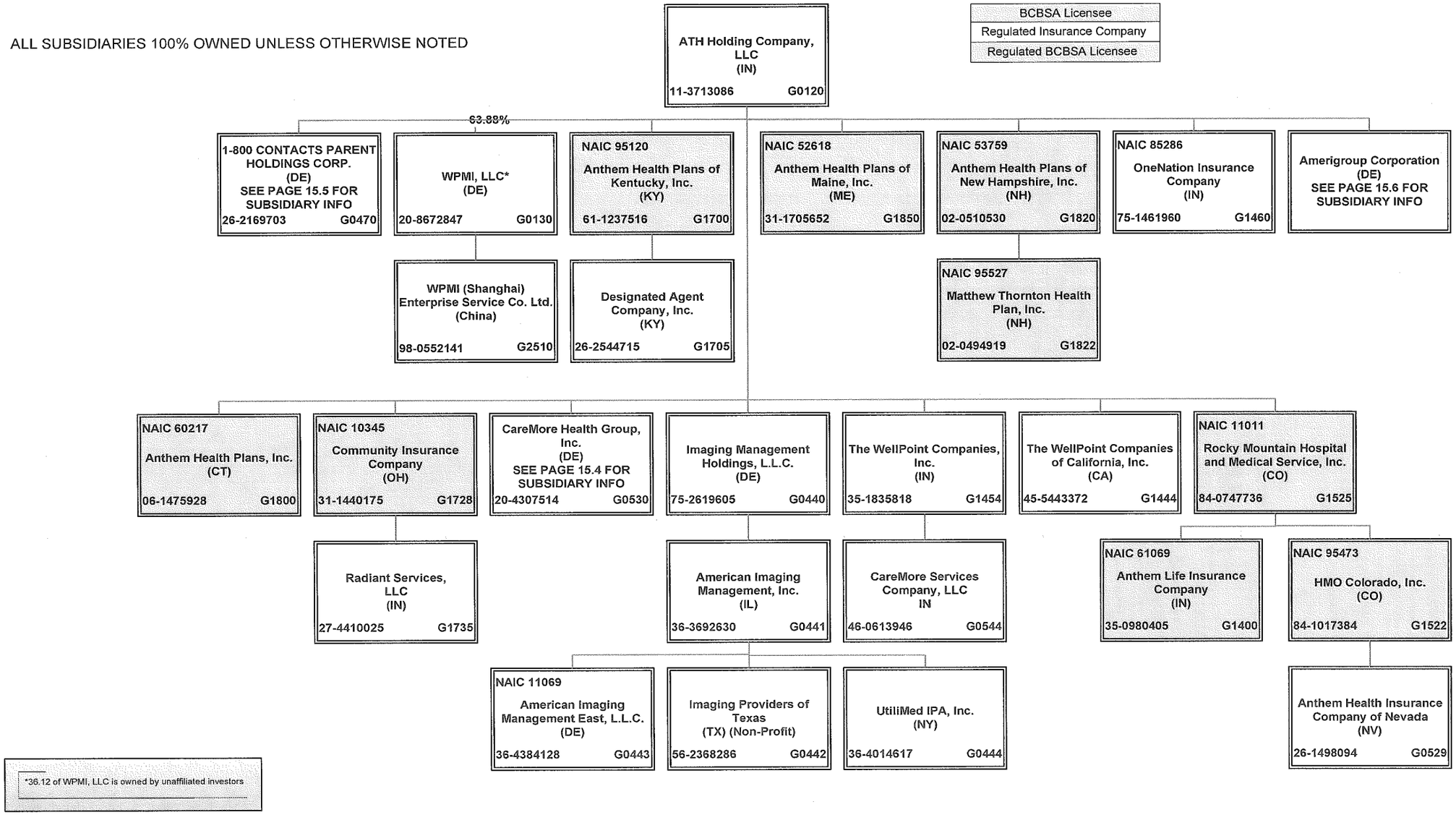
50% of National Telehealth Network, LLC is owned by American Well Corporation

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



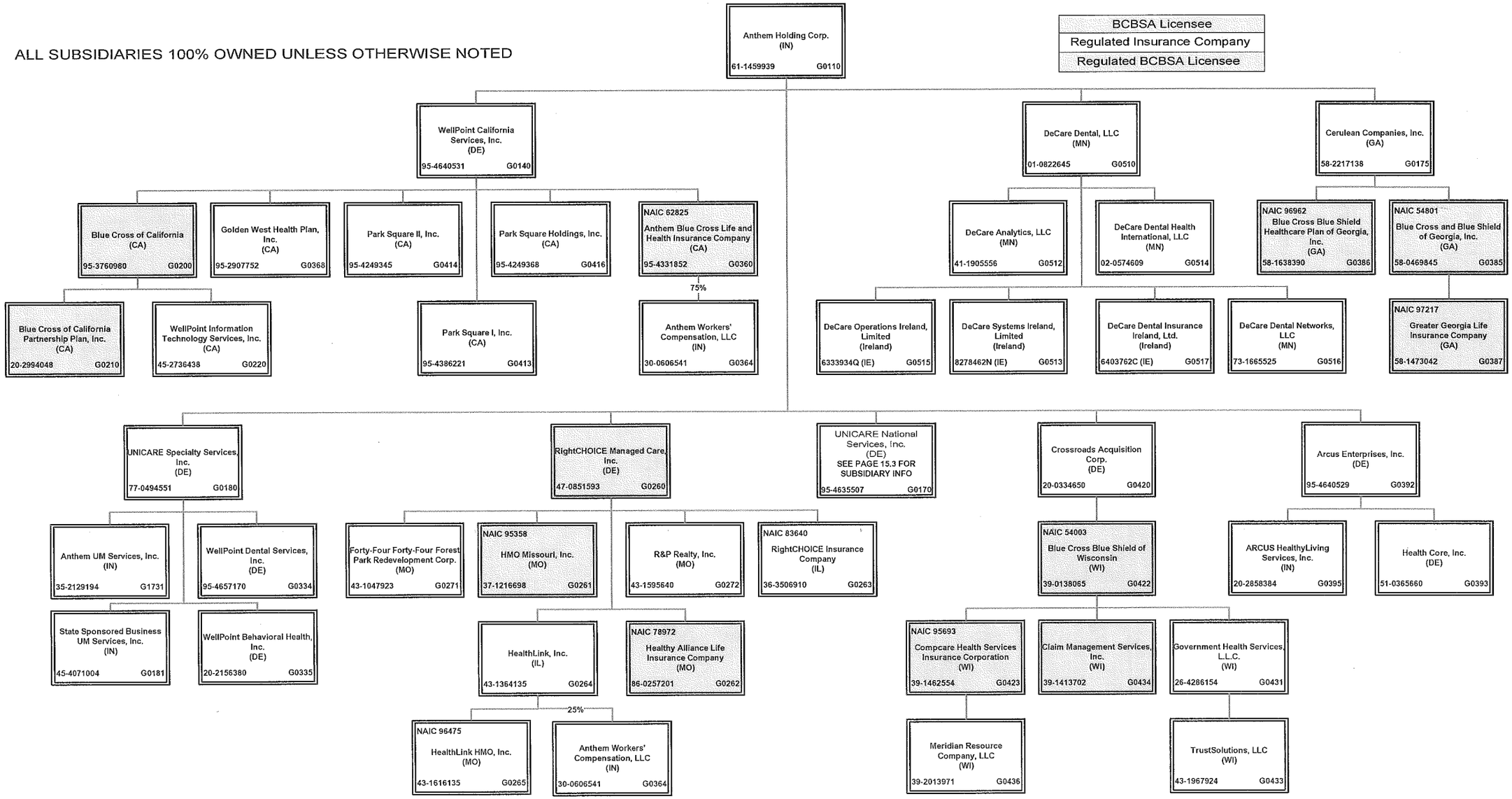
*36.12 of WPMI, LLC is owned by unaffiliated investors

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

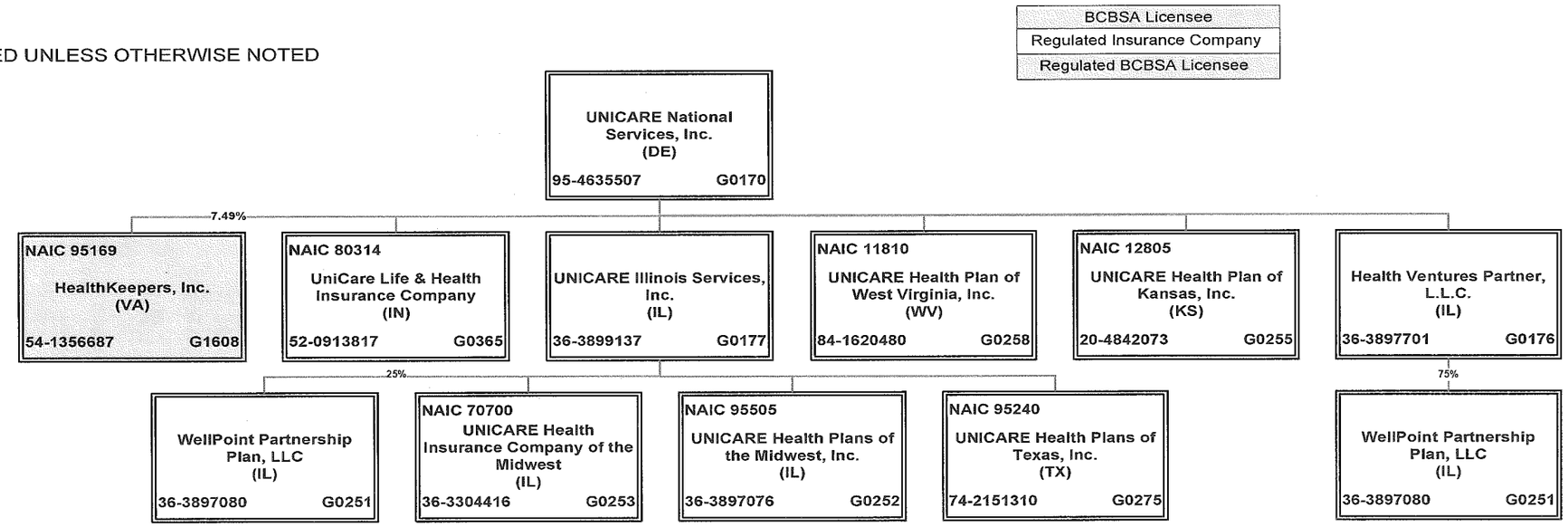


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

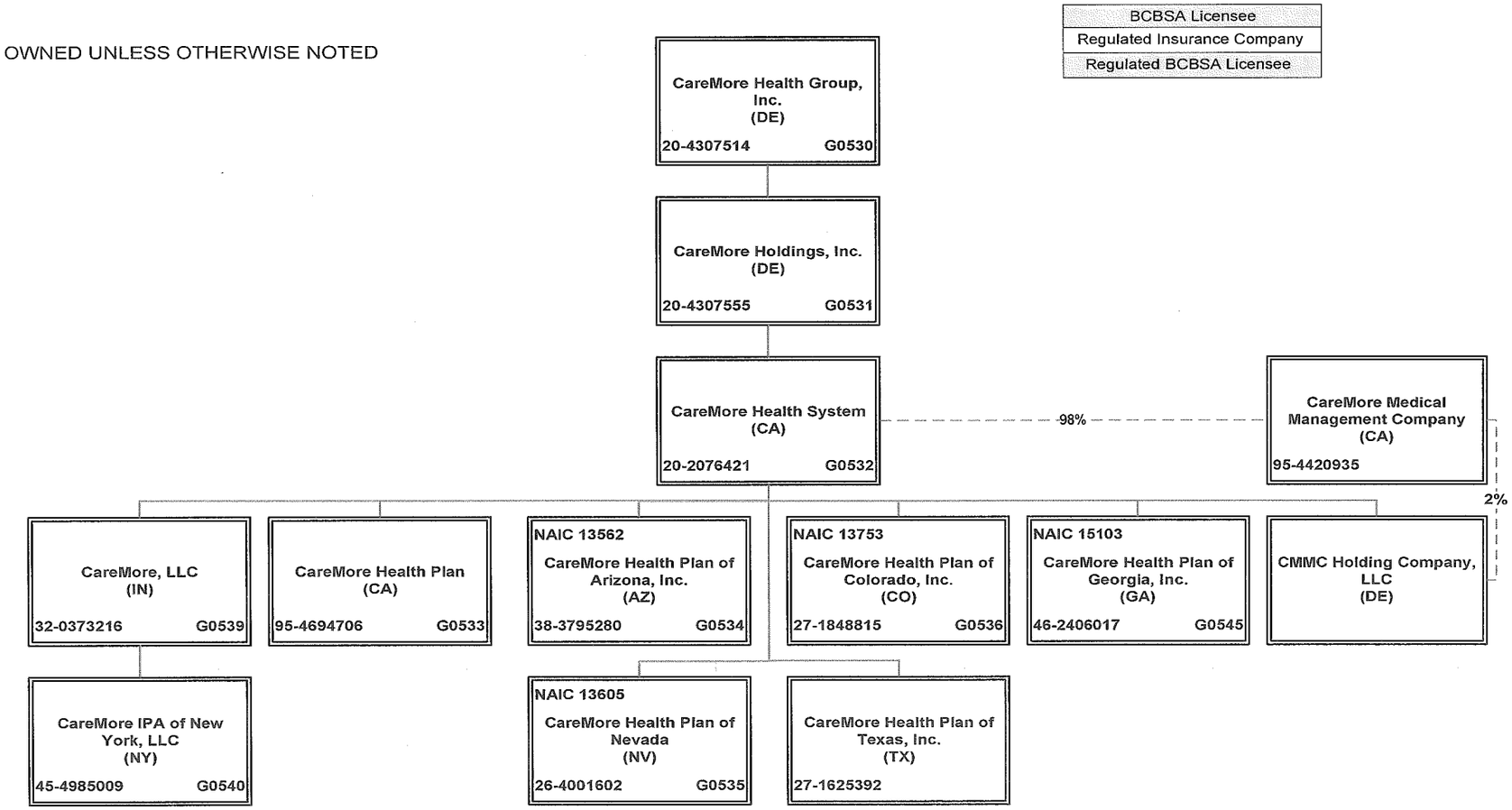


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

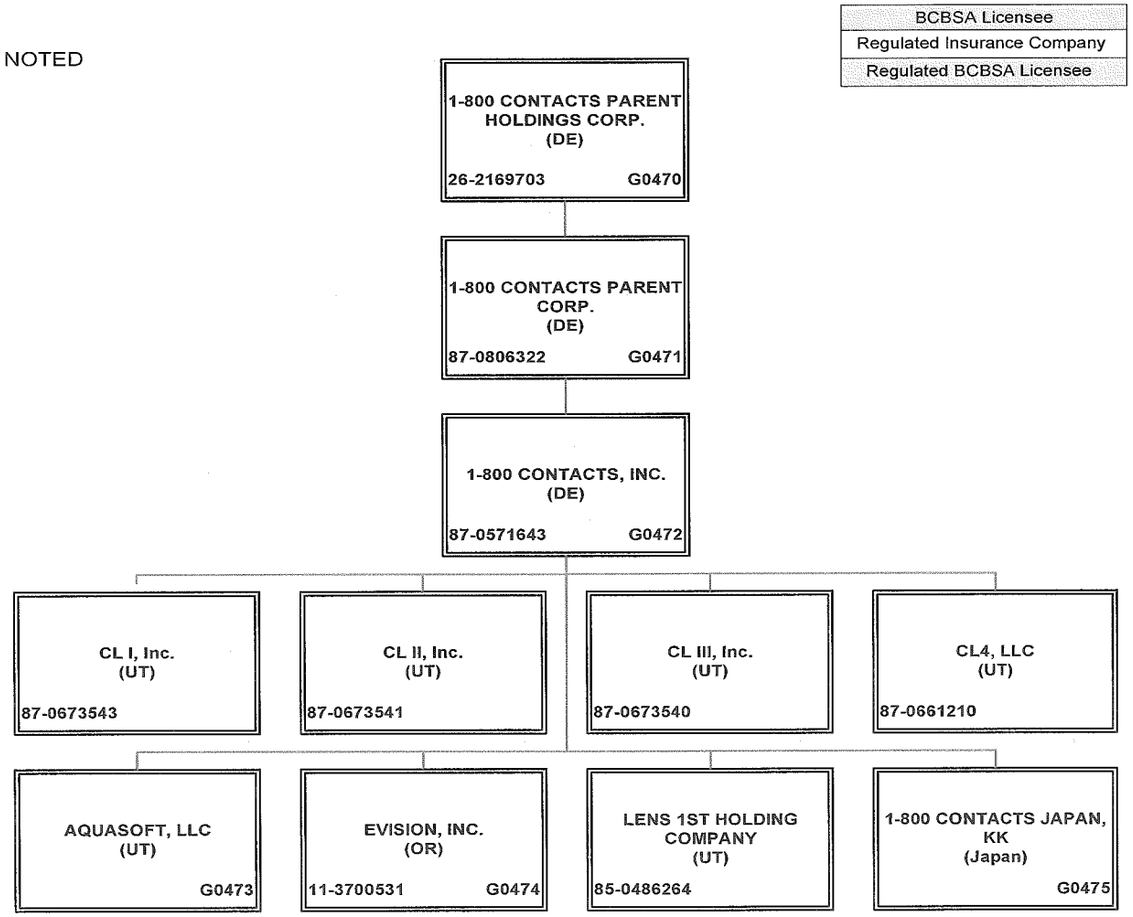


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED



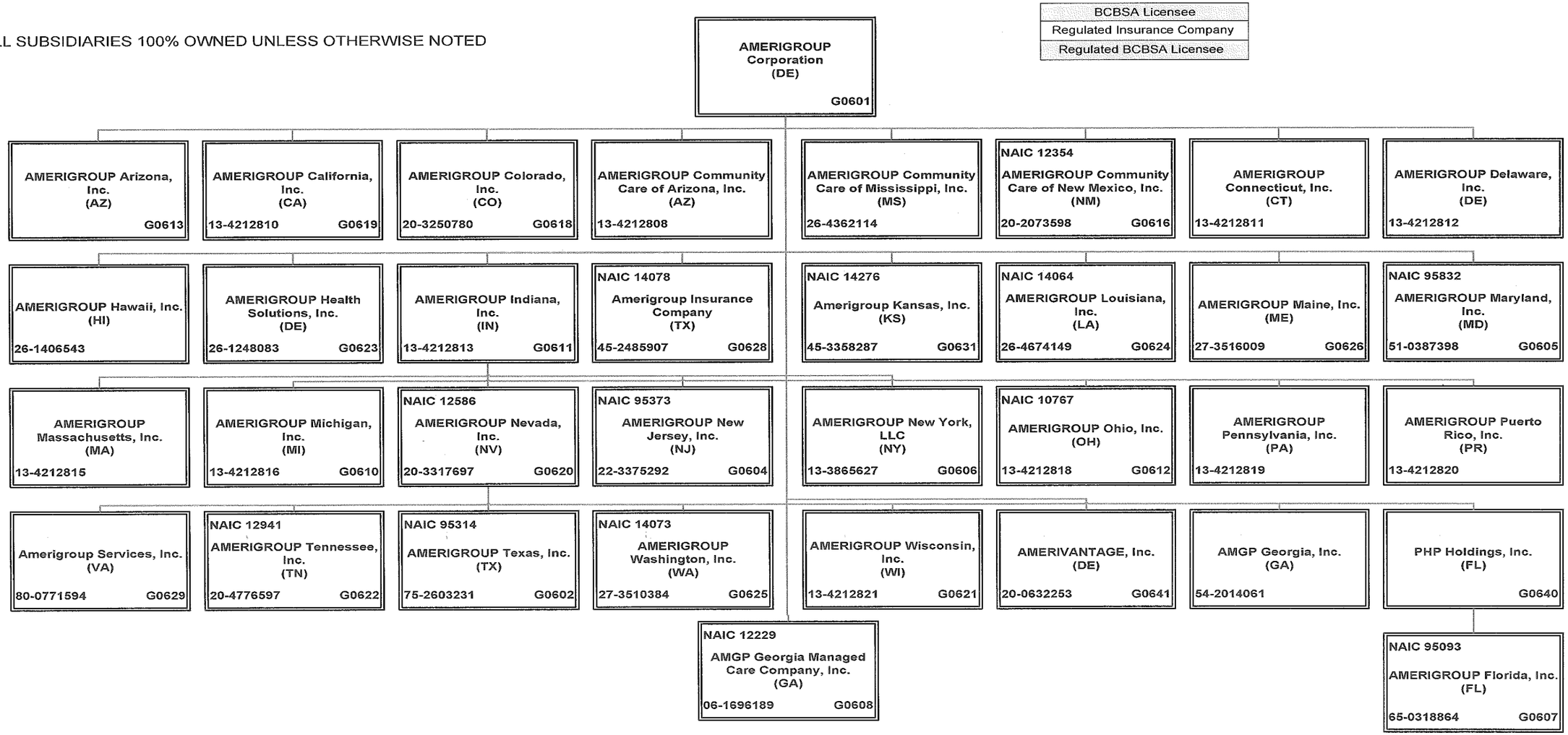
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

ALL SUBSIDIARIES 100% OWNED UNLESS OTHERWISE NOTED

BCBSA Licensee
Regulated Insurance Company
Regulated BCBSA Licensee



SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0671	WellPoint, Inc.	00000	87-0571643				1-800 CONTACTS, INC.	DE	NIA	1-800 CONTACTS PARENT CORP.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					1-800 CONTACTS JAPAN, KK	JPN	NIA	1-800 CONTACTS, INC.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	87-0806322				1-800 CONTACTS PARENT CORP.	DE	NIA	1-800 CONTACTS PARENT HOLDINGS CORP.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-2169703				1-800 CONTACTS PARENT HOLDINGS CORP.	DE	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	11069	36-4384128				American Imaging Management East, LLC	DE	IA	American Imaging Management, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-3692630				American Imaging Management, Inc.	IL	NIA	Imaging Management Holdings, L.L.C.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					AMERIGROUP Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212810				AMERIGROUP California, Inc.	CA	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-3250780				AMERIGROUP Colorado, Inc.	CO	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212808				AMERIGROUP Community Care of Arizona, Inc.	AZ	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-4362114				AMERIGROUP Community Care of Mississippi, Inc.	MS	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	12354	20-2073598				AMERIGROUP Community Care of New Mexico, Inc.	NM	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212811				AMERIGROUP Connecticut, Inc.	CT	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					AMERIGROUP Corporation	DE	UDP	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212812				AMERIGROUP Delaware, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95093	65-0318864				AMERIGROUP Florida, Inc.	FL	IA	PHP Holdings, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-1406543				AMERIGROUP Hawaii, Inc.	HI	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-1248083				AMERIGROUP Health Solutions, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212813				AMERIGROUP Indiana, Inc.	IN	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	14078	45-2485907				Amerigroup Insurance Company	TX	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	14276	45-3358287				Amerigroup Kansas, Inc.	KS	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	14064	26-4674149				AMERIGROUP Louisiana, Inc.	LA	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	27-3516009				AMERIGROUP Maine, Inc.	ME	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95832	51-0387398				AMERIGROUP Maryland, Inc.	MD	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212815				AMERIGROUP Massachusetts, Inc.	MA	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212816				AMERIGROUP Michigan, Inc.	MI	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	12586	20-3317697				AMERIGROUP Nevada, Inc.	NV	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-3865627				AMERIGROUP New York, LLC	NY	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	0000001
0671	WellPoint, Inc.	10767	13-4212818				AMERIGROUP Ohio, Inc.	OH	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212819				AMERIGROUP Pennsylvania, Inc.	PA	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0671	WellPoint, Inc.	00000	13-4212820				AMERIGROUP Puerto Rico, Inc.	PRI	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	80-0771594				Amerigroup Services, Inc.	VA	NIA	AMERIGROUP Corporation	Ownership	100,0	WellPoint, Inc.	
0671	WellPoint, Inc.	12941	20-4776597				AMERIGROUP Tennessee, Inc.	TN		AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	14073	27-3510384				AMERIGROUP Washington, Inc.	WA	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-4212821				AMERIGROUP Wisconsin, Inc.	WI	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-0632253				AMERIVANTAGE, Inc.	DE	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	54-2014061				AMGP Georgia, Inc.	GA	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	12229	06-1696189				AMGP Georgia Managed Care Company, Inc.	GA	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	62825	95-4331852				Anthem Blue Cross Life and Health Insurance Company	CA	IA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-1898945				Anthem Financial, Inc.	DE	NIA	Associated Group, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-1498094				Anthem Health Insurance Company of Nevada	NV	NIA	HMO Colorado, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95120	61-1237516				Anthem Health Plans of Kentucky, Inc.	KY	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	52618	31-1705652				Anthem Health Plans of Maine, Inc.	ME	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	53759	02-0510530				Anthem Health Plans of New Hampshire, Inc.	NH	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	71835	54-0357120	40003317			Anthem Health Plans of Virginia, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	60217	06-1475928				Anthem Health Plans, Inc.	CT	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	61-1459939				Anthem Holding Corp.	IN	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	28207	35-0781558				Anthem Insurance Companies, Inc.	IN	IA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	13573	20-5876774				Anthem Life & Disability Insurance Company	NY	IA	WellPoint Acquisition, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	61069	35-0980405				Anthem Life Insurance Company	IN	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	32-0031791				Anthem Southeast, Inc.	IN	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-2129194				Anthem UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	Anthem Blue Cross Life and Health Insurance Company	Ownership	75.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	30-0606541				Anthem Workers' Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					AQUASOFT, LLC	UT	NIA	1-800 CONTACTS, INC.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4640529				Arcus Enterprises, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-2858384				ARCUS HealthLiving Services, Inc.	IN	NIA	Arcus Enterprises, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-1292384				Associated Group, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	11-3713086				ATH Holding Company, LLC	IN	UIP	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0671	WellPoint, Inc.	54801	58-0469845				Blue Cross and Blue Shield of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	96962	58-1638390				Blue Cross Blue Shield Healthcare Plan of Georgia, Inc.	GA	IA	Cerulean Companies, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	54003	39-0138065				Blue Cross Blue Shield of Wisconsin	WI	IA	Crossroads Acquisition Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-3760980				Blue Cross of California	CA	IA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	0000002
0671	WellPoint, Inc.	00000	20-2994048				Blue Cross of California Partnership Plan, Inc.	CA	IA	Blue Cross of California	Ownership	100.0	WellPoint, Inc.	0000003
0671	WellPoint, Inc.	00000	20-4307514				CareMore Health Group, Inc.	DE	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4694706				CareMore Health Plan	CA	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	0000004
0671	WellPoint, Inc.	13562	38-3795280				CareMore Health Plan of Arizona, Inc.	AZ	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	13753	27-1848815				CareMore Health Plan of Colorado, Inc.	CO	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	46-2406017				CareMore Health Plan of Georgia, Inc.	GA	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	13605	26-4001602				CareMore Health Plan of Nevada	NV	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	27-1625392				CareMore Health Plan of Texas, Inc.	TX	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-4307555				CareMore Holdings, Inc.	DE	NIA	CareMore Health Group, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	45-4985009				CareMore IPA of New York, LLC	NY	NIA	CareMore, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	32-0373216				CareMore, LLC	IN	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-2076421				CareMore Health System	CA	NIA	CareMore Holdings, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4420935				CareMore Medical Management Company	CA	NIA	CareMore Health System	Ownership	98.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4420935				CareMore Medical Management Company	CA	NIA	CMMC Holding Company, LLC	Ownership	2.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					CareNex Health Services, LLC	DE	NIA	SellCore, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	58-2217138				Cerulean Companies, Inc.	GA	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	87-0673543				CL I, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	87-0673541				CL II, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	87-0673540				CL III, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	87-0661210				CL4, Inc.	UT	NIA	1-800 Contacts, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	39-1413702				Claim Management Services, Inc.	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					CMMC Holding Company, LLC	DE	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	10345	31-1440175				Community Insurance Company	OH	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95693	39-1462554				Compcare Health Services Insurance Corporation	WI	IA	Blue Cross Blue Shield of Wisconsin	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-0334650				Crossroads Acquisition Corp.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	41-1905556				DeCare Analytics, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 *
0671	WellPoint, Inc.	00000	02-0574609				DeCare Dental Health International, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					DeCare Dental Insurance Ireland, Ltd.	IRL	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	73-1665525				DeCare Dental Networks, LLC	MN	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	01-0822645				DeCare Dental, LLC	MN	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					DeCare Operations Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					DeCare Systems Ireland, Limited	IRL	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	26-2544715				Designated Agent Company, Inc.	KY	NIA	Anthem Health Plans of Kentucky, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	13-3934328				EHC Benefits Agency, Inc.	NY	NIA	WellPoint Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	55093	23-7391136				Empire HealthChoice Assurance, Inc.	NY	IA	WellPoint Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95433	13-3874803				Empire HealthChoice HMO, Inc.	NY	IA	Empire HealthChoice Assurance, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	11-3700531				EVISION, INC.	OR	NIA	1-800 CONTACTS, INC.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	43-1047923				Forty-Four Forty-Four Forest Park Redevelopment Corp.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-2907752				Golden West Health Plan, Inc.	CA	IA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	0000005
0671	WellPoint, Inc.	00000	26-4286154				Government Health Services, LLC	WI	NIA	Blue Cross Blue Shield of Wisconsin	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	97217	58-1473042				Greater Georgia Life Insurance Company	GA	IA	Blue Cross and Blue Shield of Georgia, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	51-0365660				Health Core, Inc.	DE	NIA	Arcus Enterprises, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	54-1237939				Health Management Corporation	VA	NIA	Southeast Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-3897701				Health Ventures Partner, L.L.C.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	Anthem Southeast, Inc.	Ownership	92.5	WellPoint, Inc.	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA	IA	UNICARE National Services, Inc.	Ownership	7.5	WellPoint, Inc.	
0671	WellPoint, Inc.	96475	43-1616135				HealthLink HMO, Inc.	MO	IA	HealthLink, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	43-1364135				HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	78972	86-0257201				Healthy Alliance Life Insurance Company	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95473	84-1017384				HMO Colorado, Inc.	CO	IA	Rocky Mountain Hospital and Medical Service, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95358	37-1216698				HMO Missouri, Inc.	MO	IA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	75-2619605				Imaging Management Holdings, L.L.C.	DE	UIP	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	56-2368286				Imaging Providers of Texas (non-profit)	TX	NIA	American Imaging Management, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	85-0486264				LENS 1ST HOLDING COMPANY	UT	NIA	1-800 CONTACTS, INC.	Ownership	100.0	WellPoint, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0671	WellPoint, Inc.	95527	02-0494919				Matthew Thornton Health Plan, Inc.	NH	IA	Anthem Health Plans of New Hampshire, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	39-2013971				Meridian Resource Company, LLC	WI	NIA	Compcare Health Services Insurance Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-1840597				National Government Services, Inc.	IN	NIA	Anthem Insurance Companies, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	46-1595582				National Telehealth Network, LLC	DE	NIA	Sellcore, Inc.	Ownership	50.0	WellPoint, Inc.	0000006
0671	WellPoint, Inc.	85286	75-1461960				OneNation Insurance Company	IN	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4249368				Park Square Holdings, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4386221				Park Square I, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4249345				Park Square II, Inc.	CA	NIA	WellPoint California Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000					PHP Holdings, Inc.	FL	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	43-1595640				R & P Realty, Inc.	MO	NIA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	56-2396739				Resolution Health, Inc.	DE	NIA	Anthem Southeast, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	27-4410025				Radiant Services, LLC	IN	NIA	Community Insurance Company	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	60024	13-3989915				Rayant Insurance Company of New York	NY	IA	WellPoint Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	83640	36-3506910				RightCHOICE Insurance Company	IL	IA	RightCHOICE Managed Care, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	47-0851593				RightCHOICE Managed Care, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	11011	84-0747736				Rocky Mountain Hospital and Medical Service, Inc.	CO	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-0473316				SellCore, Inc.	DE	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	55-0712302				Southeast Services, Inc.	VA	NIA	Anthem Southeast, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	45-4071004				State Sponsored Business UM Services, Inc.	IN	NIA	UNICARE Specialty Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-1835818				The WellPoint Companies, Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	45-5443372				The WellPoint Companies of California, Inc.	CA	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	43-1967924				TrustSolutions, LLC	WI	NIA	Government Health Services, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	70700	36-3304416				UNICARE Health Insurance Company of the Midwest	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	12805	20-4842073				UNICARE Health Plan of Kansas, Inc.	KS	IA	UNICARE National Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	11810	84-1620480				UNICARE Health Plan of West Virginia, Inc.	WV	IA	UNICARE National Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95420	74-2151310				UNICARE Health Plans of Texas, Inc.	TX	IA	UNICARE Illinois Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95505	36-3897076				UNICARE Health Plans of the Midwest, Inc.	IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.0	WellPoint, Inc.	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0671	WellPoint, Inc.	00000	36-3899137				UNICARE Illinois Services, Inc.	IL	NIA	UNICARE National Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	80314	52-0913817				UNICARE Life & Health Insurance Company	IN	IA	UNICARE National Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4635507				UNICARE National Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	77-0494551				UNICARE Specialty Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-4014617				UtiliMED IPA, Inc.	NY	NIA	American Imaging Management, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-4405193				WellPoint Acquisition, LLC	IN	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-2156380				WellPoint Behavioral Health, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4640531				WellPoint California Services, Inc.	DE	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4657170				WellPoint Dental Services, Inc.	DE	NIA	UNICARE Specialty Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-3620996				WellPoint Holding Corp	DE	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	45-2736438				WellPoint Information Technology Services, Inc.	CA	NIA	Blue Cross of California	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-4595641				WellPoint Insurance Services, Inc.	HI	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	36-3897080				WellPoint Partnership Plan, LLC	IL	NIA	UNICARE Illinois Services, Inc.	Ownership	25.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	35-2145715		6324	New York Stock Exchange (NYSE)	WellPoint, Inc.	IN	UIP				WellPoint, Inc.	
0671	WellPoint, Inc.	00000	98-0552141				WPMI (Shanghai) Enterprise Service Co. Ltd.	CHN	NIA	WPMI, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	20-8672847				WPMI, LLC	DE	NIA	ATH Holding Company, LLC	Ownership	63.9	WellPoint, Inc.	0000007
-	-	-	-	-	-	-	-	-		-			-	-

Asterisk	Explanation
0000001	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the New York State Department of Health.
0000002	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0000003	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0000004	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0000005	Insurer is deemed to be an insurance affiliate in column 10, but doesn't have an NAIC code in column 3 because it is regulated by the California Department of Managed Health Care.
0000006	50% owned by American Well Corporation
0000007	36.12% owned by unaffiliated investors

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	RESPONSE
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	No

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

12941201336500002 2013 Document Code: 365

OVERFLOW PAGE FOR WRITE-INS

NONE

SCHEDULE A - VERIFICATION

Real Estate

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

NONE

SCHEDULE B - VERIFICATION

Mortgage Loans

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

NONE

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

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

NONE

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	144,175,378	162,429,550
2.	Cost of bonds and stocks acquired	83,275,520	50,500,295
3.	Accrual of discount	41,850	39,947
4.	Unrealized valuation increase (decrease)	1,534,486	1,306,474
5.	Total gain (loss) on disposals	97,514	158,829
6.	Deduct consideration for bonds and stocks disposed of	29,819,642	68,214,075
7.	Deduct amortization of premium	1,143,498	2,045,642
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	198,161,608	144,175,378
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	198,161,608	144,175,378

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a)	185,704,974	67,825,331	73,821,499	(6,730,049)	185,704,974	172,978,757		166,135,844
2. Class 2 (a)	9,236,421	2,443,165	2,922,346	6,161,065	9,236,421	14,918,305		10,600,362
3. Class 3 (a)								
4. Class 4 (a)								
5. Class 5 (a)								
6. Class 6 (a)								
7. Total Bonds	194,941,395	70,268,496	76,743,845	(568,984)	194,941,395	187,897,062		176,736,206
PREFERRED STOCK								
8. Class 1								
9. Class 2								
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock								
15. Total Bonds & Preferred Stock	194,941,395	70,268,496	76,743,845	(568,984)	194,941,395	187,897,062		176,736,206

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

SCHEDULE DA - PART 1

Short - Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999. Totals	7,132,202	X X X	7,132,202	2,852	

SCHEDULE DA - Verification

Short-Term Investments

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	47,760,197	77,816,583
2.	Cost of short-term investments acquired	212,551,453	1,009,605,284
3.	Accrual of discount		2,787
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(1,053)	574
6.	Deduct consideration received on disposals	253,139,130	1,039,535,871
7.	Deduct amortization of premium	39,265	129,160
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	7,132,202	47,760,197
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	7,132,202	47,760,197

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

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

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

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

SI07 Schedule DB - Verification ..... NONE

SCHEDULE E - Verification
(Cash Equivalents)

		1 Year To Date	2 Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	662,893	600,000
2.	Cost of cash equivalents acquired	14,017,290	20,544,875
3.	Accrual of discount		4,246
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		238
6.	Deduct consideration received on disposals	14,676,866	20,469,821
7.	Deduct amortization of premium	3,317	16,645
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	0	662,893
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	0	662,893

E01 Schedule A Part 2 ..... NONE

E01 Schedule A Part 3 ..... NONE

E02 Schedule B Part 2 ..... NONE

E02 Schedule B Part 3 ..... NONE

E03 Schedule BA Part 2 ..... NONE

E03 Schedule BA Part 3 ..... NONE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
36180JV68	GNMA Pool AD6937		04/08/2013	Brean Murray & Co	XXX	1,849,914	1,709,914	2,826	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	1,849,914	1,709,914	2,826	XXX
Bonds - U.S. States, Territories and Possessions									
880541SN8	Tennessee St		05/23/2013	Goldman Sachs & Co	XXX	2,513,680	2,000,000	32,778	1FE
1799999 Subtotal - Bonds - U.S. States, Territories and Possessions					XXX	2,513,680	2,000,000	32,778	XXX
Bonds - U.S. Special Revenue, Special Assessment									
3136AD3F4	FNMA Series 2013-45 Class CB		04/10/2013	Citigroup	XXX	2,028,025	1,840,000	5,929	1
3137B0XC3	FHLMC Multifamily Structured Series 4182		05/01/2013	Goldman Sachs & Co	XXX	1,908,780	1,763,561	857	1
3138E1HX8	FNMA Pool AJ8345		04/01/2013	Stephens Inc	XXX	(109,897)	(102,737)	(114)	1
3138E1HX8	FNMA Pool AJ8345		04/01/2013	Stephens Inc	XXX	35,344	33,041	37	1
3138EBHW8	FNMA Pool AK6544		04/08/2013	Stephens Inc	XXX	1,801,913	1,696,168	2,120	1
3138EGHT4	FNMA Pool AL0241		04/08/2013	Wachovia Securities	XXX	1,683,962	1,567,616	1,742	1
3138EKNK7	FNMA Pool AL3093		04/01/2013	Goldman Sachs & Co	XXX	(17,565)	(16,581)	(16)	1
3138EKNK7	FNMA Pool AL3093		04/01/2013	Goldman Sachs & Co	XXX	13,475	12,719	12	1
3138EKU94	FNMA Pool AL3307		06/25/2013	Stephens Inc	XXX	2,373,910	2,282,263	6,847	1
31402Q2V2	FNMA Pool 735288		04/01/2013	R.W. Pressprich	XXX	(171,108)	(157,567)	(219)	1
31402Q2V2	FNMA Pool 735288		04/01/2013	R.W. Pressprich	XXX	112,861	103,930	144	1
31403DDX4	FNMA Pool 745418		06/12/2013	Stephens Inc	XXX	1,465,838	1,347,122	3,293	1
31416CD37	FNMA Pool 995722		04/01/2013	BNP Capital Markets	XXX	(277,469)	(255,658)	(355)	1
31416CD37	FNMA Pool 995722		04/01/2013	BNP Capital Markets	XXX	194,034	178,781	248	1
31417GCE4	FNMA Pool AB9068		04/04/2013	PNC Capital Market	XXX	1,719,258	1,618,303	1,573	1
31417GCF1	FNMA Pool AB9069		04/04/2013	Barclays	XXX	1,818,174	1,707,832	1,660	1
31418AJL3	FNMA Pool MA1166		04/01/2013	Nomura Securities	XXX	(84,678)	(79,838)	(78)	1
31418AJL3	FNMA Pool MA1166		04/01/2013	Nomura Securities	XXX	66,593	62,786	61	1
31419D4K4	FNMA Pool AE3525		04/03/2013	Bank of New York	XXX	1,167,240	1,085,489	1,206	1
53945CBH2	Los Angeles CA WSTWTR SYS REV Series B		06/05/2013	National Financial Services	XXX	739,290	640,000		1FE
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	16,467,980	15,327,230	24,947	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
00846UAJ0	Agilent Technologies Inc		06/18/2013	Bank of America	XXX	1,194,528	1,200,000		2FE
037833AJ9	Apple Computer Inc		04/30/2013	Goldman Sachs & Co	XXX	1,813,284	1,820,000		1FE
05531FAN3	BB&T Corporation		06/14/2013	Goldman Sachs & Co	XXX	459,328	460,000		1FE
06051GEQ8	Bank of America Corp		05/22/2013	SG Americas Securities LLC	XXX	1,889,248	1,750,000	12,432	1FE
097023BE4	Boeing Co		04/30/2013	Morgan Stanley	XXX	123,624	125,000		1FE
166764AE0	ChevronTexaco Corp		06/17/2013	Bony/Barclays Capital Inc	XXX	1,030,000	1,030,000		1FE
26441CAK1	Duke Energy Corp		06/10/2013	Goldman Sachs & Co	XXX	1,248,638	1,250,000		2FE
278642AG8	Ebay Inc		06/07/2013	First Tennessee Capital	XXX	1,399,216	1,400,000	7,718	1FE
37331NAD3	Georgia Pacific Series 144A		06/18/2013	J P Morgan	XXX	1,199,964	1,200,000		2FE
38144LAB6	Goldman Sach Group Inc		05/23/2013	Morgan Stanley	XXX	1,523,392	1,300,000	19,861	1FE
464288638	Ishares Intermediate Credit		05/22/2013	Direct	XXX	4,990,402	44,900		5FE
46625HJA9	JP Morgan Chase & Co		05/23/2013	J P Morgan	XXX	1,481,326	1,400,000	17,640	1FE
46625YNE9	JP Morgan Chase Commerical Mtg Series		05/02/2013	Bank of America	XXX	1,279,808	1,190,000	948	1FM
59217GAZ2	Met Life Glob Funding I Series 144A		06/17/2013	US Bancorp	XXX	858,822	860,000		1FE
717081DD2	Pfizer Inc		05/28/2013	Citigroup Global Markets	XXX	1,697,280	1,700,000		1FE
74005PBH6	Praxair Inc		04/29/2013	Chase	XXX	379,840	380,000		1FE
74153WBZ1	Pricoa Global Fund Series 144A		05/21/2013	CS First Boston	XXX	644,503	645,000		1FE
882508AV6	Texas Instruments Inc		05/01/2013	J P Morgan	XXX	1,089,770	1,100,000		1FE
89236TAL9	Toyota Motot Credit Corp		05/14/2013	Citigroup Global Markets	XXX	619,746	620,000		1FE
92206C870	IShares Vanguard Group Interm		05/22/2013	Direct	XXX	5,000,373	56,700		5FE

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
976656CF3	Wisconsin Electric Power		06/10/2013	J P Morgan	XXX	1,500,000	1,500,000		1FE
884903BL8	Thomson Corporation	A	05/16/2013	Chase	XXX	1,027,240	1,030,000		1FE
76720AAM8	Rio Tinto Fin USA	F	06/14/2013	J P Morgan	XXX	564,790	570,000		1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	33,015,122	22,631,600	58,599	XXX
8399997 Subtotal - Bonds - Part 3					XXX	53,846,696	41,668,744	119,150	XXX
8399999 Subtotal - Bonds					XXX	53,846,696	41,668,744	119,150	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX		XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	53,846,696	XXX	119,150	XXX

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

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11 + 12 - 13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
36180JV68	GNMA Pool AD6937		06/01/2013	Paydown	XXX	6,004	6,004	6,496			(492)		(492)		6,004				26	03/20/2043	1
36180KB26	GNMA Pool AD7257		06/01/2013	Paydown	XXX	7,181	7,181	7,733			(552)		(552)		7,181				38	03/15/2043	1
3620ACZ31	GNMA Pool 726262		06/01/2013	Paydown	XXX	63,975	63,975	70,372			(6,397)		(6,397)		63,975				500	09/15/2039	1
0599999 Subtotal - Bonds - U.S. Governments					XXX	77,160	77,160	84,601			(7,441)		(7,441)		77,160				564	XXX	XXX
Bonds - U.S. Special Revenue, Special Assessment																					
3128M9K27	FHLMC Gold Pool G07213		06/01/2013	Paydown	XXX	27,881	27,881	29,595			(1,714)		(1,714)		27,881				164	11/01/2042	1
3134G1VX9	Freddie Mac		04/19/2013	Maturity	XXX	2,000,000	2,000,000	2,000,000	2,000,000						2,000,000				8,000	04/19/2013	1
3136AD3F4	FNMA Series 2013-45 Class CB		06/01/2013	Paydown	XXX	19,910	19,910	21,945			(2,035)		(2,035)		19,910				101	12/25/2042	1
3137B0XC3	FHLMC Multifamily Structured Series 4182		06/01/2013	Paydown	XXX	8,996	8,996	9,737			(741)		(741)		8,996				26	05/15/2041	1
3138AXXV8	FNMA Pool AJ6091		06/01/2013	Paydown	XXX	99,135	99,135	106,113			(6,978)		(6,978)		99,135				725	12/01/2041	1
3138E1HX8	FNMA Pool AJ8345		06/01/2013	Paydown	XXX	33,041	33,041	35,344			(2,303)		(2,303)		33,041				122	12/01/2041	1
3138EBHW8	FNMA Pool AK6544		06/01/2013	Paydown	XXX	47,598	47,598	50,566			(2,967)		(2,967)		47,598				189	04/01/2027	1
3138EGHT4	FNMA Pool AL0241		06/01/2013	Paydown	XXX	57,703	57,703	61,986			(4,283)		(4,283)		57,703				264	04/01/2041	1
3138EKNK7	FNMA Pool AL3093		06/01/2013	Paydown	XXX	12,719	12,719	13,475			(755)		(755)		12,719				64	02/01/2043	1
31402Q2V2	FNMA Pool 735288		06/01/2013	Paydown	XXX	103,930	103,930	112,861			(8,931)		(8,931)		103,930				641	03/01/2035	1
31416CD37	FNMA Pool 995722		06/01/2013	Paydown	XXX	178,781	178,781	194,034			(15,252)		(15,252)		178,781				1,136	05/01/2038	1
31417GCE4	FNMA Pool AB9068		06/01/2013	Paydown	XXX	4,947	4,947	5,255			(309)		(309)		4,947				22	04/01/2043	1
31417GCF1	FNMA Pool AB9069		06/01/2013	Paydown	XXX	5,166	5,166	5,500			(334)		(334)		5,166				23	04/01/2043	1
31418AJL3	FNMA Pool MA1166		06/01/2013	Paydown	XXX	62,786	62,786	66,593			(3,806)		(3,806)		62,786				297	09/01/2032	1
31419D4K4	FNMA Pool AE3525		06/01/2013	Paydown	XXX	41,643	41,643	44,779			(3,136)		(3,136)		41,643				220	03/01/2041	1
3199999 Subtotal - Bonds - U.S. Special Revenue, Special Assessment					XXX	2,704,236	2,704,236	2,757,783	2,000,000		(53,544)		(53,544)		2,704,236				11,994	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
05531FAE3	BB&T Corporation		06/11/2013	Merrill Lynch	XXX	1,210,068	1,200,000	1,247,278	1,216,945		(10,388)		(10,388)		1,206,557		3,511	3,511	29,025	09/25/2013	1FE
134429AS8	Campbell Soup Co		06/14/2013	McDonald & Co.	XXX	961,790	950,000	1,025,656	978,599		(17,785)		(17,785)		960,815		975	975	33,191	10/01/2013	2FE
14912L4L2	Caterpillar Finance		04/05/2013	Maturity	XXX	30,000	30,000	29,949	29,995		5		5		30,000				300	04/05/2013	1FE
14912L4Q1	Caterpillar Finance		06/25/2013	Merrill Lynch	XXX	608,455	605,000	606,278	605,440		(222)		(222)		605,218		3,236	3,236	4,897	12/20/2013	1FE
172967EQ0	Citigroup Inc		04/11/2013	Maturity	XXX	900,000	900,000	962,289	907,645		(7,645)		(7,645)		900,000				24,750	04/11/2013	1FE
20029PAN9	Comcast Cable		06/11/2013	CS First Boston	XXX	1,000,140	1,000,000	1,120,430	1,024,748		(24,446)		(24,446)		1,000,302		(162)	(162)	35,229	06/15/2013	1FE
20825RAB7	ConocoPhil AU		04/15/2013	Maturity	XXX	550,000	550,000	583,428	557,357		(7,357)		(7,357)		550,000				15,125	04/15/2013	1FE
209111EC3	Consolidated Edison Co of NY		06/15/2013	Maturity	XXX	350,000	350,000	364,422	354,446		(4,446)		(4,446)		350,000				6,738	06/15/2013	1FE
26441CAA3	Duke Energy Corp		06/10/2013	Bank of America	XXX	300,066	300,000	322,506	305,908		(5,836)		(5,836)		300,072		(6)	(6)	8,381	06/15/2013	2FE
278642AA1	Ebay Inc		06/07/2013	Citigroup Global Markets	XXX	1,402,842	1,400,000	1,387,932	1,396,293		2,100		2,100		1,398,393		4,449	4,449	8,065	10/15/2013	1FE
36962G4Q4	General Electric Cap Corp		06/12/2013	Bear Stearns	XXX	1,505,850	1,500,000	1,508,570	1,502,211		(1,437)		(1,437)		1,500,774		5,076	5,076	21,172	09/16/2013	1FE
38143UAB7	Goldman Sachs Group Inc		05/23/2013	Goldman Sachs & Co	XXX	1,542,540	1,500,000	1,619,418	1,540,831		(16,048)		(16,048)		1,524,783		17,757	17,757	67,379	01/15/2014	1FE
459200GT2	IBM Corp		06/12/2013	Paribas	XXX	700,686	700,000	698,523	699,631		286		286		699,917		769	769	6,067	08/05/2013	1FE
46623EJD2	JP Morgan Chase		05/23/2013	Wachovia Securities	XXX	1,506,795	1,500,000	1,508,220	1,502,200		(1,208)		(1,208)		1,500,992		5,803	5,803	16,431	09/30/2013	1FE
59018YSU6	Merrill Lynch & Co Ser MTNC		05/22/2013	J P Morgan	XXX	1,492,572	1,450,000	1,505,318	1,469,823		(7,348)		(7,348)		1,462,475		30,097	30,097	59,410	02/03/2014	1FE
61747WAD1	Morgan Stanley		05/23/2013	HSBC Securities	XXX	506,740	500,000	500,605	500,223		(85)		(85)		500,138		6,602	6,602	12,179	01/24/2014	2FE
637432MM4	National Rural Utilities		06/25/2013	Stifel Nicolaus & Co	XXX	1,503,165	1,500,000	1,503,660	1,501,276		(751)		(751)		1,500,524		2,641	2,641	11,109	11/01/2013	1FE
665859AJ3	Northern Trust Corp		06/17/2013	Bear Stearns	XXX	251,960	250,000	266,256	256,169		(4,653)		(4,653)		251,516		444	444	11,649	08/15/2013	1FE
717081AR4	Pfizer Inc		05/28/2013	CS First Boston	XXX	772,425	750,000	816,728	773,940		(8,848)		(8,848)		765,092		7,333	7,333	26,813	02/15/2014	1FE
74005PAX2	Praxair Inc		06/14/2013	Maturity	XXX	783,000	783,000	798,864	785,915		(2,915)		(2,915)		783,000				8,319	06/14/2013	1FE
89233P4H6	Toyota Motor Credit Corp MTN		05/14/2013	Bear Stearns	XXX	250,635	250,000	252,344	250,879		(540)		(540)		250,338		297	297	2,626	08/12/2013	1FE
91159HGZ7	US Bancorp		06/26/2013	US Bancorp	XXX	1,602,848	1,600,000	1,594,498	1,598,404		944		944		1,599,348		3,500	3,500	11,900	10/30/2013	1FE
92343VAN4	Verizon Communications		04/15/2013	Maturity	XXX	1,400,000	1,400,000	1,505,560	1,417,163		(17,163)		(17,163)		1,400,000				36,750	04/15/2013	1FE
92976WBJ4	Wachovia Corp MTN		05/01/2013	Maturity	XXX	1,500,000	1,500,000	1,639,305	1,519,573		(19,573)		(19,573)		1,500,000				41,250	05/01/2013	1FE
983024AE0	Wyeth		05/28/2013	CS First Boston	XXX	299,906	290,000	306,603	305,910		(6,111)		(6,111)		299,799		107	107	13,292	02/01/2014	1FE
984121BV4	Xerox Corp		05/15/2013	Maturity	XXX	700,000	700,000	751,716	711,010		(11,010)		(11,010)		700,000				19,775	05/15/2013	2FE
067901AE8	Barrick Gold Corp	A	05/31/2013	HSBC Securities	XXX	402,968	400,000	403,238	401,887		(567)		(567)		401,320		1,648	1,648	3,597	05/30/2014	2FE
2254C0TC1	Credit Suisse MTN	F	05/15/2013	Maturity	XXX	1,000,000	1,000,000	1,071,120	1,012,394		(12,394)		(12,394)		1,000,000				25,000	05/15/2013	1FE
90261XGF3	UBS AG Stamford Series BKNT	F	06/18/2013	CS First Boston	XXX	1,504,005	1,500,000	1,509,780	1,502,459		(1,891)		(1,891)		1,500,568		3,437	3,437	28,969	08/12/2013	1FE
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					XXX	26,539,456	26,358,000	27,410,494	26,629,274		(187,332)		(187,332)		26,441,941		97,514	97,514	589,388	XXX	XXX
8399997 Subtotal - Bonds - Part 4					XXX	29,320,852	29,139,396	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX	XXX
8399999 Subtotal - Bonds					XXX	29,320,852	29,139,396	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX	XXX
9899999 Subtotal - Preferred and Common Stocks					XXX		XXX													XXX	XXX
9999999 Total - Bonds, Preferred and Common Stocks					XXX	29,320,852	XXX	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX	XXX

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

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

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

E08 Schedule DB Part D Section 1 ..... NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity ..... NONE

E09 Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity ..... NONE

E10 Schedule DL - Part 1 - Securities Lending Collateral Assets ..... NONE

E11 Schedule DL - Part 2 - Securities Lending Collateral Assets ..... NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1			2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
							6	7	8	
Depository			Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date	First Month	Second Month	Third Month	*
open depositories										
Wells Fargo	Cash						965,589	(3,079,865)	(4,130,544)	XXX
JP Morgan	Cash						125,519	18,953	50,603	XXX
Bank of America	Cash						10,000,000	4,400,000	(20,000,000)	XXX
0199998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - open depositories			XXX	XXX						XXX
0199999 Totals - Open Depositories			XXX	XXX			11,091,108	1,339,088	(24,079,941)	XXX
0299998 Deposits in 0 depositories that do not exceed the allowable limit in any one depository (see Instructions) - suspended depositories			XXX	XXX						XXX
0299999 Totals - Suspended Depositories			XXX	XXX						XXX
0399999 Total Cash On Deposit			XXX	XXX			11,091,108	1,339,088	(24,079,941)	XXX
0499999 Cash in Company's Office			XXX	XXX	XXX	XXX				XXX
0599999 Total Cash			XXX	XXX			11,091,108	1,339,088	(24,079,941)	XXX

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total - Cash Equivalents							

12941201336500002 2013 Document Code: 365

MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC Group Code: 0671 **NAIC Company Code: 12941**

	Individual Coverage		Group Coverage		5
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	Total Cash
1. Premiums Collected		XXX		XXX	
2. Earned Premiums		XXX		XXX	XXX
3. Claims Paid		XXX		XXX	
4. Claims Incurred		XXX		XXX	XXX
5. Reinsurance Coverage and Low Income Cost Sharing - Claim Paid Net of Reimbursements Applied (a)			XXX		
6. Aggregate Policy Reserves - change				XXX	XXX
7. Expenses Paid				XXX	
8. Expenses Incurred		XXX		XXX	XXX
9. Underwriting Gain or Loss		XXX		XXX	XXX
10. Cash Flow Results	XXX	XXX	XXX	XXX	

NONE

(a) Uninsured Receivable/Payable with CMS at End of Quarter: $.....0 due from CMS or $.....0 due to CMS

Amended Statement Cover

NONE

INDEX TO HEALTH QUARTERLY STATEMENT

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QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer **AMERIGROUP Tennessee, Inc.**

Date 08/15/2013 FEIN 20-4776597
NAIC Group # 0671 NAIC Company # 12941

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS. PLEASE PROVIDE ANY ADDITIONAL COMMENTS THAT MAY HELP TO IDENTIFY DISKETTE CONTENT.

	QTR. 1	QTR. 2	QTR. 3
A01. Is this the first time you've submitted this filing? (Y/N)	N/A	Yes	N/A
A02. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	N/A	N/A	N/A
A03. Is this being re-filed due to changes to the data originally filed? (Y/N)	N/A	N/A	N/A
A04. Other? (Y/N)	N/A	N/A	N/A
(If "yes" attach an explanation.)			

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Bette Lou Gronseth

Phone:

Address: 4425 Corporation Lane, Virginia Beach, VA

D. Software Vendor: SunGard iWORKS, LLC
Version: 2013.Q.1

E. Have material validation failures been addressed in the explanation file? Yes[X] No[ ]

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2013 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name): Symantec EndPoint Protection

(version number): 11.0.7300.1294

(Signed) Bette L. Gronseth

Type Name and Title: Bette Lou Gronseth, Associate Vice President

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 -90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premium due and unpaid from Medicare entities	570,333	76,971	264,402	878,350		1,790,056
0499999 Premium due and unpaid from Medicaid entities	6,660,470					6,660,470
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	7,230,803	76,971	264,402	878,350		8,450,526

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 -90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Caremark	293,474	160,506	133,214	667,988	1,255,182	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	293,474	160,506	133,214	667,988	1,255,182	
0299998 Claim Overpayment Receivables - Not Individually Listed	1,563,372	89,895	12,029	29,354	1,694,650	
0299999 Subtotal - Claim Overpayment Receivables	1,563,372	89,895	12,029	29,354	1,694,650	
0399998 Loans and Advances to Providers - Not Individually Listed				18,000	18,000	
0399999 Subtotal - Loans and Advances to Providers				18,000	18,000	
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
Other Receivables						
TennCare Oversight	815,056			907,961		1,723,017
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables	815,056			907,961		1,723,017
0799999 Gross health care receivables	2,671,902	250,401	145,243	1,623,303	2,967,832	1,723,017

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 -90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables							
AMERIGROUP Corporation	672,910					672,910	
0199999 Total - Individually listed receivables	672,910					672,910	
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	672,910					672,910	

AMERIGROUP Tennessee, Inc.
MLR Reconciliation to NAIC Filing
June 30, 2013

TOTAL REVENUES

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Net premium income 2013	426,338,362	25,075,235		451,413,597	4, C2, L2
Net premium income 2012	863,517,958	41,362,158		904,880,116	4, C2, L2
Net premium income 2011	896,910,241	23,222,262		920,132,503	4, C2, L2
Net premium income 2010	871,851,131	16,750,528		888,601,659	4, C2, L2
Net premium income 2009	612,724,592	13,401,387		626,125,979	4, C2, L3
Net premium income 2008	598,983,073	8,112,101		607,095,174	4, C3, L2-2008
Net premium income 2007	382,864,891	-		382,864,891	4, C3, L2-2009
TOTAL	4,653,190,248	127,923,672	-		
MLR Report	4,653,667,218				
Difference	(476,971)				
Change in unearned premium reserves and reserves for rate credits					
2013 - AMERIVANTAGE	476,970				
Rounding	1				
Unreconciled difference	(0)				

UNPAID CLAIMS

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded)	68,462,960	4,764,709		73,227,669	3, C3, L1
Accrued medical incentive pool and bonus amounts	38,050	-		38,050	3, C3, L2
Unpaid claims adjustment expenses	1,980,261	128,891		2,109,152	3, C3, L3
TOTAL	70,481,271	4,893,600	-	75,374,871	

Middle Tennessee Unpaid Claims Total	70,481,271
IBNR on MLR report	62,796,649
Difference	7,684,622
Checks issued, but not released - After the check is issued, the amount is included in the underlying paid data in the MLR Report. Thus, these amounts were excluded from the reserve in the MLR Report but included in the reserve for financial reporting because not yet released.	7,065,777
Medical - Unapplied Cash - These amounts are basically for recoveries that have not been attached to a specific claim. The actuaries include all recoveries in the reserves, but they are not yet posted and applied within the MLR Report. Thus, this is an offset to a received payment carried elsewhere on the books.	618,845
Unreconciled difference	(0)

HOSPITAL AND MEDICAL

	West Tennessee	NAIC Filing	Page, Col, Line
Total expenses on MLR report	3,770,712,997		
Total hospital and medical 07 Dec 31		360,775,300	4, C4, L18-2007
Total hospital and medical 08 Dec 31		535,851,712	4, C4, L18-2008
Total hospital and medical 09 Dec 31		516,193,087	4, C3, L18
Total hospital and medical 10 Dec 31		653,302,266	4, C2, L18
Total hospital and medical 11 Dec 31		695,948,802	4, C2, L18
Total hospital and medical 12 Dec 31		741,069,296	4, C2, L18
Total hospital and medical 13 Jun 30		372,166,513	4, C2, L18
Total from NAIC filing		3,875,306,977	
Less Medicare expenses		104,593,980	
NAIC net of Medicare expenses	3,770,712,997		
Unreconciled difference	0		

Medical Loss Ratio Report - Total
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2007			For the Year Ended 6/30/2007	2007						2008						For the Year Ended 6/30/2008	2008						2009						For the Year Ended 6/30/2009
	Incurred Month				Incurred Month						Incurred Month							Incurred Month						Incurred Month						
	April	May	June		July	August	September	October	November	December	January	February	March	April	May	June		July	August	September	October	November	December	January	February	March	April	May	June	
Enrollment	186,416	186,037	182,879	555,332	183,226	184,352	185,408	186,126	186,331	186,318	186,042	186,584	187,293	187,102	186,165	185,840	2,230,786	185,087	184,940	185,047	186,028	187,076	187,358	186,756	188,192	190,142	191,838	192,882	194,486	2,259,833
Capitation Revenue	$48,938,744	$48,838,217	$47,895,955	$145,672,916	$47,982,464	$48,228,287	$48,453,013	$48,658,579	$48,516,420	$48,587,405	$48,523,522	$48,550,055	$48,602,959	$46,707,144	$46,509,019	$46,388,877	$575,707,744	$48,887,130	$48,964,758	$49,021,001	$49,382,058	$49,781,263	$49,836,263	$49,364,498	$49,976,829	$50,392,708	$50,663,366	$50,711,245	$50,962,365	$597,943,485
Premium Tax	$978,775	$976,764	$957,919	$2,913,458	$959,649	$964,566	$969,060	$973,172	$970,328	$971,748	$970,470	$971,001	$972,059	$934,143	$930,180	$927,778	$11,514,155	$977,743	$979,295	$980,420	$987,641	$995,625	$996,725	$987,290	$999,537	$1,007,854	$1,013,267	$1,014,225	$1,019,247	$11,958,870
Capitation Revenue Net of Premium Tax	$47,959,969	$47,861,452	$46,938,036	$142,759,457	$47,022,815	$47,263,721	$47,483,953	$47,685,407	$47,546,092	$47,615,656	$47,553,052	$47,579,054	$47,630,899	$45,773,001	$45,578,839	$45,461,099	$564,193,589	$47,909,387	$47,985,463	$48,040,581	$48,394,417	$48,785,639	$48,839,538	$48,377,208	$48,977,292	$49,384,854	$49,650,098	$49,697,020	$49,943,118	$385,984,615
Payments for Covered Services for the Month																														
Medical Services																														
CMS 1450/UB 92 Payments by the Claims Processing System																														
Inpatient - Maternity	$1,235,027	$1,264,823	$1,347,430	$3,847,280	$1,330,553	$1,769,128	$1,286,142	$1,495,079	$1,314,707	$1,433,153	$1,637,648	$1,677,317	$1,364,069	$1,335,034	$1,532,229	$1,491,487	$17,666,545	$1,511,746	$1,602,018	$1,451,264	$1,540,657	$1,303,190	$1,390,930	$1,471,298	$1,370,660	$1,496,051	$1,405,272	$1,566,067	$1,428,075	$17,535,229
Inpatient - Newborn	$1,807,306	$2,026,773	$2,742,296	$6,676,374	$2,695,743	$1,835,027	$1,822,518	$2,793,660	$1,612,582	$2,299,760	$2,592,194	$2,285,286	$2,046,793	$1,683,397	$1,916,674	$2,131,724	$25,515,357	$3,255,233	$1,933,374	$2,150,109	$1,828,678	$3,464,797	$2,446,884	$2,236,955	$1,656,984	$2,324,926	$2,091,546	$2,454,336	$2,550,488	$28,374,301
Inpatient -Medical	$4,344,569	$3,735,903	$3,123,363	$11,203,836	$3,470,344	$3,405,553	$4,738,638	$3,402,761	$3,298,777	$4,043,720	$4,462,663	$4,054,930	$3,999,478	$3,760,345	$3,707,389	$3,571,563	$45,916,161	$4,138,763	$4,186,733	$3,939,385	$3,274,010	$4,098,911	$4,657,900	$3,635,595	$5,164,609	$4,579,919	$4,442,230	$4,261,257	$4,752,410	$51,131,723
Inpatient - Surgery	$2,079,710	$2,212,167	$1,966,666	$6,258,542	$2,306,448	$2,530,991	$2,392,819	$2,624,370	$2,164,175	$2,166,678	$2,623,512	$2,571,783	$2,498,807	$2,575,533	$2,328,208	$2,455,557	$29,238,881	$2,361,485	$2,578,394	$2,753,388	$2,548,681	$2,828,566	$2,561,851	$2,766,476	$2,385,113	$3,021,881	$2,606,965	$3,135,829	$3,075,996	$32,624,625
Inpatient Other	$114,359	$124,419	$145,565	$384,342	$88,412	$81,757	$153,591	$118,176	$58,393	$86,462	$106,732	$32,234	$77,323	$351,296	$77,329	$123,243	$1,354,950	$90,967	$130,969	$67,974	$76,551	$48,091	$37,130	$62,801	$52,273	$91,817	$58,188	$42,483	$77,007	$836,252
Outpatient - Emergency Room	$1,100,289	$1,182,526	$1,762,444	$4,045,259	$1,894,726	$2,028,715	$2,078,116	$2,093,766	$2,152,001	$2,312,458	$2,398,008	$2,495,738	$2,294,502	$2,176,332	$2,331,025	$2,162,748	$26,418,136	$2,197,889	$2,370,301	$2,354,940	$2,302,374	$2,355,101	$2,396,266	$2,404,928	$2,471,860	$2,811,085	$2,606,824	$2,710,551	$2,471,860	$29,453,946
Outpatient - Laboratory	$466,565	$535,238	$373,281	$1,375,084	$362,063	$399,811	$358,545	$409,531	$391,691	$371,160	$473,759	$477,165	$441,691	$423,710	$401,292	$413,974	$4,924,393	$436,377	$434,565	$447,891	$477,278	$422,355	$432,128	$527,122	$507,125	$576,808	$514,800	$501,949	$499,598	$5,777,997
Outpatient - Radiology	$1,057,286	$1,177,733	$1,009,124	$3,244,143	$947,427	$1,133,356	$972,893	$1,081,784	$1,035,313	$901,511	$1,079,579	$994,863	$1,144,207	$1,156,041	$1,026,013	$1,072,504	$12,525,492	$1,128,718	$1,138,244	$1,212,878	$1,250,015	$1,131,755	$1,098,275	$1,275,987	$1,217,018	$1,344,397	$1,379,856	$1,219,995	$1,265,202	$14,662,340
Outpatient - Surgery	$1,001,167	$1,133,946	$1,134,385	$3,269,498	$1,143,536	$1,241,465	$1,132,620	$1,354,110	$1,295,849	$1,092,164	$1,425,071	$1,276,260	$1,321,207	$1,422,281	$1,443,838	$1,377,548	$15,528,250	$1,488,084	$1,403,085	$1,331,942	$1,552,396	$1,393,421	$1,429,239	$1,511,951	$1,616,384	$1,764,197	$1,834,380	$1,710,540	$1,909,467	$18,945,087
Outpatient - Other	$181,538	$202,426	$218,764	$602,727	$210,745	$236,659	$251,910	$254,995	$233,379	$248,274	$238,618	$237,726	$235,722	$252,153	$269,115	$268,606	$2,937,902	$291,337	$261,921	$120,725	$388,687	$101,053	$151,898	$177,295	$170,749	$188,712	$193,879	$205,585	$205,528	$2,457,367
Hospice	$840,024	$835,440	$838,560	$2,514,024	$867,971	$822,923	$740,424	$747,313	$682,790	$661,177	$669,796	$602,477	$715,782	$680,926	$757,929	$708,584	$8,658,092	$679,633	$728,561	$666,549	$697,374	$617,517	$638,649	$652,997	$607,478	$679,452	$715,881	$811,176	$779,126	$8,274,393
Long-Term Care Payments																														
Level I Facility	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$150	$150	$1,501	$2,852	$0	$0	$0	$0	$0	$1,950	$0	$0	$0	$0	$6,303
Level II Facility	$57,860	$70,837	$47,426	$176,123	$26,836	$24,520	$49,482	$59,851	$18,011	$34,954	$47,128	$25,040	$11,507	$9,256	$73,219	$73,895	$453,699	$54,659	$12,257	$30,018	$47,194	$15,259	$24,865	$23,750	$54,625	$23,135	$18,750	$18,500	$41,500	$364,512
Home and Community Based Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
CMS 1500 Payments by the Claims Processing System																														
Prof - E&M	$6,271,826	$6,675,167	$6,296,387	$19,243,380	$6,024,866	$7,182,893	$6,232,539	$7,168,820	$6,738,731	$6,196,345	$7,441,003	$7,203,037	$6,782,346	$7,150,756	$6,671,918	$6,518,345	$81,351,619	$7,016,869	$6,868,199	$7,151,994	$8,076,396	$6,759,166	$6,963,922	$7,765,702	$7,931,412	$8,427,100	$8,262,122	$7,756,699	$7,984,789	$90,964,369
Prof - Home Health	$5,648,895	$6,493,507	$6,271,630	$18,414,032	$6,421,299	$6,571,770	$6,137,687	$6,714,885	$6,555,413	$6,571,512	$6,713,394	$6,126,700	$6,650,821	$6,603,485	$6,789,803	$6,549,748	$78,406,516	$6,646,026	$6,033,832	$4,701,656	$3,568,899	$3,022,889	$2,848,529	$2,703,255	$2,596,453	$2,760,406	$2,610,461	$2,532,648	$2,468,080	$42,491,136
Prof - Maternity	$835,663	$887,977	$980,033	$2,703,673	$969,549	$1,087,761	$932,824	$1,025,718	$911,821	$924,701	$1,141,290	$1,135,042	$1,069,778	$1,073,697	$1,065,721	$1,008,525	$12,346,426	$1,104,974	$1,045,509	$1,056,045	$1,114,603	$932,577	$999,298	$1,081,387	$957,930	$1,078,546	$1,039,770	$1,016,286	$1,083,129	$12,510,054
Prof - Surgery	$448,304	$561,253	$552,941	$1,562,497	$528,013	$578,664	$499,840	$640,898	$515,873	$457,511	$621,036	$517,913	$606,404	$638,433	$623,269	$641,847	$6,869,721	$598,803	$657,949	$660,798	$700,891	$595,843	$517,906	$681,264	$697,531	$716,239	$696,684	$639,981	$765,311	$7,929,199
Prof - DME	$274,993	$333,228	$329,712	$937,932	$257,856	$303,369	$330,077	$329,894	$350,225	$381,484	$399,331	$376,742	$359,932	$398,256	$422,227	$385,219	$4,294,812	$361,566	$386,463	$367,036	$430,917	$333,272	$415,581	$396,700	$498,637	$443,774	$466,169	$406,059	$379,581	$4,885,756
Prof - Lab	$600,620	$626,942	$611,150	$1,838,712	$508,663	$594,077	$513,624	$574,236	$529,848	$454,397	$628,947	$640,888	$584,531	$716,549	$653,309	$673,794	$7,072,862	$699,720	$711,374	$723,944	$818,289	$668,101	$675,758	$818,725	$826,003	$930,767	$908,485	$814,273	$879,979	$9,475,417
Prof - Radiology	$878,150	$996,991	$891,218	$2,766,359	$763,040	$875,129	$763,447	$923,009	$766,280	$705,444	$882,374	$784,341	$819,706	$877,816	$833,197	$852,861	$9,846,644	$914,752	$893,615	$890,071	$909,935	$795,545	$829,100	$915,655	$908,608	$1,044,726	$1,060,118	$977,796	$1,022,218	$11,162,138
Prof - Transportation	$1,050,072	$1,299,108	$1,241,857	$3,591,036	$1,237,953	$1,342,682	$1,212,520	$1,427,082	$1,344,621	$1,240,681	$1,485,916	$1,382,440	$1,431,636	$1,470,466	$1,480,278	$1,467,170	$16,523,445	$1,516,911	$1,330,670	$338,139	$253,998	$226,754	$195,713	$230,532	$217,433	$255,708	$262,583	$239,926	$251,344	$5,319,712
Prof - Other	$1,628,238	$1,739,095	$1,572,681	$4,940,014	$1,579,512	$1,734,720	$1,531,299	$1,813,399	$1,759,846	$1,582,658	$1,894,920	$1,797,714	$1,703,926	$1,824,792	$1,782,976	$1,735,258	$20,741,021	$1,803,744	$1,867,536	$1,813,744	$2,040,997	$1,798,018	$1,866,188	$1,823,232	$1,774,330	$1,916,341	$1,870,775	$1,824,972	$1,790,833	$22,190,709
Capitation Payments	$442,529	$433,167	$442,387	$1,318,084	$226,826	$225,749	$224,354	$213,630	$204,209	$211,333	$208,509	$227,088	$184,885	$186,343	$182,779	$183,026	$2,478,730	$184,296	$186,182	$1,095,934	$1,072,486	$1,079,378	$1,080,148	$1,078,331	$1,148,746	$1,157,471	$1,083,834	$1,084,563	$1,083,397	$11,334,768
Subcontractor Payments for Medical Services	$96,057	$97,717	$97,222	$290,996	$130,108	$164,740	$128,435	$142,227	$115,935	$96,741	$126,734	$117,941	$125,893	$116,922	$97,793	$94,110	$1,457,579	$148,835	$168,971	$149,303	$168,301	$142,635	$134,561	$131,691	$153,469	$176,019	$151,136	$129,014	$138,851	$1,812,787
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health																														
Inpatient Payments by the Claims Processing System	$1,481,858	$1,601,864	$1,652,695	$4,736,417	$1,753,932	$1,966,599	$1,903,445	$1,822,031	$1,718,707	$1,942,843	$1,897,487	$1,962,503	$1,807,123	$1,933,304	$1,986,693	$1,713,268	$22,407,933	$1,755,553	$1,784,929	$1,640,791	$1,267,952	$1,520,521	$1,544,438	$1,197,829	$1,252,343	$1,323,229	$1,199,519	$1,198,150	$969,507	$16,654,761
Outpatient Payments by the Claims Processing System	$1,226,232	$1,162,660	$1,299,700	$3,688,592	$1,016,742	$1,153,927	$941,175	$613,953	$527,605	$451,246	$581,274	$533,676	$508,116	$578,187	$526,218	$556,101	$7,988,218	$606,141	$754,710	$752,151	$355,097	$832,632	$936,736	$1,013,294	$1,045,883	$1,159,124	$1,165,334	$1,158,269	$1,184,473	$10,983,844
Supported Housing Payments by the Claims Processing Sys	$165,415	$167,121	$181,880	$514,416	$176,847	$181,499	$200,206	$225,668	$222,703	$240,717	$241,737	$228,638	$244,983	$240,553	$255,550	$244,832	$2,703,932	$246,459	$267,616	$232,292	$2,637	$247,649	$294,683	$298,008	$288,523	$316,935	$250,684	$242,138	$239,062	$2,926,686
Intensive Outpatient Payments by the Claims Processing Sy	$53,205	$81,970	$79,391	$214,565	$80,192	$89,315	$73,223	$81,453	$70,635	$61,461	$79,725	$59,152	$79,867	$100,580	$92,205	$79,812	$947,640	$74,752	$74,692	$70,215	$16,438	$84,704	$87,038	$74,747	$67,566	$83,170	$76,821	$77,643	$81,571	$869,357
Partial Hospitalization Payments by the Claims Processing S	$2,752	$6,126	$4,108	$12,986	$2,578	$5,155	$3,724	$184	$2,103	$6,764	$13,798	$13,107	$57,066	$64,015	$64,001	$77,526	$312,022	$43,072	$72,938	$95,482	$785	$46,393	$64,910	$62,792	$33,033	$47,541	$84,212	$108,429	$98,023	$758,210
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$12,691	$15,720	$9,380	$37,791	$13,531	$14,339	$13,792	$11,739	$13,316	$11,448	$13,925	$14,603	$15,491	$11,345	$15,366	$16,965	$165,861	$19,004	$13,053	$10,524	$11,514	$11,143	$6,851	$6,976	$9,325	$13,202	$13,115	$13,197	$10,029	$137,934
Twenty-Three Hour Payments by the Claims Processing Sy	$0	$1,733	$12,235	$13,969	$3,560	$6,277	$8,484	$616	$829	$3,602	$372	$1,351	$4,832	$3,202	$8,580	$299	$42,004	$233	$191	$451	$1,161	$1,066	$1,315	$800	$160	$3,644	$0	$3,447	$1,543	$14,011
CMHA Capitation Payments	$313,648	$331,291	$302,878	$947,818	$316,784	$317,085	$320,147	$319,690	$322,053	$322,020	$319,958	$326,766	$315,958	$327,487	$315,166	$325,099	$3,848,213	$318,568	$310,272	$323,633	$319,621	$315,027	$321,975	$320,295	$323,059	$329,484	$328,842	$331,942	$331,278	$3,873,995
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-FFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance A	$2,400,055	$2,465,445	$2,523,534	$7,389,034	$2,403,671	$2,370,881	$2,474,297	$3,104,597	$3,205,906	$3,183,674	$3,235,072	$3,189,338	$3,297,381	$3,434,440	$3,437,453	$3,318,377	$36,655,087	$3,219,059	$2,958,900	$3,245,344	$3,318,898	$2,939,525	$2,242,947	$2,099,301	$2,151,696	$2,244,745	$2,299,368	$2,236,270	$2,194,731	$31,150,695
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:																														
Recoveries not Reflected in Claims Payments				$0													$0													$0
Total Payments	$38,216,901	$40,480,311	$40,062,343	$118,759,555	$39,760,328	$42,276,736	$40,442,836	$43,589,126	$40,134,365	$40,698,353	$45,481,529	$43,371,797	$42,801,764	$43,576,934	$43,170,761	$42,293,766	$507,598,296	$44,916,300	$43,150,876	$41,846,610	$40,433,619	$40,132,854	$39,293,610	$39,465,670	$40,158,969	$43,330,552	$41,696,605	$41,429,960	$42,013,987	$497,869,612
UB92 IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Professional IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
LTC IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Payments and Remaining IBNR	$38,216,901	$40,480,311	$40,062,343	$118,759,555	$39,760,328	$42,276,736	$40,442,836	$43,589,126	$40,134,365	$40,698,353	$45,481,529	$43,371,797	$42,801,764	$43,576,934	$43,170,761	$42,293,766	$507,598,296	$44,916,300	$43,150,876	$41,846,610	$40,433,619	$40,132,854	$39,293,610	$39,465,670	$40,158,969	$43,330,552	$41,696,605	$41,429,960	$42,013,987	$497,869,612
Medical Loss Ratio, Gross Premium	78.09%	82.89%	83.64%	81.52%	82.86%	87.66%	83.47%	89.58%	82.72%	83.76%	93.73%	89.33%	88.06%	93.30%	92.82%	91.17%	88.17%	91.88%	88.13%	85.36%	81.88%	80.62%	78.85%	79.95%	80.36%	85.99%	82.30%	81.70%	82.44%	83.26%
Medical Loss Ratio, Net Premium	79.68%	84.58%	85.35%	83.19%	84.56%	89.45%	85.17%	91.41%	84.41%	85.47%	95.64%	91.16%	89.86%	95.20%	94.72%	93.03%	89.97%	93.75%	89.92%	87.11%	83.55%	82.26%	80.45%	81.58%	82.00%	87.74%	83.98%	83.37%	84.12%	84.96%
Per Member Expense	$205.01	$217.59	$219.07	$213.85	$217.00	$229.33	$218.13	$234.19	$215.39	$218.43	$244.47	$232.45	$228.53	$232.91	$231.90	$227.58	$227.54	$242.68	$233.32	$226.14	$217.35	$214.53	$209.72	$211.32	$213.39	$227.89	$217.35	$214.79	$216.03	$220.31
Premium Tax Paid (Quarterly)	-	-	-	-	-	2,291,637	-	-	2,542,392	-	-	2,651,693	-	-	2,450,920	-	9,936,643	-	2,864,035	-	-	3,794,315	-	-	2,845,665	-	-	2,373,881	-	12,077,896

Medical Loss Ratio Report - Total
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2009 Incurred Month						2010 Incurred Month						For the Year Ended 6/30/2010
	July	August	September	October	November	December	January	February	March	April	May	June	
Enrollment	193,482	192,406	190,840	191,203	191,550	192,027	195,125	195,762	196,847	197,539	197,961	199,076	2,333,818
Capitation Revenue	$56,699,901	$55,549,745	$54,620,650	$54,560,133	$54,479,940	$54,529,104	$55,746,440	$55,628,096	$72,851,170	$72,953,405	$73,229,500	$73,823,709	$734,671,792
Premium Tax	$3,118,495	$3,055,236	$3,004,136	$3,000,807	$2,996,397	$2,999,101	$3,066,054	$3,059,545	$4,006,814	$4,012,437	$4,027,622	$4,060,304	$40,406,949
Capitation Revenue Net of Premium Tax	$53,581,407	$52,494,509	$51,616,514	$51,559,325	$51,483,543	$51,530,003	$52,680,386	$52,568,551	$68,844,356	$68,940,968	$69,201,877	$69,763,405	$694,264,843
Payments for Covered Services for the Month													
Medical Services													
CMS 1450/UB 92 Payments by the Claims Processing Syst													
Inpatient - Maternity	$1,512,412	$1,465,002	$1,611,423	$1,690,687	$1,535,506	$2,042,829	$1,451,632	$1,431,696	$1,461,528	$1,398,459	$1,473,809	$1,420,122	$18,495,104
Inpatient - Newborn	$3,205,392	$2,381,711	$2,464,199	$2,877,931	$2,568,087	$2,879,410	$2,265,701	$2,028,522	$2,596,554	$2,304,856	$2,243,504	$2,780,065	$30,595,932
Inpatient -Medical	$5,293,516	$3,598,928	$4,550,437	$5,494,759	$4,949,285	$4,097,648	$2,808,536	$2,814,093	$3,323,319	$2,996,206	$2,476,087	$3,251,504	$45,654,317
Inpatient - Surgery	$3,078,586	$3,101,294	$2,853,469	$2,990,923	$2,214,586	$2,656,426	$3,632,825	$4,054,765	$3,716,128	$3,580,607	$2,810,257	$3,891,635	$38,581,502
Inpatient Other	$131,581	$96,938	$70,409	$80,456	$72,154	$170,506	$1,694,254	$1,402,711	$2,216,480	$1,001,296	$937,815	$1,036,602	$8,911,202
Outpatient - Emergency Room	$2,474,012	$2,895,652	$3,388,631	$2,845,203	$1,919,862	$1,901,078	$1,922,149	$1,741,752	$2,144,039	$2,062,925	$2,191,576	$2,074,487	$27,561,367
Outpatient - Laboratory	$457,310	$485,237	$523,713	$427,152	$442,561	$458,140	$450,668	$433,086	$508,261	$459,129	$411,378	$455,818	$5,512,654
Outpatient - Radiology	$1,306,601	$1,272,046	$1,181,843	$1,092,253	$957,024	$1,020,773	$986,889	$929,003	$1,192,852	$1,195,462	$1,050,014	$1,040,650	$13,225,410
Outpatient - Surgery	$1,800,626	$1,876,338	$1,763,752	$1,916,333	$1,538,863	$1,654,831	$1,679,008	$1,665,746	$2,200,412	$2,040,063	$1,821,281	$2,016,697	$21,973,951
Outpatient - Other	$206,200	$215,150	$224,211	$213,702	$219,688	$233,026	$213,558	$213,733	$236,184	$219,829	$210,921	$230,761	$2,656,968
Hospice	$789,864	$757,969	$720,026	$751,273	$685,954	$707,040	$655,286	$595,370	$689,651	$653,345	$724,233	$806,195	$8,516,207
Long-Term Care Payments													
Level I Facility	$0	$600	$0	$0	$0	$0	$1,050	$1,050	$10,571,365	$10,244,617	$10,724,806	$10,295,623	$41,839,110
Level II Facility	$48,800	$70,500	$60,125	$70,625	$78,250	$29,075	$38,875	$47,125	$1,543,272	$1,429,348	$1,512,914	$1,404,725	$6,133,633
Home and Community Based Services	$0	$0	$0	$0	$0	$0	$0	$0	$874,133	$935,003	$1,015,046	$1,134,380	$3,958,562
CMS 1500 Payments by the Claims Processing System													
Prof - E&M	$8,255,329	$8,166,296	$8,249,099	$8,027,023	$7,414,921	$7,399,183	$7,171,060	$7,233,892	$8,671,333	$8,079,448	$7,033,504	$7,558,097	$93,259,186
Prof - Home Health	$2,595,493	$2,589,985	$2,515,759	$2,509,782	$2,381,650	$2,417,699	$2,494,783	$2,358,076	$2,789,591	$2,711,381	$2,675,555	$2,652,198	$30,691,751
Prof - Maternity	$1,227,581	$1,151,909	$1,210,487	$1,195,612	$1,076,190	$1,204,186	$1,164,412	$1,148,976	$1,268,403	$1,120,387	$1,110,479	$1,050,506	$13,929,128
Prof - Surgery	$888,695	$764,291	$754,183	$702,878	$636,312	$577,985	$628,628	$592,168	$776,723	$683,042	$613,854	$696,216	$8,314,976
Prof - DME	$394,632	$470,505	$378,705	$364,904	$396,261	$403,665	$371,485	$354,001	$438,736	$413,368	$386,301	$421,885	$4,794,449
Prof - Lab	$879,861	$917,452	$959,296	$934,795	$794,961	$794,415	$787,370	$800,360	$960,355	$844,595	$707,441	$760,314	$10,141,215
Prof - Radiology	$1,009,138	$957,946	$991,373	$970,921	$926,766	$940,808	$912,799	$894,626	$1,074,061	$1,005,353	$890,578	$966,832	$11,541,203
Prof - Transportation	$248,179	$272,400	$287,474	$277,059	$248,020	$260,580	$276,485	$240,988	$277,739	$278,565	$276,160	$294,112	$3,237,757
Prof - Other	$1,900,117	$2,016,261	$2,191,685	$2,146,798	$1,931,466	$1,845,880	$1,840,848	$1,759,665	$2,074,894	$1,930,060	$1,835,074	$1,919,414	$23,392,162
Capitation Payments	$973,786	$967,004	$913,181	$1,144,067	$1,130,271	$1,124,790	$1,305,854	$1,339,116	$1,323,622	$1,355,163	$1,383,954	$1,370,952	$14,331,761
Subcontractor Payments for Medical Services	$174,750	$218,399	$2,688	$3,032	$3,081	$1,583	$155,032	$151,097	$198,262	$173,387	$119,270	$143,999	$1,344,581
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health													
Inpatient Payments by the Claims Processing System	$914,477	$895,885	$822,985	$772,797	$920,543	$852,768	$967,211	$960,121	$946,047	$805,749	$897,495	$864,760	$10,620,839
Outpatient Payments by the Claims Processing System	$1,901,935	$1,960,745	$2,054,362	$2,085,070	$1,890,556	$1,933,142	$1,897,838	$1,868,820	$1,970,135	$1,990,178	$1,805,935	$1,837,452	$23,196,148
Supported Housing Payments by the Claims Processing Sys	$331,257	$333,629	$331,320	$350,659	$347,827	$373,150	$390,982	$303,865	$318,810	$335,818	$353,965	$356,450	$4,127,732
Intensive Outpatient Payments by the Claims Processing Sy	$71,666	$82,212	$78,099	$84,222	$66,498	$72,742	$62,286	$55,863	$79,980	$62,238	$66,417	$86,925	$868,248
Partial Hospitalization Payments by the Claims Processing	$97,270	$96,892	$77,142	$73,150	$59,620	$105,265	$70,740	$82,000	$103,115	$104,780	$95,135	$77,660	$1,042,769
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$12,074	$14,101	$11,841	$7,066	$9,963	$12,576	$11,684	$8,177	$9,908	$13,224	$13,293	$10,666	$134,573
Twenty-Three Hour Payments by the Claims Processing Sy	$1,422	$1,111	$328	$2,930	$317	$160	$140	$965	$990	$0	$2,882	$433	$11,677
CMHA Capitation Payments	$331,357	$323,447	$331,605	$327,513	$327,926	$328,829	$327,172	$348,813	$330,384	$347,693	$341,045	$340,543	$4,006,327
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-FFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance A	$1,114,892	$1,126,965	$1,111,538	$1,117,009	$1,134,963	$1,133,493	$1,156,100	$1,156,357	$1,246,511	$1,229,594	$1,213,527	$1,185,838	$13,926,787
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:													
Recoveries not Reflected in Claims Payments													$0
Total Payments	$43,629,017	$41,544,797	$42,685,387	$43,548,585	$38,879,934	$39,633,681	$39,793,317	$39,016,601	$57,933,579	$54,005,167	$51,425,506	$54,433,616	$546,529,186
UB92 IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Professional IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
LTC IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Payments and Remaining IBNR	$43,629,017	$41,544,797	$42,685,387	$43,548,585	$38,879,934	$39,633,681	$39,793,317	$39,016,601	$57,933,579	$54,005,167	$51,425,506	$54,433,616	$546,529,186
Medical Loss Ratio, Gross Premium	76.95%	74.79%	78.15%	79.82%	71.37%	72.68%	71.38%	70.14%	79.52%	74.03%	70.23%	73.73%	74.39%
Medical Loss Ratio, Net Premium	81.43%	79.14%	82.70%	84.46%	75.52%	76.91%	75.54%	74.22%	84.15%	78.34%	74.31%	78.03%	78.72%
Per Member Expense	$225.49	$215.92	$223.67	$227.76	$202.98	$206.40	$203.94	$199.31	$294.31	$273.39	$259.78	$273.43	$234.18
Premium Tax Paid (Quarterly)	-	2,926,433	-	-	8,850,835	-	-	8,257,072	-	-	9,074,913	-	29,109,253

Reporting Month	2010 Incurred Month						For the Year Ended 6/30/2010	2011 Incurred Month						For the Year Ended 6/30/2011
	July	August	September	October	November	December		January	February	March	April	May	June	
Enrollment	198,527	200,355	201,773	202,366	202,373	202,248	2,333,818	202,354	202,349	202,604	202,721	203,164	202,971	2,423,806
Capitation Revenue	$73,531,537	$73,867,382	$74,314,550	$74,571,774	$74,627,513		$734,671,792	$75,175,608	$75,128,153	$75,401,993	$75,741,234	$75,896,151	$76,145,209	$887,400,779
Premium Tax	$4,044,235	$4,062,706	$4,087,360	$4,101,448	$4,104,513		$40,406,949	$4,134,658	$4,132,048	$4,147,110	$4,165,768	$4,174,288	$4,187,986	$49,357,043
Capitation Revenue Net of Premium Tax	$69,487,303	$69,804,676	$70,227,250	$70,470,326	$70,523,000		$694,264,843	$71,040,950	$70,996,104	$71,254,884	$71,575,466	$71,721,863	$71,957,223	$848,043,737
Payments for Covered Services for the Month														
Medical Services														
CMS 1450/UB 92 Payments by the Claims Processing Syst														
Inpatient - Maternity	$1,511,786	$1,607,428	$1,671,329	$1,785,117	$1,546,814	$1,711,702	$18,495,104	$1,592,718	$1,607,070	$1,611,651	$1,325,417	$1,435,706	$1,534,831	$18,941,570
Inpatient - Newborn	$3,369,972	$3,547,575	$2,460,611	$3,262,486	$2,324,879	$2,716,736	$30,595,932	$3,496,216	$2,163,371	$3,604,840	$3,441,574	$3,495,986	$2,377,080	$36,261,324
Inpatient -Medical	$2,997,140	$2,948,959	$2,902,603	$2,730,588	$2,967,287	$4,659,801	$45,654,317	$3,071,397	$2,994,100	$3,136,983	$3,700,542	$3,120,908	$3,296,086	$38,526,392
Inpatient - Surgery	$4,176,001	$5,465,142	$3,800,081	$3,349,853	$2,901,273	$3,170,480	$38,581,502	$4,502,238	$3,002,546	$4,348,534	$3,446,912	$4,113,540	$4,527,431	$46,804,030
Inpatient Other	$1,286,216	$461,159	$229,387	$431,181	$246,825	$208,886	$8,911,202	$233,745	$454,279	$310,124	$416,397	$166,574	$199,730	$4,644,504
Outpatient - Emergency Room	$2,056,011	$2,096,580	$2,041,886	$2,057,489	$2,119,697	$2,047,618	$27,561,367	$2,315,017	$2,107,205	$2,166,321	$2,150,685	$2,265,688	$2,094,081	$25,518,277
Outpatient - Laboratory	$426,293	$495,109	$467,509	$456,568	$480,984	$482,097	$5,512,654	$533,749	$511,064	$548,297	$491,195	$497,551	$478,058	$5,808,470
Outpatient - Radiology	$1,078,626	$1,172,703	$1,192,783	$1,194,656	$1,249,473	$1,050,083	$13,225,410	$981,223	$999,241	$1,212,449	$1,115,751	$1,131,837	$1,106,697	$13,485,522
Outpatient - Surgery	$1,985,467	$2,110,638	$1,960,189	$1,871,817	$1,817,675	$1,726,151	$21,973,951	$1,667,746	$1,877,819	$2,148,193	$2,110,920	$1,915,197	$2,157,283	$23,349,095
Outpatient - Other	$231,847	$240,321	$250,321	$269,592	$260,995	$227,963	$2,656,968	$219,789	$225,046	$255,979	$243,401	$242,994	$247,918	$2,916,165
Hospice	$772,052	$784,756	$787,931	$788,735	$794,737	$810,908	$8,516,207	$791,413	$743,746	$825,797	$801,251	$885,101	$846,341	$9,542,769
Long-Term Care Payments														
Level I Facility	$11,553,844	$11,674,834	$11,401,523	$11,879,265	$11,484,934	$11,815,443	$41,839,110	$11,690,509	$10,227,558	$11,488,242	$11,135,230	$11,566,151	$11,230,623	$137,148,155
Level II Facility	$1,545,272	$1,561,454	$1,414,465	$1,395,728	$1,397,493	$1,404,513	$6,133,633	$1,360,396	$1,235,457	$1,405,149	$1,403,376	$1,425,882	$1,336,458	$16,885,644
Home and Community Based Services	$1,258,975	$1,357,739	$1,379,563	$1,432,643	$1,591,386	$1,747,629	$3,958,562	$1,696,993	$1,709,727	$2,004,835	$1,982,232	$2,129,081	$2,156,429	$20,447,233
CMS 1500 Payments by the Claims Processing System														
Prof - E&M	$7,487,511	$8,091,281	$8,192,294	$7,842,001	$7,984,925	$7,329,243	$93,259,186	$7,547,275	$8,083,887	$8,590,804	$7,784,201	$7,931,707	$7,653,871	$94,519,000
Prof - Home Health	$2,609,964	$2,584,307	$2,458,403	$2,448,618	$2,425,073	$2,460,671	$30,691,751	$2,342,684	$2,132,370	$2,377,543	$2,249,100	$2,287,381	$2,161,449	$28,537,564
Prof - Maternity	$1,238,128	$1,266,644	$1,227,269	$1,164,066	$1,183,182	$1,198,307	$13,929,128	$1,133,805	$1,102,967	$1,171,943	$1,138,231	$1,131,528	$1,252,194	$14,208,264
Prof - Surgery	$679,600	$729,420	$715,872	$719,671	$659,272	$654,004	$8,314,976	$745,833	$653,720	$722,517	$785,054	$811,702	$845,396	$8,722,061
Prof - DME	$375,751	$448,819	$384,929	$465,842	$428,246	$482,543	$4,794,449	$431,101	$347,421	$429,855	$433,250	$443,505	$457,281	$5,128,543
Prof - Lab	$717,536	$815,052	$817,198	$736,850	$713,693	$673,180	$10,141,215	$763,832	$811,338	$861,732	$733,510	$754,109	$766,828	$9,166,860
Prof - Radiology	$942,395	$1,012,695	$985,876	$927,040	$920,011	$843,626	$11,541,203	$867,281	$843,584	$1,016,264	$927,077	$946,845	$926,100	$11,158,795
Prof - Transportation	$293,647	$308,937	$292,166	$299,690	$265,994	$294,752	$3,237,757	$323,870	$275,571	$319,838	$316,189	$311,163	$292,843	$3,594,660
Prof - Other	$1,932,204	$2,145,338	$2,079,906	$2,165,663	$2,043,728	$1,891,390	$23,392,162	$1,997,633	$1,940,718	$2,175,044	$2,012,285	$2,029,976	$1,978,878	$24,392,865
Capitation Payments	$1,417,587	$1,039,933	$1,408,747	$1,379,036	$1,423,963	$1,423,191	$14,331,761	$1,315,543	$1,388,084	$1,476,705	$1,429,709	$1,427,337	$1,410,641	$16,540,467
Subcontractor Payments for Medical Services	$193,525	$232,637	$184,060	$185,734	$169,172	$145,165	$1,344,581	$171,898	$157,781	$214,820	$176,223	$150,339	$155,909	$2,137,264
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health														
Inpatient Payments by the Claims Processing System	$1,105,761	$1,065,065	$1,069,623	$1,170,875	$1,020,909	$1,010,332	$10,620,839	$1,035,277	$1,113,546	$1,259,083	$1,364,044	$1,306,062	$1,353,364	$13,873,940
Outpatient Payments by the Claims Processing System	$1,651,739	$1,955,995	$2,019,282	$2,010,357	$2,033,336	$1,838,692	$23,196,148	$1,844,144	$1,893,991	$2,242,464	$2,131,499	$2,073,535	$1,974,075	$23,669,108
Supported Housing Payments by the Claims Processing Sys	$331,591	$364,749	$357,533	$388,268	$370,419	$380,849	$4,127,732	$382,246	$340,988	$344,993	$359,262	$365,564	$382,194	$4,368,656
Intensive Outpatient Payments by the Claims Processing Sy	$68,062	$68,225	$65,927	$64,039	$61,541	$66,313	$868,248	$51,178	$61,512	$70,171	$66,500	$65,186	$65,515	$774,167
Partial Hospitalization Payments by the Claims Processing	$53,972	$118,370	$121,865	$65,860	$5,595	$5,435	$1,042,769	$7,090	$1,395	$6,215	$8,175	$15,760	$5,385	$415,117
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$10,097	$11,180	$6,555	$10,606	$8,687	$12,136	$134,573	$11,760	$9,647	$12,198	$12,565	$15,988	$12,779	$134,198
Twenty-Three Hour Payments by the Claims Processing Sy	$330	$137	$182	$450	$1,382	$165	$11,677	$348	$82	$997	$491	$843	$543	$5,951
CMHA Capitation Payments	$340,890	$337,869	$354,517	$347,346	$348,376	$348,516	$4,006,327	$338,991	$353,479	$347,348	$343,752	$347,943	$354,610	$4,163,637
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-FFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance A	$1,135,957	$1,218,889	$1,271,569	$1,275,920	$1,292,220	$1,260,020	$13,926,787	$1,278,997	$1,308,232	$1,378,974	$1,343,262	$1,373,728	$1,300,410	$15,438,178
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:														
Recoveries not Reflected in Claims Payments							$0							$0
Total Payments	$56,835,845	$59,339,936	$55,973,953	$56,573,654	$54,454,177	$56,100,538	$546,529,186	$56,743,934	$52,678,340	$60,086,900	$57,379,255	$58,182,400	$56,939,311	$681,288,444
UB92 IBNR	$0	$0	$0	$0	$0	$0	$0	$9,017	$11,177	$13,295	$33,828	$38,901	$39,167	$145,385
Professional IBNR	$0	$0	$0	$0	$0	$0	$0	$9,017	$11,145	$13,259	$506	$406	$711	$35,044
LTC IBNR	$0	$0	$0	$0	$0	$0	$0	$0	$287	$323	$514	$475	$460	$1,859
Total IBNR	$0	$0	$0	$0	$0	$0	$0	$18,035	$22,608	$26,877	$34,648	$39,782	$40,338	$182,287
Payments and Remaining IBNR	$56,835,845	$59,339,936	$55,973,953	$56,573,654	$54,454,177	$56,100,538	$546,529,186	$56,761,969	$52,701,149	$60,113,777	$57,413,903	$58,222,182	$56,979,649	$681,470,732
Medical Loss Ratio, Gross Premium	77.86%	80.70%	75.78%	76.13%	73.02%	75.17%	74.39%	75.51%	70.15%	79.72%	75.80%	76.71%	74.83%	75.94%
Medical Loss Ratio, Net Premium	82.39%	85.40%	80.19%	80.56%	77.27%	79.55%	78.72%	79.90%	74.23%	84.36%	80.21%	81.18%	79.19%	80.36%
Per Member Expense	$286.29	$296.17	$277.41	$279.56	$269.08	$277.38	$234.18	$280.51	$260.45	$296.71	$283.22	$286.58	$280.73	$281.16
Premium Tax Paid (Quarterly)	-	15,097,357	-	-	12,641,955	-	29,109,253	-	16,817,202	-	-	8,447,437	-	53,003,952

Medical Loss Ratio Report - Total
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2011 Incurred Month July	August	September	October	November	December	2012 Incurred Month January	February	March	April	May	June	For the Year Ended 6/30/2012
Enrollment	201,241	201,941	202,807	203,364	202,758	202,379	202,044	201,969	201,617	201,786	201,530	201,436	2,424,873
Capitation Revenue	$70,460,349	$71,052,425	$71,367,413	$71,786,436	$71,819,748	$71,819,742	$71,250,780	$71,533,769	$71,737,512	$71,926,195	$72,031,079	$72,177,772	$858,963,219
Premium Tax	$3,875,319	$3,907,883	$3,925,208	$3,948,254	$3,950,086	$3,950,086	$3,918,793	$3,934,357	$3,945,563	$3,955,941	$3,961,709	$3,969,777	$47,242,977
Capitation Revenue Net of Premium Tax	$66,585,030	$67,144,541	$67,442,205	$67,838,182	$67,869,661	$67,869,656	$67,331,987	$67,599,411	$67,791,949	$67,970,255	$68,069,369	$68,207,995	$811,720,242
Payments for Covered Services for the Month													
Medical Services													
CMS 1450/UB 92 Payments by the Claims Processing Syst													
Inpatient - Maternity	$1,616,888	$1,744,030	$1,622,590	$1,457,752	$1,546,056	$1,662,427	$1,550,584	$1,575,120	$1,608,352	$1,575,956	$1,608,363	$1,460,921	$19,009,041
Inpatient - Newborn	$2,407,082	$2,974,641	$2,656,849	$2,892,704	$2,915,115	$2,408,680	$3,922,548	$2,310,023	$3,050,232	$2,468,250	$2,633,261	$2,743,243	$33,382,628
Inpatient -Medical	$2,767,091	$3,507,727	$2,831,384	$2,797,050	$3,028,649	$3,521,337	$4,284,690	$3,943,230	$3,345,617	$3,516,814	$2,983,718	$2,913,548	$39,440,855
Inpatient - Surgery	$3,356,971	$3,424,752	$3,793,129	$3,404,031	$3,749,662	$4,291,279	$4,552,107	$4,605,344	$5,212,984	$4,990,055	$4,209,330	$5,200,466	$50,790,110
Inpatient Other	$220,351	$184,368	$224,170	$375,337	$146,182	$263,513	$212,585	$151,563	$146,668	$127,429	$288,375	$245,146	$2,583,686
Outpatient - Emergency Room	$2,157,991	$2,234,625	$2,175,265	$2,141,427	$2,033,833	$2,019,060	$2,184,712	$2,532,018	$2,783,272	$2,687,947	$2,748,517	$2,606,851	$28,305,518
Outpatient - Laboratory	$435,228	$522,862	$481,969	$484,676	$480,233	$416,622	$459,217	$371,075	$382,178	$362,799	$363,287	$324,920	$5,085,066
Outpatient - Radiology	$974,374	$1,155,386	$1,142,205	$1,089,952	$1,037,042	$940,886	$1,072,203	$1,019,789	$1,026,869	$1,069,431	$1,055,536	$924,631	$12,509,503
Outpatient - Surgery	$1,883,861	$2,248,642	$1,990,701	$1,913,578	$2,020,615	$1,847,453	$2,327,111	$2,365,144	$2,284,065	$2,371,166	$2,333,054	$2,232,754	$25,818,144
Outpatient - Other	$257,600	$283,828	$256,875	$269,400	$263,338	$304,473	$307,527	$293,090	$295,482	$277,732	$294,918	$283,327	$3,387,587
Hospice	$907,278	$863,301	$830,646	$817,147	$783,072	$803,332	$706,447	$765,410	$857,178	$761,621	$806,744	$797,040	$9,699,216
Long-Term Care Payments													
Level I Facility	$11,682,630	$11,882,167	$11,347,597	$11,680,525	$11,175,161	$11,602,538	$11,259,653	$10,371,280	$11,347,807	$10,869,512	$11,551,820	$11,182,546	$135,953,257
Level II Facility	$1,386,149	$1,343,453	$1,245,919	$1,362,822	$1,410,591	$1,407,543	$1,341,806	$1,245,326	$1,394,514	$1,363,641	$1,358,998	$1,243,849	$16,104,612
Home and Community Based Services	$2,183,584	$2,487,517	$2,474,806	$2,645,040	$2,717,943	$2,831,327	$2,862,642	$2,873,462	$3,114,378	$3,074,382	$3,365,724	$3,237,536	$33,868,340
CMS 1500 Payments by the Claims Processing System													
Prof - E&M	$7,018,621	$8,622,240	$7,854,199	$7,747,032	$7,695,418	$7,229,949	$8,368,694	$8,268,312	$8,534,456	$8,050,386	$8,256,822	$7,517,290	$95,163,419
Prof - Home Health	$2,045,282	$2,053,574	$1,950,182	$1,962,306	$1,986,681	$1,977,168	$1,870,513	$1,762,059	$1,887,198	$1,806,900	$1,851,510	$1,755,142	$22,906,513
Prof - Maternity	$1,177,915	$1,350,700	$1,255,689	$1,136,135	$1,195,719	$1,265,108	$1,260,168	$1,337,868	$1,401,776	$1,319,283	$1,317,602	$1,248,475	$15,266,436
Prof - Surgery	$702,507	$815,521	$800,973	$691,233	$670,999	$639,601	$789,204	$750,020	$751,407	$853,949	$823,934	$756,975	$9,046,315
Prof - DME	$447,970	$429,844	$424,143	$482,754	$487,121	$533,791	$481,869	$531,141	$485,474	$569,993	$543,499	$559,234	$5,956,824
Prof - Lab	$655,857	$816,424	$726,751	$659,962	$713,880	$681,286	$804,723	$808,630	$828,153	$801,554	$874,839	$821,683	$9,193,742
Prof - Radiology	$791,416	$945,115	$927,385	$910,307	$888,760	$852,818	$928,221	$967,066	$951,562	$952,863	$952,254	$887,328	$10,955,096
Prof - Transportation	$304,317	$281,152	$296,450	$280,431	$258,886	$247,289	$287,719	$267,697	$286,574	$294,791	$309,954	$306,918	$3,422,177
Prof - Other	$1,927,282	$2,260,255	$2,101,382	$2,099,924	$1,995,389	$1,917,844	$2,097,492	$2,054,968	$2,173,482	$2,132,144	$2,245,574	$2,021,481	$23,047,216
Capitation Payments	$1,404,222	$1,427,557	$1,403,625	$1,391,077	$1,479,697	$1,370,833	$1,289,657	$1,294,855	$1,305,268	$1,266,378	$1,317,442	$1,344,569	$16,295,381
Subcontractor Payments for Medical Services	$207,076	$255,891	$186,157	$207,223	$209,297	$189,384	$211,649	$231,329	$228,804	$199,549	$177,311	$171,211	$2,474,882
Other Medical (provide description)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Behavioral Health													
Inpatient Payments by the Claims Processing System	$1,305,424	$1,386,982	$1,196,922	$1,170,333	$1,202,322	$1,127,153	$1,244,699	$1,233,887	$1,262,977	$1,217,337	$1,374,150	$1,132,524	$14,854,710
Outpatient Payments by the Claims Processing System	$1,834,688	$2,175,683	$2,454,160	$2,445,085	$2,359,514	$2,158,643	$2,454,432	$2,496,345	$2,564,954	$2,467,680	$2,589,328	$2,298,434	$28,298,946
Supported Housing Payments by the Claims Processing Sys	$420,811	$439,165	$413,061	$434,458	$426,269	$436,221	$450,177	$434,609	$453,311	$480,212	$503,606	$506,487	$5,398,387
Intensive Outpatient Payments by the Claims Processing Sy	$65,703	$79,145	$55,348	$50,181	$44,107	$61,190	$63,822	$82,368	$61,241	$52,254	$63,441	$59,091	$739,891
Partial Hospitalization Payments by the Claims Processing	$6,930	$14,387	$12,838	$12,596	$6,346	$4,217	$15,264	$6,591	$4,414	$5,805	$11,975	$16,759	$118,122
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$14,706	$12,197	$13,154	$17,854	$14,606	$15,573	$15,531	$16,296	$19,366	$13,941	$17,105	$14,028	$184,958
Twenty-Three Hour Payments by the Claims Processing Sy	$247	$0	$697	$1,015	$1,232	$1,239	$615	$165	$82	$932	$0	$450	$6,674
CMHA Capitation Payments	$337,898	$355,022	$345,043	$347,901	$354,748	$342,066	$347,039	$354,286	$347,621	$346,607	$346,097	$341,544	$4,165,871
Other Capitation Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Non-EFS Inpatient	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance A	$1,184,605	$1,306,410	$1,008,087	$996,534	$1,003,715	$1,001,696	$1,020,092	$1,041,129	$1,046,139	$1,020,076	$1,036,850	$947,077	$12,612,408
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Less:													
Recoveries not Reflected in Claims Payments													$0
Total Payments	$54,090,774	$59,884,564	$56,501,350	$56,573,783	$56,302,188	$56,373,539	$61,025,411	$58,361,496	$61,443,854	$59,389,565	$60,216,929	$58,082,080	$698,045,533
UB92 IBNR	$35,379	$36,652	$35,955	$33,094	$35,644	$40,664	$28,837	$29,612	$34,770	$34,280	$327,870	$87,179	$759,937
Professional IBNR	$4,751	$1,507	$3,030	$3,398	$1,619	$2,284	$3,518	$6,543	$8,977	$12,848	$27,541	$31,086	$107,102
LTC IBNR	$478	$1,609	$1,532	$2,417	$5,565	$6,272	$6,676	$6,800	$11,663	$12,162	$14,427	$15,381	$84,982
Total IBNR	$40,607	$39,769	$40,518	$38,909	$42,828	$49,220	$39,031	$42,955	$55,410	$59,290	$369,837	$133,646	$952,022
Payments and Remaining IBNR	$54,131,381	$59,924,333	$56,541,868	$56,412,692	$56,345,016	$56,422,760	$61,064,442	$58,404,451	$61,499,264	$59,448,855	$60,586,766	$58,215,726	$698,997,554
Medical Loss Ratio, Gross Premium	76.83%	84.34%	79.23%	78.58%	78.45%	78.56%	85.70%	81.65%	85.73%	82.65%	84.11%	80.66%	81.38%
Medical Loss Ratio, Net Premium	81.30%	89.25%	83.84%	83.16%	83.02%	83.13%	90.69%	86.40%	90.72%	87.46%	89.01%	85.35%	86.11%
Per Member Expense	$268.99	$296.74	$278.80	$277.40	$277.89	$278.80	$302.23	$289.18	$305.03	$294.61	$300.63	$289.00	$288.26
Premium Tax Paid (Quarterly)	-	16,646,654	-	-	8,055,771	-	-	13,096,370	-	-	11,249,053	-	49,047,848

Reporting Month	2012 Incurred Month July	August	September	October	November	December	For the Year Ended 6/30/2012	2013 Incurred Month January	February	March	April	May	June	For the Year Ended 6/30/2013
Enrollment	199,880	201,162	202,356	201,755	200,984	199,881		198,996	198,474	197,139	196,966	197,049	195,440	2,390,082
Capitation Revenue	$71,660,472	$71,750,643	$71,763,228	$71,631,038	$71,371,694	$70,902,166		$70,333,125	$69,885,993	$69,267,322	$68,890,622	$68,403,280	$67,447,689	$843,307,283
Premium Tax	$3,941,326	$3,946,285	$3,946,978	$3,939,707	$3,925,443	$3,899,619		$3,868,322	$3,843,730	$3,809,703	$3,788,984	$3,762,180	$3,709,623	$46,381,901
Capitation Revenue Net of Premium Tax	$67,719,146	$67,804,358	$67,816,260	$67,691,331	$67,446,251	$67,002,546		$66,464,803	$66,042,263	$65,457,620	$65,101,638	$64,641,100	$63,738,066	$796,925,383
Payments for Covered Services for the Month														
Medical Services														
CMS 1450/UB 92 Payments by the Claims Processing Syst														
Inpatient - Maternity	$1,837,997	$1,588,512	$1,565,901	$1,790,688	$1,694,208	$1,510,548		$1,723,290	$1,540,213	$1,785,396	$1,533,202	$1,555,190	$655,478	$18,780,622
Inpatient - Newborn	$3,235,481	$2,688,686	$2,615,920	$4,826,941	$3,111,480	$3,128,753		$2,744,143	$2,936,629	$2,779,194	$1,592,089	$1,227,397	$160,731	$31,047,444
Inpatient -Medical	$2,994,787	$3,191,599	$2,711,176	$2,831,193	$3,092,134	$2,910,947		$2,855,030	$2,480,549	$3,046,179	$2,612,416	$2,435,840	$678,751	$31,840,601
Inpatient - Surgery	$3,377,501	$3,842,563	$3,061,855	$4,888,583	$3,679,981	$3,508,873		$4,308,491	$3,358,791	$3,594,837	$3,480,381	$2,698,694	$668,712	$40,469,260
Inpatient Other	$202,356	$185,878	$169,747	$197,783	$380,356	$205,221		$170,097	$89,784	$153,550	$68,999	$66,704	$3,017	$1,893,491
Outpatient - Emergency Room	$2,683,982	$2,900,060	$2,850,958	$2,833,896	$2,475,167	$2,701,315		$2,667,747	$2,296,953	$2,435,606	$2,415,112	$2,434,506	$1,437,722	$30,133,024
Outpatient - Laboratory	$342,888	$378,514	$319,723	$374,205	$355,304	$370,537		$420,202	$348,349	$329,151	$353,987	$321,974	$163,542	$4,078,376
Outpatient - Radiology	$1,007,879	$1,107,011	$1,004,722	$1,111,444	$981,334	$929,207		$1,052,231	$986,379	$981,745	$1,014,819	$941,743	$433,679	$11,552,193
Outpatient - Surgery	$2,452,187	$2,648,741	$2,068,257	$2,579,828	$2,463,665	$1,903,735		$2,583,709	$2,470,856	$2,362,860	$2,475,716	$2,222,127	$1,203,217	$27,434,898
Outpatient - Other	$273,822	$301,245	$292,640	$345,537	$362,797	$441,027		$499,935	$460,724	$439,325	$459,867	$444,594	$212,637	$4,534,149
Hospice	$859,396	$857,969	$850,179	$896,536	$821,872	$824,140		$855,464	$719,420	$806,710	$704,459	$613,077	$132	$8,800,355
Long-Term Care Payments														
Level I Facility	$12,659,866	$12,689,308	$12,323,766	$12,791,768	$12,157,157	$12,402,727		$12,221,458	$10,554,449	$11,767,855	$11,192,240	$11,276,086	$1,631,042	$133,667,723
Level II Facility	$1,231,291	$1,024,787	$824,306	$813,159	$736,162	$727,245		$676,271	$623,770	$694,057	$681,301	$678,181	$57,904	$8,768,434
Home and Community Based Services	$3,261,550	$3,487,436	$3,251,427	$3,391,026	$3,488,736	$3,362,063		$3,575,199	$3,248,851	$3,415,262	$3,432,317	$3,406,080	$1,499,337	$39,019,284
CMS 1500 Payments by the Claims Processing System														
Prof - E&M	$7,262,938	$8,176,701	$7,197,774	$8,242,618	$7,877,827	$7,377,102		$8,574,535	$7,503,975	$7,299,371	$7,387,005	$6,881,695	$3,710,515	$87,492,036
Prof - Home Health	$1,805,368	$1,857,338	$1,695,623	$1,827,519	$1,720,691	$1,767,722		$1,779,084	$1,362,415	$1,706,577	$1,661,371	$1,573,255	$359,746	$19,316,709
Prof - Maternity	$1,426,587	$1,396,042	$1,293,475	$1,376,117	$1,379,669	$1,261,810		$1,334,458	$1,236,112	$1,379,793	$1,214,080	$1,171,289	$631,337	$15,100,768
Prof - Surgery	$816,397	$803,725	$711,971	$800,076	$774,307	$608,323		$764,275	$724,021	$635,433	$760,870	$764,535	$409,875	$8,573,809
Prof - DME	$485,499	$518,656	$460,836	$571,524	$605,493	$654,044		$535,617	$319,969	$259,811	$178,118	$209,050	$113,435	$4,903,043
Prof - Lab	$817,628	$950,744	$768,634	$880,471	$837,037	$771,668		$995,477	$922,951	$878,271	$878,078	$819,028	$461,541	$9,981,529
Prof - Radiology	$877,360	$967,377	$858,709	$983,146	$859,493	$771,202		$933,827	$815,245	$827,796	$868,310	$807,957	$476,518	$10,046,942
Prof - Transportation	$286,219	$298,841	$260,669	$286,410	$250,865	$288,110		$267,289	$251,405	$257,252	$270,986	$217,765	$97,492	$3,033,303
Prof - Other	$2,084,536	$2,347,227	$2,116,705	$2,412,069	$2,206,198	$2,095,823		$2,409,781	$2,081,840	$2,090,717	$2,118,061	$1,981,047	$936,207	$24,880,212
Capitation Payments	$1,297,330	$1,356,515	$1,344,256	$1,380,854	$1,388,445	$1,382,483		$1,335,288	$1,696,404	$1,676,432	$1,749,567	$1,753,886	$1,776,225	$18,137,685
Subcontractor Payments for Medical Services	$257,449	$262,803	$216,501	$235,550	$206,253	$189,229		$226,293	$234,718	$233,301	$209,223	$153,190	$99,330	$2,523,842
Other Medical (provide description)	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Behavioral Health														
Inpatient Payments by the Claims Processing System	$1,250,420	$1,323,459	$1,084,218	$1,232,285	$1,204,033	$1,153,962		$1,334,095	$1,216,935	$1,284,965	$1,299,549	$1,084,632	$217,875	$13,686,427
Outpatient Payments by the Claims Processing System	$2,254,001	$2,503,532	$2,261,840	$3,280,440	$3,007,617	$2,811,162		$3,296,716	$3,053,456	$3,019,542	$3,117,640	$3,052,503	$1,130,436	$32,788,984
Supported Housing Payments by the Claims Processing Sys	$512,826	$552,343	$528,936	$556,107	$551,781	$569,593		$560,727	$502,260	$561,213	$532,431	$564,982	$296,559	$6,289,758
Intensive Outpatient Payments by the Claims Processing Sy	$57,858	$58,978	$47,986	$67,738	$56,788	$53,105		$60,531	$59,035	$80,874	$76,986	$42,141	$11,034	$673,054
Partial Hospitalization Payments by the Claims Processing	$8,023	$21,020	$20,750	$20,889	$13,134	$5,020		$15,407	$21,456	$27,514	$18,295	$17,042	$4,618	$193,168
In Home Payments by the Claims Processing System	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing System	$17,914	$13,104	$15,076	$11,499	$12,639	$15,304		$20,861	$12,553	$13,370	$14,641	$11,476	$6,969	$165,406
Twenty-Three Hour Payments by the Claims Processing Sy	$175	$568	$165	$498	$400	$693		$369	$772	$252	$583	$257	$165	$4,394
CMHA Capitation Payments	$346,450	$347,510	$343,630	$353,056	$323,249	$326,497		$337,022	$331,856	$322,773	$333,338	$329,936	$330,686	$4,026,024
Other Capitation Payments	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Grant Payments	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Non-EFS Inpatient	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance A	$924,028	$992,102	$991,596	$156,760	$150,600	$149,525		$161,180	$163,315	$140,525	$159,225	$0	$0	$3,988,856
Crisis Services Team Pass Through	$0	$0	$0	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0
Less:														
Recoveries not Reflected in Claims Payments														$0
Total Payments	$59,209,987	$61,640,893	$56,129,945	$64,548,212	$59,226,872	$57,178,717		$61,296,100	$54,808,401	$57,287,510	$54,864,763	$51,757,858	$19,876,464	$657,825,722
UB92 IBNR	$25,002	$368,289	$24,174	$429,636	$198,383	$582,678		$461,894	$1,401,539	$1,129,202	$1,976,530	$4,082,168	$15,842,869	$26,522,365
Professional IBNR	$96,988	$70,993	$110,838	$104,042	$102,600	$131,206		$196,853	$288,522	$598,237	$1,359,360	$3,148,647	$12,117,324	$18,325,410
LTC IBNR	-$62,908	-$58,092	-$59,384	-$50,692	$28,967	$42,145		$98,285	$229,582	$519,618	$879,922	$1,471,141	$13,775,982	$16,814,566
Total IBNR	$59,081	$381,190	$75,629	$482,986	$329,950	$756,029		$757,032	$1,919,443	$2,247,057	$4,215,812	$8,701,956	$41,736,175	$61,662,340
Payments and Remaining IBNR	$59,269,068	$62,022,083	$56,205,574	$65,031,198	$59,556,822	$57,934,746		$62,053,131	$56,727,844	$59,534,568	$59,080,575	$60,459,815	$61,612,639	$719,488,063
Medical Loss Ratio, Gross Premium	82.71%	86.44%	78.32%	90.79%	83.45%	81.71%		88.23%	81.17%	85.95%	85.76%	88.39%	91.35%	85.32%
Medical Loss Ratio, Net Premium	87.52%	91.47%	82.88%	96.07%	88.30%	86.47%		93.36%	85.90%	90.95%	90.75%	93.53%	96.67%	90.28%
Per Member Expense	$296.52	$308.32	$277.76	$322.33	$296.33	$289.85		$311.83	$285.82	$301.99	$299.95	$306.83	$315.25	$301.03
Premium Tax Paid (Quarterly)	-	11,846,175	-	-	-	12,244,444		-	-	12,078,101	-	11,436,037	-	47,604,757

AMERIGROUP Tennessee, Inc.
Report 2A
For the Period Ending 6/30/13

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	**597,089**	**1,194,337**	**2,419,282**
Revenues:			
TennCare Capitation	214,932,953	426,338,362	863,517,958
Investment	961,157	1,580,843	3,049,879
Other Revenues	0	-	-
Total Revenues	215,894,110	427,919,205	866,567,837
Estimated Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	-
Fee-for Service Physician Services	39,443,026	78,474,412	159,203,445
Inpatient Hospital Services	35,088,103	70,118,336	140,446,415
Outpatient Hospital Services	8,102,002	16,539,667	33,825,842
Emergency Room Services	7,188,739	13,974,509	29,998,796
Dental Services	-	-	-
Vision Services	617,058	1,308,106	2,882,010
Pharmacy Services	-	-	-
Home Health Services	5,229,282	11,666,219	25,575,648
Chiropractic Services	-	-	-
Radiology Services	5,665,825	11,353,637	23,307,609
Laboratory Services	3,615,245	7,134,421	14,323,914
Durable Medical Equipment Services	1,504,889	3,079,825	6,062,745
Transportation Services	4,141,634	8,237,792	16,913,897
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	110,595,803	221,886,924	452,540,321
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	2,198,475	4,359,161	9,431,205
Inpatient Substance Abuse Treatment and Detox	1,465,650	2,906,107	6,158,116
Outpatient Mental Health Services	2,493,419	4,728,189	7,641,538
Outpatient Substance Abuse Treatment and Detox	1,719,767	3,410,790	6,104,985
Housing/Residential Treatment	1,580,148	2,896,904	5,318,328
Specialized Crisis Services	1,006,151	2,014,029	4,230,573
Psychiatric Rehab and Support Services	982,252	1,951,296	3,655,368
Case Management	4,655,211	9,282,160	22,006,621
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	-	-	-
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	16,101,073	31,548,636	64,546,734
CHOICES			
Nursing Facility Care	38,226,313	76,477,387	157,381,410
HCBS Services	10,512,620	19,209,137	31,737,665
Subtotal CHOICES	48,738,933	95,686,524	189,119,075
Subtotal Hospital, Medical, MH&SAS, CHOICES	175,435,809	349,122,084	706,206,130
LESS:			
Net Reinsurance Recoveries Incurred	(68,246)	(139,890)	(276,078)
Copayments	-	-	-
Subrogation and Coordination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	(68,246)	(139,890)	(276,078)
Total Hospital, Medical, MH&SAS	175,504,055	349,261,974	706,482,208
Administration:			
Compensation	6,168,327	12,097,685	22,359,835
Direct and Allocated Admin expenses	11,198,162	22,445,188	45,544,603
Marketing	68,863	91,509	146,388
Interest Expense	-	-	-
Premium Tax Expense	11,844,928	23,474,801	47,467,984
Occupancy, Depreciation, and Amortization	369,355	731,365	1,279,001
Other Administration - Write-Ins	733,139	2,009,767	6,945,149
Total Administration Expenses	30,382,774	60,850,315	123,742,960
Total Expenses	205,886,829	410,112,289	830,225,168
Extraordinary Item	-	-	-
Provision for Income Tax	3,307,160	5,830,528	12,281,677
Net Income (Loss)	6,700,121	11,976,388	24,060,992
Write-Ins for Other Revenues			
	-	-	-
Total Other Revenues	-	-	-
Write-Ins for Other Medical and Hospital			
	-	-	-
Total Other Medical and Hospital	-	-	-
Write-Ins for Other MH & SS			
	-	-	-
Total Other MH & SS	-	-	-
Write-Ins for Other Administration			
Purchased Services	135,609	272,761	687,859
Telephone	168,685	320,788	609,026
Conference/Seminars/Meetings	26,600	33,850	32,512
Uncollected Provider Claim Recoveries	(159,171)	84,006	1,367,174
Postage and Delivery	172,299	331,282	639,649
Printing and Reproduction	187,217	338,895	842,811
Supplies	46,681	75,717	154,724
Temporary Labor	56,304	144,294	192,035
Travel and Entertainment	162,585	300,225	665,185
State Franchise & Excise Taxes	(124,281)	-	1,357,724
Other Administration < $30,000 YTD	60,611	107,949	396,450
Total Other Administration	733,139	2,009,767	6,945,149

AMERIGROUP Tennessee, Inc.-Grand Region Middle
Cash Reconciliation-Middle Region-Medicaid only
June 30, 2013

Month Received	Cash	Recorded	Rate cell before accrual	Withhold 2.5%	97.5% collected	Collected Withhold 2.5%	Quality Performance Incentive	Money Follows the Person (MFP) Incentive	Long-Term Care Overpayment Recoupment	Liquidated Damages	Premium Taxes	Premium Tax Differential	Pharmacy Benefit Payment	ASO Claims	ASO Premium Taxes	Cash difference	Premium receivable	
	Cash P2, C3, L5 IA	Premium P4, C2, L2					Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported		Prem Rec P2, C3, L13.1	
Beginning Balance (Prem. Rec)																	$ 7,288,244.89	Balance @ 12/31/12
																-	-	
January	71,528,953.60	71,576,508.63	73,177,282.00	1,829,432.05	71,347,849.95	1,838,244.91	72,800.37		(1,629,841.63)	(100.00)						(0.00)	(8,812.86)	
February	71,018,103.88	69,587,856.08	70,967,765.98	1,774,194.15	69,193,571.83	1,829,432.05				(4,900.00)						(0.00)	(55,237.90)	
March	63,020,763.13	70,287,870.67	62,823,147.67	1,570,578.69	61,252,568.98	1,774,194.15				(6,000.00)						0.01	(203,815.46)	
March	75,178.00							75,178.00								-	-	
March	1,957,455.03													1,957,455.03		-	-	
March	109,601.10														109,601.10	-	-	
March	107,660.02														107,660.02	-	-	
March	(767.49)													(1,505.50)	738.01	-	-	
April	70,180,250.36	69,822,077.48	70,370,432.48	1,759,260.81	68,611,171.67	1,570,578.69				(1,500.00)						0.00	188,682.12	
May	74,678,596.98	74,266,650.57	74,789,575.56	1,869,739.39	72,919,836.17	1,759,260.81				(500.00)						(0.00)	110,476.56	
May	25,630.00							25,630.00								-	-	
June	71,200,416.90	71,274,168.37	71,108,797.45	1,777,719.94	69,331,077.51	1,869,739.39				(400.00)						(0.00)	(92,019.45)	
June	1,542,013.67												1,542,013.67			-	-	
June	2,125,431.89												2,125,431.89			-	-	
June	1,816,607.92												1,816,607.92			-	-	
																-	-	
																	-	
Total	$ 429,485,894.99	$ 426,815,331.78	$ 423,237,001.14	$ 10,580,925.03	$ 412,656,076.11	$ 10,641,450.01	$ 72,800.37	$ 100,808.00	$ (1,629,841.63)	$ (13,400.00)	$ -	$ -	$ 5,484,053.48	$ 1,955,949.53	$ 217,999.13	$ (0.00)	$ 7,227,719.91	

Reconciliation

Cash collected		$ 429,485,894.99	
Premium earned		426,815,331.78	
Difference		$ 2,670,563.21	
Premium Receivable		$ 6,660,469.91	
Less:			
Beginning Balance	$ 7,288,244.89		
Liquidated Damages	(13,400.00)		
Pharmacy Benefit Payment	5,484,053.48		
ASO Claims	1,955,949.53		
ASO Premium Taxes	217,999.13		
Change in Payment Adjustments @ 06-2013	(5,601,813.90)	$ 9,331,033.13	
Difference		$ 2,670,563.21	(0.00)

$ 7,227,719.91	
	Changes in Premium Receivable:
(567,250.00)	Retro Receivable
6,660,469.91	Subtotal @ 06/30/13
6,660,469.92	Trial Balance @ 06/30/13
(0.01)	Checkpoint

Cash that should be included on premium tax return		
Medicaid Premiums	426,815,331.78	
Change in Premium Receivable	627,774.98	
Pharmacy Benefit Payment	5,484,053.48	
ASO Claims	1,955,949.53	
ASO Premium Taxes	217,999.13	
Change in Payment Adjustments @ 06-2013	(5,601,813.90)	
	429,499,294.99	
1Q13 Cash Included	(207,927,947.27)	
	221,571,347.72	
Total Cash collected	429,485,894.99	
1Q13 Cash collected	(207,927,947.27)	
add back liquidated damages	13,400.00	
	221,571,347.72	12,186,424.12
	0.00	