ANNUAL STATEMENT

OF THE

AMERIGROUP Tennessee, Inc.

of

Nashville

in the state of

Tennessee

2009

TO THE

Insurance Department

OF THE STATE OF

Tennessee

For the Year Ending
December 31, 2009

HEALTH

2009

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ANNUAL STATEMENT

For the Year Ending December 31, 2009

OF THE CONDITION AND AFFAIRS OF THE

AMERIGROUP Tennessee, Inc.

NAIC Group Code 1156 (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, Ste 310 (Street and Number), Nashville, TN 37214 (City or Town, State and Zip Code)

Main Administrative Office 4425 Corporation Lane (Street and Number)
Virginia Beach, VA (City or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 4425 Corporation Lane (Street and Number)
Virginia Beach, VA 23462 (City or Town, State and Zip Code) (757)473-2721 (Area Code) (Telephone Number)

Internet Website Address www.amerigroupcorp.com

Statutory Statement Contact Margaret Mary Roomsburg (Name) (757)473-2721 (Area Code)(Telephone Number)(Extension)
mroomsb@amerigroupcorp.com (E-Mail Address) (757)557-6742 (Fax Number)

OFFICERS

Name	Title
Alvin Brock King	President/CEO
William George Runyon	Vice President/CMO
Michael Anthony Scarbrough	Vice President/COO
Stanley Forrest Baldwin	Vice President/Secretary
Nicholas Joseph Pace, II	Vice President/Asst Secretary
Richard Charles Zoretic	Vice President/Asst Secretary
Scott Wayne Anglin	Vice President/Treasurer
James Ward Truess	Vice President/Asst Treasurer
Karen Lint Shields	Vice President/Asst Treasurer

OTHERS

William Gardner Wood, M.D., Vice President
Linda Kaye Whitley-Taylor, Vice President
Margaret Mary Roomsburg, Vice President

DIRECTORS OR TRUSTEES

Charles Brian Shipp
Nicholas Joseph Pace, II
Alvin Brock King

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	Stanley Forrest Baldwin	Margaret Mary Roomsburg
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President/CEO	Vice President/Secretary	Vice President
(Title)	(Title)	(Title)

Subscribed and sworn to before me this 23rd day of Feb, 2010

(Notary Public Signature)

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

NANCY M. NEWSOM
Notary Public - Reg. # 191631
Commonwealth of Virginia
My Commission Expires Apr. 30, 2013

AMERIGROUP®
CORPORATION

Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

TO: Ingenix Consulting

FROM: AMERIGROUP Tennessee, Inc.

In connection with your examination of the unpaid claim liability to be included in the statutory annual statement of AMERIGROUP Tennessee, Inc. (Company) as of December 31, 2009, 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; and

3. No methods or procedures employed by the Company, now or in the past, would preclude the accurate determination of the actuarial items examined.

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 December 31, 2009, 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 December 31, 2009.

Signed Kathleen A Tottle

Name Kathleen Tottle

Title SVP, Corporate Actuarial

Date 2/11/10

Address 4425 Corporation Lane, VA 23462

Phone Number 757-321-3557

Signed Margaret M Roomsburg

Name Margaret Roomsburg

Title SVP and Chief Accounting Officer

Date 2/11/10

Address 4425 Corporation Lane, VA 23462

Phone Number 757-473-2721

Statement of Actuarial Opinion
AMERIGROUP Tennessee, Inc
December 31, 2009

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			☐ Revised Wording	
☐ The Actuarial Memorandum include "Deviation from Standard" wording regarding conformity with an Actuarial Standard of Practice				

I, John C. Lloyd, am associated with the firm of Ingenix Consulting. 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 December 31, 2009.

A.	Claims unpaid (Page 3, Line 1);	$66,885,138
B.	Accrued medical incentive pool and bonus payments (Page 3, Line 2);	$0
C.	Unpaid claims adjustment expenses (Page 3, Line 3);	$1,520,475
D.	Aggregate health policy reserves (Page 3, Line 4) including unearned premium reserves, premium deficiency reserves, and additional policy reserves from the Underwriting and Investment Exhibit – Part 2D;	$9,842
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); and	$0
H.	Any actuarial reserves and liabilities not included in the items above	$0

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In forming my opinion on items A through G above I relied upon data prepared by Margaret Roomsburg, SVP - Chief Accounting Officer and Kathleen Tottle, SVP - Corporate Actuary 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 the state in which this 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
678-417-4909

February 17, 2010

ASSETS

		Current Year			Prior Year
		1	2	3	4
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1.	Bonds (Schedule D)	55,367,813		55,367,813	46,213,753
2.	Stocks (Schedule D)				
	2.1 Preferred stocks				
	2.2 Common Stocks				
3.	Mortgage loans on real estate (Schedule B):				
	3.1 First liens				
	3.2 Other than first liens				
4.	Real estate (Schedule A):				
	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 $.....0 encumbrances)				
5.	Cash ($.....16,011,824 Schedule E Part 1), cash equivalents ($.....4,998,958 Schedule E Part 2) and short-term investments ($.....47,114,062 Schedule DA)	68,124,844		68,124,844	75,349,688
6.	Contract loans (including $.....0 premium notes)				
7.	Other invested assets (Schedule BA)				
8.	Receivables for securities				
9.	Aggregate write-ins for invested assets				
10.	Subtotals, cash and invested assets (Lines 1 to 9)	123,492,657		123,492,657	121,563,441
11.	Title plants less $.....0 charged off (for Title insurers only)				
12.	Investment income due and accrued	278,285		278,285	362,026
13.	Premiums and considerations:				
	13.1 Uncollected premiums and agents' balances in the course of collection	36,472,947		36,472,947	9,816,800
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (Including $.....0 earned but unbilled premiums)				
	13.3 Accrued retrospective premiums				
14.	Reinsurance:				
	14.1 Amounts recoverable from reinsurers				254
	14.2 Funds held by or deposited with reinsured companies				
	14.3 Other amounts receivable under reinsurance contracts				
15.	Amounts receivable relating to uninsured plans	2,231,533		2,231,533	1,151,466
16.1	Current federal and foreign income tax recoverable and interest thereon				
16.2	Net deferred tax asset	4,580,626	3,798,862	781,764	
17.	Guaranty funds receivable or on deposit				
18.	Electronic data processing equipment and software	269,514	157,442	112,072	638,618
19.	Furniture and equipment, including health care delivery assets ($.....0)	1,685,713	1,685,713		
20.	Net adjustment in assets and liabilities due to foreign exchange rates				
21.	Receivables from parent, subsidiaries and affiliates				
22.	Health care ($.....0) and other amounts receivable	2,446,063	2,446,063		
23.	Aggregate write-ins for other than invested assets				
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	171,457,338	8,088,080	163,369,258	133,532,605
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26.	Total (Lines 24 and 25)	171,457,338	8,088,080	163,369,258	133,532,605
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998.	Summary of remaining write-ins for Line 9 from overflow page				
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)				
2301.	Prepaid Expenses - Short-term				
2302.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)				

LIABILITIES, CAPITAL AND SURPLUS

		Current Year			Prior Year
		1 Covered	2 Uncovered	3 Total	4 Total
1.	Claims unpaid (less $.....0 reinsurance ceded)	66,885,138		66,885,138	75,084,654
2.	Accrued medical incentive pool and bonus amounts				
3.	Unpaid claims adjustment expenses	1,520,475		1,520,475	1,899,953
4.	Aggregate health policy reserves	9,842		9,842	
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserves				
7.	Aggregate health claim reserves				
8.	Premiums received in advance				
9.	General expenses due or accrued	223,829		223,829	645,090
10.1	Current federal and foreign income tax payable and interest thereon (including $.....0 on realized capital gains (losses))				
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				
14.	Borrowed money (including $.....0 current) and interest thereon $.....0 (including $.....0 current)				
15.	Amounts due to parent, subsidiaries and affiliates	4,527,572		4,527,572	
16.	Payable for securities				
17.	Funds held under reinsurance treaties with ($.....0 authorized reinsurers and $.....0 unauthorized reinsurers)				
18.	Reinsurance in unauthorized companies				
19.	Net adjustments in assets and liabilities due to foreign exchange rates				
20.	Liability for amounts held under uninsured plans				
21.	Aggregate write-ins for other liabilities (including $.....0 current)	9,348,510		9,348,510	1,314,610
22.	TOTAL Liabilities (Lines 1 to 21)	82,515,366		82,515,366	78,944,307
23.	Aggregate write-ins for special surplus funds	XXX	XXX		
24.	Common capital stock	XXX	XXX	1,000	1,000
25.	Preferred capital stock	XXX	XXX		
26.	Gross paid in and contributed surplus	XXX	XXX	94,364,304	93,939,311
27.	Surplus notes	XXX	XXX		
28.	Aggregate write-ins for other than special surplus funds	XXX	XXX		
29.	Unassigned funds (surplus)	XXX	XXX	(13,511,412)	(39,352,013)
30.	Less treasury stock, at cost:				
	30.1 .....0 shares common (value included in Line 24 $.....0)	XXX	XXX		
	30.2 .....0 shares preferred (value included in Line 25 $.....0)	XXX	XXX		
31.	TOTAL Capital and Surplus (Lines 23 to 29 minus Line 30)	XXX	XXX	80,853,892	54,588,298
32.	TOTAL Liabilities, Capital and Surplus (Lines 22 and 31)	XXX	XXX	163,369,258	133,532,605
DETAILS OF WRITE-INS					
2101.	Due to MMCC				153,532
2102.	Accrued Premium Tax	9,348,510		9,348,510	1,161,078
2103.					
2198.	Summary of remaining write-ins for Line 21 from overflow page				
2199.	TOTALS (Lines 2101 through 2103 plus 2198) (Line 21 above)	9,348,510		9,348,510	1,314,610
2301.		XXX	XXX		
2302.		XXX	XXX		
2303.		XXX	XXX		
2398.	Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	XXX	XXX		
2801.		XXX	XXX		
2802.		XXX	XXX		
2803.		XXX	XXX		
2898.	Summary of remaining write-ins for Line 28 from overflow page	XXX	XXX		
2899.	TOTALS (Lines 2801 through 2803 plus 2898) (Line 28 above)	XXX	XXX		

STATEMENT OF REVENUE AND EXPENSES

		Current Year		Prior Year
		1 Uncovered	2 Total	3 Total
1.	Member Months	XXX	2,297,031	2,224,177
2.	Net premium income (including $.....0 non-health premium income)	XXX	626,125,979	607,095,174
3.	Change in unearned premium reserves and reserve for rate credits	XXX		
4.	Fee-for-service (net of $.....0 medical expenses)	XXX		
5.	Risk revenue	XXX		
6.	Aggregate write-ins for other health care related revenues	XXX		
7.	Aggregate write-ins for other non-health revenues	XXX		
8.	TOTAL Revenues (Lines 2 to 7)	XXX	626,125,979	607,095,174
Hospital and Medical:				
9.	Hospital/medical benefits		419,659,675	344,344,799
10.	Other professional services		10,245,809	28,092,729
11.	Outside referrals			
12.	Emergency room and out-of-area		26,762,637	50,030,095
13.	Prescription drugs		1,583,073	903,872
14.	Aggregate write-ins for other hospital and medical		57,300,273	111,891,744
15.	Incentive pool, withhold adjustments and bonus amounts			
16.	Subtotal (Lines 9 to 15)		515,551,467	535,263,239
Less:				
17.	Net reinsurance recoveries		(641,620)	(588,473)
18.	TOTAL Hospital and Medical (Lines 16 minus 17)		516,193,087	535,851,712
19.	Non-health claims (net)			
20.	Claims adjustment expenses, including $.....11,059,584 cost containment expenses		16,002,926	15,665,584
21.	General administrative expenses		73,036,222	56,115,828
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)		605,232,235	607,633,124
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	20,893,744	(537,950)
25.	Net investment income earned (Exhibit of Net Investment Income, Line 17)		1,609,092	3,355,672
26.	Net realized capital gains (losses) less capital gains tax of $.....0		38,582	7,278
27.	Net investment gains (losses) (Lines 25 plus 26)		1,647,674	3,362,950
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	22,541,418	2,825,000
31.	Federal and foreign income taxes incurred	XXX		
32.	Net income (loss) (Lines 30 minus 31)	XXX	22,541,418	2,825,000
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 (Line 0701 through 0703 plus 0798) (Line 7 above)	XXX		
1401.	Nursing Facility, DME, Home Health Care, Ambulance, Transportation, Claim Int. Exp.		57,300,273	111,891,744
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)		57,300,273	111,891,744
2901.				
2902.				
2903.				
2998.	Summary of remaining write-ins for Line 29 from overflow page			
2999.	TOTALS (Line 2901 through 2903 plus 2998) (Line 29 above)			

STATEMENT OF REVENUE AND EXPENSES (Continued)

		1 Current Year	2 Prior Year
	CAPITAL & SURPLUS ACCOUNT		
33.	Capital and surplus prior reporting year	54,588,298	24,061,114
34.	Net income or (loss) from Line 32	22,541,418	2,825,000
35.	Change in valuation basis of aggregate policy and claim reserves		
36.	Change in net unrealized capital gains (losses) less capital gains tax of $.....0		
37.	Change in net unrealized foreign exchange capital gain or (loss)		
38.	Change in net deferred income tax	(8,602,556)	
39.	Change in nonadmitted assets	11,901,739	8,843,644
40.	Change in unauthorized reinsurance		
41.	Change in treasury stock		
42.	Change in surplus notes		
43.	Cumulative effect of changes in accounting principles		
44.	Capital Changes:		
	44.1 Paid in		
	44.2 Transferred from surplus (Stock Dividend)		
	44.3 Transferred to surplus		
45.	Surplus adjustments:		
	45.1 Paid in	424,993	27,325,953
	45.2 Transferred to capital (Stock Dividend)		
	45.3 Transferred from capital		
46.	Dividends to stockholders		
47.	Aggregate write-ins for gains or (losses) in surplus		(8,467,413)
48.	Net change in capital and surplus (Lines 34 to 47)	26,265,594	30,527,184
49.	Capital and surplus end of reporting year (Line 33 plus 48)	80,853,892	54,588,298
DETAILS OF WRITE-INS			
4701.	Goodwill		(6,544,413)
4702.	Intangible Asset		(1,923,000)
4703.			
4798.	Summary of remaining write-ins for Line 47 from overflow page		
4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)		(8,467,413)

CASH FLOW

		1 Current Year	2 Prior Year
	Cash from Operations		
1.	Premiums collected net of reinsurance	599,479,674	605,857,140
2.	Net investment income	1,731,415	3,648,857
3.	Miscellaneous income		
4.	Total (Lines 1 through 3)	601,211,089	609,505,997
5.	Benefit and loss related payments	524,851,746	532,793,915
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts		
7.	Commissions, expenses paid and aggregate write-ins for deductions	89,057,227	70,390,129
8.	Dividends paid to policyholders		
9.	Federal and foreign income taxes paid (recovered) net of $.....0 tax on capital gains (losses)		
10.	Total (Lines 5 through 9)	613,908,973	603,184,044
11.	Net cash from operations (Line 4 minus Line 10)	(12,697,884)	6,321,953
	Cash from Investments		
12.	Proceeds from investments sold, matured or repaid:		
	12.1 Bonds	38,625,000	30,975,000
	12.2 Stocks		
	12.3 Mortgage loans		
	12.4 Real estate		
	12.5 Other invested assets		
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		
	12.7 Miscellaneous proceeds		
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	38,625,000	30,975,000
13.	Cost of investments acquired (long-term only):		
	13.1 Bonds	47,740,478	48,352,650
	13.2 Stocks		
	13.3 Mortgage loans		
	13.4 Real estate		
	13.5 Other invested assets		
	13.6 Miscellaneous applications	38,582	7,278
	13.7 Total investments acquired (Lines 13.1 to 13.6)	47,779,060	48,359,928
14.	Net increase (decrease) in contract loans and premium notes		
15.	Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(9,154,060)	(17,384,928)
	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		22,200,000
	16.3 Borrowed funds		
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		
	16.5 Dividends to stockholders		
	16.6 Other cash provided (applied)	14,627,100	(6,601,263)
17.	Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	14,627,100	15,598,737
	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)	(7,224,844)	4,535,762
19.	Cash, cash equivalents and short-term investments:		
	19.1 Beginning of year	75,349,688	70,813,926
	19.2 End of year (Line 18 plus Line 19.1)	68,124,844	75,349,688

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

20.0001	Depreciation	1,437,734	1,688,220
20.0002	Non-cash Capital Contributions	424,993	5,125,953

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

		1	2	3	4	5	6	7	8	9	10
		Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1.	Net premium income	626,125,979						13,401,387	612,724,592		
2.	Change in unearned premium reserves and reserve for rate credit										
3.	Fee-for-service (net of $.....0 medical expenses)										XXX
4.	Risk revenue										XXX
5.	Aggregate write-ins for other health care related revenues										XXX
6.	Aggregate write-ins for other non-health care related revenues		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
7.	TOTAL Revenues (Lines 1 to 6)	626,125,979						13,401,387	612,724,592		
8.	Hospital/medical benefits	419,659,675						6,566,484	413,093,191		XXX
9.	Other professional services	10,245,809						269,784	9,976,025		XXX
10.	Outside referrals										XXX
11.	Emergency room and out-of-area	26,762,637						1,516,414	25,246,223		XXX
12.	Prescription drugs	1,583,073						1,583,794	(721)		XXX
13.	Aggregate write-ins for other hospital and medical	57,300,273						438,632	56,861,641		XXX
14.	Incentive pool, withhold adjustments and bonus amounts										XXX
15.	Subtotal (Lines 8 to 14)	515,551,467						10,375,108	505,176,359		XXX
16.	Net reinsurance recoveries	(641,620)						(1,562)	(640,058)		XXX
17.	TOTAL Hospital and Medical (Lines 15 minus 16)	516,193,087						10,376,670	505,816,417		XXX
18.	Non-health claims (net)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19.	Claims adjustment expenses including $.....11,059,584 cost containment expenses	16,002,926						305,055	15,697,871		
20.	General administrative expenses	73,036,222						1,420,767	71,615,455		
21.	Increase in reserves for accident and health contracts										XXX
22.	Increase in reserves for life contracts		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23.	TOTAL Underwriting Deductions (Lines 17 to 22)	605,232,235						12,102,492	593,129,743		
24.	Net underwriting gain or (loss) (Line 7 minus Line 23)	20,893,744						1,298,895	19,594,849		
DETAILS OF WRITE-INS											
0501.											XXX
0502.											XXX
0503.											XXX
0598.	Summary of remaining write-ins for Line 5 from overflow page										XXX
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)										XXX
0601.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.			XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698.	Summary of remaining write-ins for Line 6 from overflow page		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
1301.	Nursing Facility, DME, Home Health Care, Ambulance, Transportation, Claim Int. Exp.	57,300,273						438,632	56,861,641		XXX
1302.											XXX
1303.											XXX
1398.	Summary of remaining write-ins for Line 13 from overflow page										XXX
1399.	TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)	57,300,273						438,632	56,861,641		XXX

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

	Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Columns 1 + 2 - 3)
1.	Comprehensive (hospital and medical)				
2.	Medicare Supplement				
3.	Dental only				
4.	Vision only				
5.	Federal Employees Health Benefits Plan				
6.	Title XVIII - Medicare	13,401,387			13,401,387
7.	Title XIX - Medicaid	612,724,592			612,724,592
8.	Other health				
9.	Health subtotal (Lines 1 through 8)	626,125,979			626,125,979
10.	Life				
11.	Property/casualty				
12.	TOTALS (Lines 9 to 11)	626,125,979			626,125,979

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Payments during the year:										
1.1 Direct	524,210,380						9,553,742	514,656,638		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded	(641,366)						(1,562)	(639,804)		
1.4 Net	524,851,746						9,555,304	515,296,442		
2. Paid medical incentive pools and bonuses										
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	66,885,138						2,858,584	64,026,554		
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net	66,885,138						2,858,584	64,026,554		
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct										
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net										
5. Accrued medical incentive pools and bonuses, current year										
6. Net healthcare receivables (a)	459,397						10,162	449,235		
7. Amounts recoverable from reinsurers December 31, current year										
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	75,084,654						2,027,057	73,057,597		
8.2 Reinsurance assumed										
8.3 Reinsurance ceded										
8.4 Net	75,084,654						2,027,057	73,057,597		
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct										
9.2 Reinsurance assumed										
9.3 Reinsurance ceded										
9.4 Net										
10. Accrued medical incentive pools and bonuses, prior year										
11. Amounts recoverable from reinsurers December 31, prior year	254							254		
12. Incurred benefits:										
12.1 Direct	515,551,467						10,375,107	505,176,360		
12.2 Reinsurance assumed										
12.3 Reinsurance ceded	(641,620)						(1,562)	(640,058)		
12.4 Net	516,193,087						10,376,669	505,816,418		
13. Incurred medical incentive pools and bonuses										

(a) Excludes $.....40,500 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1 Total	2 Compre-hensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other Health	10 Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	7,230,891						92,868	7,138,023		
1.2 Reinsurance assumed										
1.3 Reinsurance ceded										
1.4 Net	7,230,891						92,868	7,138,023		
2. Incurred but Unreported:										
2.1 Direct	59,654,247						2,765,716	56,888,531		
2.2 Reinsurance assumed										
2.3 Reinsurance ceded										
2.4 Net	59,654,247						2,765,716	56,888,531		
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct										
3.2 Reinsurance assumed										
3.3 Reinsurance ceded										
3.4 Net										
4. TOTALS										
4.1 Direct	66,885,138						2,858,584	64,026,554		
4.2 Reinsurance assumed										
4.3 Reinsurance ceded										
4.4 Net	66,885,138						2,858,584	64,026,554		

UNDERWRITING AND INVESTMENT EXHIBIT

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

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5	6
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
1. Comprehensive (hospital and medical)						
2. Medicare Supplement						
3. Dental only						
4. Vision only						
5. Federal Employees Health Benefits Plan						
6. Title XVIII - Medicare	1,233,161	8,322,143	65,669	2,792,915	1,298,830	2,027,057
7. Title XIX - Medicaid	61,145,828	454,150,614	2,220,695	61,805,859	63,366,523	73,057,343
8. Other health						
9. Health subtotal (Lines 1 to 8)	62,378,989	462,472,757	2,286,364	64,598,774	64,665,353	75,084,400
10. Healthcare receivables (a)		522,063				62,666
11. Other non-health						
12. Medical incentive pool and bonus amounts						
13. TOTALS (Lines 9 - 10 + 11 + 12)	62,378,989	461,950,694	2,286,364	64,598,774	64,665,353	75,021,734

(a) Excludes $.....1,924,000 loans or advances to providers not yet expensed.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Grand Total

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX	288,811	367,362	368,673
5. 2008	XXX	XXX	XXX	454,243	515,311
6. 2009	XXX	XXX	XXX	XXX	462,473

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX	361,063	368,084	368,923
5. 2008	XXX	XXX	XXX	528,605	517,347
6. 2009	XXX	XXX	XXX	XXX	527,072

12 Total

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2005										
2. 2006										
3. 2007	382,865	368,673	11,112	3.014	379,785	99.195	250	2	380,037	99.261
4. 2008	607,095	515,311	15,543	3.016	530,854	87.442	2,036	222	533,112	87.814
5. 2009	626,126	462,473	13,966	3.020	476,439	76.093	64,599	1,296	542,334	86.617

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Hospital and Medical .... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Hospital and Medical ... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Hospital and Medical ... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Medicare Supplement .... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Medicare Supplement ... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Medicare Supplement ... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Dental Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Vision Only ..... NONE

12 Underwriting Invest Exh Pt 2C Sn A - Paid Claims - Fed Emp HBPP ..... NONE

12 Underwriting Invest Exh Pt 2C Sn B - Incur. Claims - Fed Emp HBPP ..... NONE

12 Underwriting Invest Exh Pt 2C Sn C - Expns Ratios - Fed Emp HBPP ..... NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XVIII - Medicare

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX			
5. 2008	XXX	XXX	XXX	4,544	5,777
6. 2009	XXX	XXX	XXX	XXX	8,322

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX			
5. 2008	XXX	XXX	XXX	6,571	5,843
6. 2009	XXX	XXX	XXX	XXX	11,115

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2005										
2. 2006										
3. 2007										
4. 2008	8,112	5,777	108	1.875	5,885	72.551	66	9	5,960	73.476
5. 2009	13,401	8,322	254	3.048	8,576	63.993	2,793	49	11,418	85.200

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Title XIX - Medicaid

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX	288,811	367,362	368,673
5. 2008	XXX	XXX	XXX	449,699	509,534
6. 2009	XXX	XXX	XXX	XXX	454,151

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006	XXX				
4. 2007	XXX	XXX	361,063	368,084	368,923
5. 2008	XXX	XXX	XXX	522,034	511,504
6. 2009	XXX	XXX	XXX	XXX	515,957

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2005										
2. 2006										
3. 2007	382,865	368,673	11,112	3.014	379,785	99.195	250	2	380,037	99.261
4. 2008	598,983	509,534	15,435	3.029	524,969	87.643	1,970	213	527,152	88.008
5. 2009	612,725	454,151	13,712	3.019	467,863	76.358	61,806	1,247	530,916	86.648

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (000 Omitted)

Other

Section A - Paid Health Claims

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006					
4. 2007		XX			
5. 2008		XX	XXX		
6. 2009	XXX	XXX	XXX	XXX	

NONE

Section B - Incurred Health Claims

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2005	2 2006	3 2007	4 2008	5 2009
1. Prior					
2. 2005					
3. 2006					
4. 2007		XX			
5. 2008		XX	XXX		
6. 2009	XXX	XXX	XXX	XXX	

NONE

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

Years in Which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payments	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5 + 7 + 8)	10 (Col. 9/1) Percent
1. 2005										
2. 2006										
3. 2007										
4. 2008										
5. 2009										

NONE

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

		1 Total	2 Comprehensive (Hospital & Medical)	3 Medicare Supplement	4 Dental Only	5 Vision Only	6 Federal Employees Health Benefits Plan	7 Title XVIII Medicare	8 Title XIX Medicaid	9 Other
1.	Unearned premium reserves									
2.	Additional policy reserves (a)									
3.	Reserve for future contingent benefits									
4.	Reserve for rate credits or experience rating refunds (including $.....0) for investment income	9,842						9,842		
5.	Aggregate write-ins for other policy reserves									
6.	TOTALS (Gross)	9,842						9,842		
7.	Reinsurance ceded									
8.	TOTALS (Net) (Page 3, Line 4)	9,842						9,842		
9.	Present value of amounts not yet due on claims									
10.	Reserve for future contingent benefits									
11.	Aggregate write-ins for other claim reserves									
12.	TOTALS (Gross)									
13.	Reinsurance ceded									
14.	TOTALS (Net) (Page 3, Line 7)									
DETAILS OF WRITE-INS										
0501.	Risk Corridor Payable									
0502.										
0503.										
0598.	Summary of remaining write-ins for Line 5 from overflow page									
0599.	TOTALS (Lines 0501 through 0503 plus 0598) (Line 5 above)									
1101.										
1102.										
1103.										
1198.	Summary of remaining write-ins for Line 11 from overflow page									
1199.	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)									

(a) Includes $.....0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

		Claim Adjustment Expenses		3	4	5
		1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
1.	Rent ($.....0 for occupancy of own building)			2,108,081		2,108,081
2.	Salaries, wages and other benefits	9,720,051	2,666,204	24,659,874		37,046,129
3.	Commissions (less $.....0 ceded plus $.....0 assumed)					
4.	Legal fees and expenses			279,588		279,588
5.	Certifications and accreditation fees					
6.	Auditing, actuarial and other consulting services			412,074		412,074
7.	Traveling expenses	62,656	(35)	446,269		508,890
8.	Marketing and advertising	1,261		271,485		272,746
9.	Postage, express and telephone	168,462		1,709,296		1,877,758
10.	Printing and office supplies	101,217		1,320,634		1,421,851
11.	Occupancy, depreciation and amortization			1,917,373		1,917,373
12.	Equipment					
13.	Cost or depreciation of EDP equipment and software			3,856,850		3,856,850
14.	Outsourced services including EDP, claims, and other services	370,204	2,277,173	3,814,927		6,462,304
15.	Boards, bureaus and association fees	3,953		981,346		985,299
16.	Insurance, except on real estate			1,012,039		1,012,039
17.	Collection and bank service charges	390,467		16,617		407,084
18.	Group service and administration fees					
19.	Reimbursements by uninsured plans			(1,128)		(1,128)
20.	Reimbursements from fiscal intermediaries					
21.	Real estate expenses					
22.	Real estate taxes					
23.	Taxes, licenses and fees:					
	23.1 State and local insurance taxes					
	23.2 State premium taxes			23,434,003		23,434,003
	23.3 Regulator authority licenses and fees					
	23.4 Payroll taxes					
	23.5 Other (excluding federal income and real estate taxes)					
24.	Investment expenses not included elsewhere					
25.	Aggregate write-ins for expenses	241,313		6,796,894		7,038,207
26.	TOTAL Expenses Incurred (Lines 1 to 25)	11,059,584	4,943,342	73,036,222		(a) 89,039,148
27.	Less expenses unpaid December 31, current year	1,520,475		223,829		1,744,304
28.	Add expenses unpaid December 31, prior year	1,899,953		645,090		2,545,043
29.	Amounts receivable relating to uninsured plans, prior year					
30.	Amounts receivable relating to uninsured plans, current year					
31.	TOTAL Expenses Paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	11,439,062	4,943,342	73,457,483		89,839,887
DETAILS OF WRITE-INS						
2501.	Purchase Svc., Equip., Leases, Contr , Gifts, R&M, Temp Labor, etc.	241,313		6,796,894		7,038,207
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)	241,313		6,796,894		7,038,207

(a) Includes management fees of $.....44,262,089 to affiliates and $.....0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1 Collected During Year	2 Earned During Year
1.	U.S. Government bonds	(a) 1,252,871	1,246,372
1.1	Bonds exempt from U.S. tax	(a)	
1.2	Other bonds (unaffiliated)	(a)	
1.3	Bonds of affiliates	(a)	
2.1	Preferred stocks (unaffiliated)	(b)	
2.11	Preferred stocks of affiliates	(b)	
2.2	Common stocks (unaffiliated)		
2.21	Common stocks of affiliates		
3.	Mortgage loans	(c)	
4.	Real estate	(d)	
5.	Contract loans		
6.	Cash, cash equivalents and short-term investments	(e) 478,544	362,720
7.	Derivative instruments	(f)	
8.	Other invested assets		
9.	Aggregate write-ins for investment income		
10.	Total gross investment income	1,731,415	1,609,092
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income		
16.	Total deductions (Lines 11 through 15)		
17.	Net Investment income (Line 10 minus Line 16)		1,609,092
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998.	Summary of remaining write-ins for Line 9 from overflow page		
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)		
1501.			
1502.			
1503.			
1598.	Summary of remaining write-ins for Line 15 from overflow page		
1599.	TOTALS (Lines 1501 through 1503 plus 1598) (Line 15, above)		

(a) Includes $.....12,097 accrual of discount less $.....145,375 amortization of premium and less $.....78,816 paid for accrued interest on purchases.
(b) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued dividends on purchases.
(c) Includes $.....0 accrual of discount less $.....0 amortization of premium and less $.....0 paid for accrued interest on purchases.
(d) Includes $.....0 for company's occupancy of its own buildings; and excludes $.....0 interest on encumbrances.
(e) Includes $.....139 accrual of discount less $.....12,992 amortization of premium and less $.....6,938 paid for accrued interest on purchases.
(f) Includes $.....0 accrual of discount less $.....0 amortization of premium.
(g) Includes $.....0 investment expenses and $.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
(h) Includes $.....0 interest on surplus notes and $.....0 interest on capital notes.
(i) Includes $.....0 depreciation on real estate and $.....0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. Government bonds	38,582		38,582		
1.1	Bonds exempt from U.S. tax					
1.2	Other bonds (unaffiliated)					
1.3	Bonds of affiliates					
2.1	Preferred stocks (unaffiliated)					
2.11	Preferred stocks of affiliates					
2.2	Common stocks (unaffiliated)					
2.21	Common stocks of affiliates					
3.	Mortgage loans					
4.	Real estate					
5.	Contract loans					
6.	Cash, cash equivalents and short-term investments					
7.	Derivative instruments					
8.	Other invested assets					
9.	Aggregate write-ins for capital gains (losses)					
10.	Total capital gains (losses)	38,582		38,582		
DETAILS OF WRITE-INS						
0901.						
0902.						
0903.						
0998.	Summary of remaining write-ins for Line 9 from overflow page					
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9, above)					

EXHIBIT OF NONADMITTED ASSETS

		1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1.	Bonds (Schedule D)			
2.	Stocks (Schedule D):			
	2.1 Preferred stocks			
	2.2 Common stocks			
3.	Mortgage loans on real estate (Schedule B):			
	3.1 First liens			
	3.2 Other than first liens			
4.	Real estate (Schedule A):			
	4.1 Properties occupied by the company			
	4.2 Properties held for the production of income			
	4.3 Properties held for sale			
5.	Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6.	Contract loans			
7.	Other invested assets (Schedule BA)			
8.	Receivables for securities			
9.	Aggregate write-ins for invested assets			
10.	Subtotals, cash and invested assets (Lines 1 to 9)			
11.	Title plants (for Title insurers only)			
12.	Invested income due and accrued			
13.	Premium and considerations:			
	13.1 Uncollected premiums and agents' balances in the course of collection			
	13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due			
	13.3 Accrued retrospective premiums			
14.	Reinsurance:			
	14.1 Amounts recoverable from reinsurers			
	14.2 Funds held by or deposited with reinsured companies			
	14.3 Other amounts receivable under reinsurance contracts			
15.	Amounts receivable relating to uninsured plans			
16.1	Current federal and foreign income tax recoverable and interest thereon			
16.2	Net deferred tax asset	3,798,862	13,183,182	9,384,320
17.	Guaranty funds receivable or on deposit			
18.	Electronic data processing equipment and software	157,442	859,111	701,669
19.	Furniture and equipment, including health care delivery assets	1,685,713	1,992,887	307,174
20.	Net adjustment in assets and liabilities due to foreign exchange rates			
21.	Receivables from parent, subsidiaries and affiliates		1,925,627	1,925,627
22.	Health care and other amounts receivable	2,446,063	1,946,166	(499,897)
23.	Aggregate write-ins for other than invested assets		82,846	82,846
24.	Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23)	8,088,080	19,989,819	11,901,739
25.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26.	Total (Lines 24 and 25)	8,088,080	19,989,819	11,901,739
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998.	Summary of remaining write-ins for Line 9 from overflow page			
0999.	TOTALS (Lines 0901 through 0903 plus 0998) (Line 9 above)			
2301.	Prepaid Expenses		82,846	82,846
2302.				
2303.				
2398.	Summary of remaining write-ins for Line 23 from overflow page			
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)		82,846	82,846

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	Current Year Member Months
1. Health Maintenance Organizations	186,887	188,802	195,469	184,645	195,103	2,297,031
2. Provider Service Organizations						
3. Preferred Provider Organizations						
4. Point of Service						
5. Indemnity Only						
6. Aggregate write-ins for other lines of business						
7. TOTAL	186,887	188,802	195,469	184,645	195,103	2,297,031
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page						
0699. TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)						

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premiums due and unpaid from Medicare entities						
0499999 Premiums due and unpaid from Medicaid entities	8,816,809	4,115,818	4,140,694	19,399,626		36,472,947
0599999 Accident and health premiums due and unpaid (Page 2, Line 13)	8,816,809	4,115,818	4,140,694	19,399,626		36,472,947

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
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables						
0299998 Claim Overpayment Receivables - Not Individually Listed	494,255	27,808			522,063	
0299999 Subtotal - Claim Overpayment Receivables	494,255	27,808			522,063	
Loans and Advances to Providers						
Centerstone Mental Health Center			100,000	300,000	400,000	
Tennessee Carriers, Inc.		100,000	200,000	70,000	370,000	
0399998 Loans and Advances to Providers - Not Individually Listed		100,000	100,000	954,000	1,154,000	
0399999 Subtotal - Loans and Advances to Providers		200,000	400,000	1,324,000	1,924,000	
0499998 Capitation Arrangement Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangement Receivables						
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	494,255	227,808	400,000	1,324,000	2,446,063	

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	6,624,675	947,396	27,316	28,496	(396,992)	7,230,891
0499999 Subtotals	6,624,675	947,396	27,316	28,496	(396,992)	7,230,891
0599999 Unreported claims and other claim reserves						59,654,247
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						66,885,138
0899999 Accrued Medical Incentive Pool and Bonus Amounts						

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
	NONE						
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually listed payables				
AMERIGROUP Corporation	Management Fees	4,527,572	4,527,572	
0199999 Total - Individually listed payables	XXX	4,527,572	4,527,572	
0299999 Payables not individually listed	XXX			
0399999 Total gross payables	XXX	4,527,572	4,527,572	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups						
2. Intermediaries						
3. All other providers	12,831,378	2.448	195,103	100.000		12,831,378
4. TOTAL Capitation Payments	12,831,378	2.448	195,103	100.000		12,831,378
Other Payments:						
5. Fee-for-service	5,017,984	0.957	XXX	XXX		5,017,984
6. Contractual fee payments	506,361,018	96.595	XXX	XXX		506,361,018
7. Bonus/withhold arrangements - fee-for-service			XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments			XXX	XXX		
9. Non-contingent salaries			XXX	XXX		
10. Aggregate cost arrangements			XXX	XXX		
11. All other payments			XXX	XXX		
12. TOTAL Other Payments	511,379,002	97.552	XXX	XXX		511,379,002
13. TOTAL (Line 4 plus Line 12)	524,210,380	100.000	XXX	XXX		524,210,380

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
	NONE				
9999999			XXX	XXX	XXX

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	2,770,820		1,085,107	1,685,713	1,685,713	
2.	Medical furniture, equipment and fixtures						
3.	Pharmaceuticals and surgical supplies						
4.	Durable medical equipment						
5.	Other property and equipment						
6.	TOTAL	2,770,820		1,085,107	1,685,713	1,685,713	

Notes to Financial Statements

1. Summary of Significant Accounting Policies

A. Accounting Practices

The Financial Statements of AMERIGROUP Tennessee, Inc. (the Company) is presented on the basis of accounting practices prescribed or permitted by the Tennessee Department of Commerce and Insurance.

The Tennessee Department of Commerce and Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Tennessee for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Tennessee Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective March 1, 2009 (NAIC SSAP) has been adopted as a component of prescribed or permitted practices by the state of Tennessee. There are no state permitted practices that differ from the NAIC Accounting Practices and Procedures Manual that impact the financial statements or statutory net worth for AMERIGOUP Tennessee, Inc.

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

The preparation of financial statements in conformity with the Statutory Accounting Principles requires management to make estimates and assumptions that affect the report amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

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

In addition, the Company uses the following accounting policies.

(1) Short-term investments are stated at amortized cost. Any Bonds not backed by other loans are stated at amortized cost using the interest method.

(2) Unpaid Claims and loss adjustment expenses include an amount determined from individual case estimates and claim reports and an amount, based on past experience, for claims incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability is continually reviewed and any adjustments are reflected in the period determined.

2. Accounting Changes and Corrections of Errors

A. Disclosure for Insurers Upon Initial Implementation of Codification:

None

3. Business Combinations and Goodwill

None

4. Discontinued Operations

None

5. Investments

The Company as of December 31, 2009 does not possess or reflect any Mortgage Loans, Debt Restructuring, Reverse Mortgages, Loan-Backed Securities or Repurchase Agreements.

6. Joint Ventures, Partnerships and Limited Liability Companies

The Company as of December 31, 2009 had no investments in Joint Ventures, Partnerships and Limited Liability Companies that exceed 10% of its admitted assets.

7. Investment Income

The Company reports only investment income that is earned as due and accrued.

8. Derivative Instruments

The Company as of December 31, 2009 had no investments in Derivative Instruments.

Notes to Financial Statements

9. Income Taxes

A. Components of Deferred Tax Assets (DTAs) and Deferred Tax Liabilities (DTLs) at December 31:

	2009	2008
Total of all deferred income tax assets (admitted and non-admitted)	$ 4,580,626	$ 13,183,182
Total of all deferred income tax liabilities	0	0
Net deferred tax asset (liability)	$ 4,580,626	$ 13,183,182
Total deferred tax assets non-admitted in accordance with SSAP No.10	$ (3,798,862)	$ (13,183,182)
Total net admitted deferred tax asset (liability)	781,764	0
(Increase) decrease in deferred tax assets non-admitted	$ 9,384,320	$ 959,980

B. Unrecognized deferred tax liabilities

There are no temporary differences for which deferred tax liabilities are not recognized.

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

	2009	2008
Current year tax expense (benefit) (exclusive of items below)	$ 0	$ 0
Tax credits	$ 0	$ 0
Prior year adjustments	$ 0	$ 0
Current income taxes incurred	$ 0	$ 0

Deferred income tax assets and liabilities consist of the following major components:

	2009	2008	Change
Deferred tax assets:			
Goodwill	$ 15,035	$ 301,579	$ (286,544)
Property and Equipment	$ 568,714	$ 790,985	$ (222,271)
Unrealized loss	$ 0	$ 99,141	$ (99,141)
Claims Unpaid	$ 367,368	$ 856,804	$ (489,436)
Contractual Allowances	$ 1,335,951	$ 1,705,655	$ (369,704)
Unearned Revenue	$ 0	$ 0	$ 0
Federal NOL Carryforward	$ 2,227,412	$ 9,183,949	$ (6,956,537)
Other	$ 66,146	$ 245,069	$ (178,923)
Total deferred tax assets	$ 4,580,626	$ 13,183,182	$ (8,602,556)
Non-admitted deferred tax assets	$ (3,798,862)	$ (13,183,182)	$ 9,384,320
Admitted deferred tax assets	$ 781,764	$ 0	$ 781,764
Deferred tax liabilities:			
Other	0	0	0
Net Admitted Deferred Tax Assets (Liabilities)	$ 781,764	$ 0	$ 781,764
Total deferred tax assets	$ 4,580,626	$ 13,183,182	$ (8,602,556)
Total deferred tax liabilities	$ 0	$ 0	$ 0
Net deferred tax assets	$ 4,580,626	$ 13,183,182	$ (8,602,556)
Less tax effect of unrealized gains and losses			$ 99,141
Net change in deferred tax assets			$ (8,503,415)

We do not elect to admit deferred tax assets pursuant to SSAP 10R paragraph 10e.

To assess the recoverability of deferred tax assets, we consider whether it is more likely than not that deferred tax assets will be realized. In making this determination, we take into account the scheduled reversal of deferred tax liabilities and whether projected future taxable income is sufficient to permit deduction of the deferred tax assets. Based on projections for future taxable income, we believe it is more likely than not that we will fully realize the benefits of the gross deferred tax assets of $4,580,626.

Notes to Financial Statements

D. The Company's income tax incurred and change in deferred income tax differs from the amount obtained by applying the federal statutory rate to income before income taxes. The significant items causing this difference are as follows:

		2009
Federal current income taxes incurred	$	0
Change in deferred income tax	$	8,602,556
Other		0
Total statutory income taxes	$	8,602,556
Provision computed at statutory rate	$	22,541,418
		35%
Expected income tax expense (benefit) at 35% statutory rate	$	7,889,496
Nondeductible lobbying expenses	$	31,675
STAT to GAAP difference	$	661,730
Other nondeductible expense	$	4,458
Return to provision true up	$	15,197
Totals	$	8,602,556

E. Operating Loss Carryforward

(1) As of December 31, 2009, the separate company operating loss carryforward available for federal tax purposes is $6,364,035.

(2) The amount of income taxes incurred that are available for recoupment in the event of future net losses is: current year $0; first preceding year $0.

F. Consolidated Federal Income Tax Return

(1) The Company's Federal Income Tax return is consolidated with the following entities:

AMERIGROUP Corporation (Parent)
AMERIGROUP Florida, Inc.
AMERIGROUP New Jersey, Inc.
AMERIGROUP Texas, Inc.
AMERIGROUP Virginia, Inc.
AMERIGROUP Ohio, Inc.
AMERIGROUP Maryland, Inc.
AMGP Georgia Managed Care Company, Inc.
PHP Holdings, Inc.
AMERIGROUP New York, LLC
AMERIGROUP Tennessee, Inc.
AMERIGROUP Community Care of New Mexico, Inc.
AMERIGROUP Community Care of South Carolina, Inc.
AMERIGROUP Health Solutions, Inc.
AMERIGROUP Nevada, Inc.

AMERIGROUP Corporation has a written agreement outlining the method of allocating federal income tax between the entities. The allocation is based upon separate return calculations for each member of the affiliated group. If a member has a net loss, current credit is provided to the extent that the member has previously paid taxes.

10. Information Concerning Parent, Subsidiaries and Affiliates

AMERIGROUP Corporation owns 100% of the outstanding shares of the Company and provides administrative and financial support services to the Company. Management services fees charged, in accordance with an approved management services agreement, for the years ended December 2009 and 2008 were $44,262,089 and $49,906,409, respectively. As of December 31, 2009, the Company owed $4,527,572 to AMERIGROUP Corporation. As of December 31, 2008, AMERIGROUP Corporation owed $1,925,627 to the Company. During 2009, the Company received from AMERIGROUP Corporation non-cash capital contributions of $424,993, and there were no dividends paid. During 2008, the Company received from AMERIGROUP Corporation capital contributions of $27,325,953 ($22,200,000 cash, $4,733,701 auction rate security including accrued interest, and $392,252 non-cash). There were no dividends paid in 2009.

11. Debt

The Company has no debt outstanding.

Notes to Financial Statements

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

The Company's employees have the option to participate in a deferred compensation plan sponsored by AMERIGROUP Corporation. All full-time and most part-time employees of AMERIGROUP Corporation and the Company may elect to participate in this plan. This plan is exempt from income taxes under Section 401(k) of the Internal Revenue Code. Participants may contribute a certain percentage of their compensation subject to maximum federal and plan limits. AMERIGROUP Corporation may elect to match a certain percentage of each employee's contributions up to specified limits. For the years ended December 31, 2009 and 2008, AMERIGROUP Corporation's matching contribution under the plan was approximately $4,486,000 and $3,649,000, respectively, and was not directly charged to the Company.

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

(1) The Company had 1000 shares of common stock authorized and 1000 shares outstanding.
(2) The Company had no preferred stock outstanding.
(3) The Company received from AMERIGROUP Corporation capital contributions of $424,993 and $27,325,953 as of December 31, 2009 and 2008, respectively. No dividends were paid during 2009 and 2008.

14. Contingencies

None

15. Leases

The Company leased office space under two lease agreements; one of the leases expires in August 31, 2013 and the other expires in January 31, 2010. The Company also has 3 equipment leases; two of which expire in May 5, 2011 and the other in November 5, 2010. Rental expense as of December 31, 2009 and December 31, 2009 were $2,108,081 and $2,135,573, respectively. At December 31, 2009, the minimum aggregate rental commitments were as follows:

2010:	$ 912,250
2011:	$ 919,091
2012:	$ 945,207
2013:	$ 645,397
2014:	$ 0

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

None

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

A. Transfers of Receivables Reported as Sales

None

B. Transfer and Servicing of Financial Assets

None

C. Wash Sales

None

Notes to Financial Statements

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

A. The Company has Administrative Services Only (ASO) operations in the West Tennessee Grand Region and in the Middle Tennessee Grand Region. The West Region contract expired in October 2008 and only includes claims run out. In 2009, the ASO's operations were as followed:

		ASO Uninsured Plan	Uninsured Portion of Partially Insured Plan	Total ASO
a.	Net reimbursement for Administrative Expenses (including Administrative Fees) in excess of Actual Expenses	$ (3,586,479)	$ 0	$ (3,586,479)
b.	Total Net Other Income or Expenses (Including Interest paid or received from plan	$ 11,189	$ 0	$ 11,189
c.	Net Gain or Loss from Operations	$ (3,575,290)	$ 0	$ (3,575,290)
d.	Total Claim Payment Volume	$15,557,240	$ 0	$ 15,557,240

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

None

20. Other Items

None

21. Events Subsequent

None

22. Reinsurance

A new contract was signed with ING Reinsurance, a division of ReliaStar Life Insurance Company, effective July 1, 2009, with the attachment points of $1,000,000 per member. The Company during this reporting period had no Unsecured Reinsurance Recoverable, Reinsurance Recoverable in Dispute, Uncollectible Reinsurance, and Commutation of Reinsurance or Retroactive Reinsurance. ReliaStar Life Insurance Company was purchased by RGA Reinsurance Company effective January 1, 2010. The contract continues to be in force directly with ReliaStar Life Insurance Company until contract renewal.

23. Retrospectively Rated Contracts and Contracts Subject to Redetermination

None

24. Change in Incurred Claims and Claim Adjustment Expenses

A summary of the activity for claims unpaid is as follows:

	2009	2008
Liability balance prior year	$75,084,654	$72,252,049
Plus incurred related to:		
Current year	525,965,040	528,218,428
Prior years	(10,413,573)	7,044,811
Total Incurred	515,551,467	535,263,239
Less paid related to:		
Current year	461,366,265	453,855,936
Prior years	62,384,718	78,574,698
Total Paid	523,750,983	532,430,634
Balance current year	$66,885,138	$75,084,654

Notes to Financial Statements

The Company uses actuarial techniques based principally on historical payment patterns to estimate incurred claims. Changes in payment patterns and claims trends can result in adjustments to the claims estimate, which are recorded in current operations.

25. Intercompany Pooling Arrangements

None

26. Structured Settlements

None

27. Health Care Receivables

Health Care Receivables consisted of provider advances and provider overpayments on paid claims. All considered non-admitted at December 31, 2009.

28. Participating Policies

None

29. Premium Deficiency Reserves.

None

30. Salvage and Subrogation

None

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes[X] No[ ]

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes[X] No[ ] N/A[ ]

1.3 State Regulating? Tennessee

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes[ ] No[X]

2.2 If yes, date of change:

3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 03/31/2008

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 03/31/2008

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 10/28/2009

3.4 By what department or departments?
Department of Commerce and Insurance, TennCare Division

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes[X] No[ ] N/A[ ]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes[X] No[ ] N/A[ ]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes[ ] No[X]
4.12 renewals? Yes[ ] No[X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes[ ] No[X]
4.22 renewals? Yes[ ] No[X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes[ ] No[X]

5.2 If yes, provide the name of the entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes[ ] No[X]

6.2 If yes, give full information:

7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes[ ] No[X]

7.2 If yes,
7.21 State the percentage of foreign control 0.000%
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact)

1 Nationality	2 Type of Entity

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 the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e., the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), 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 OTS	6 FDIC	7 SEC
		Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]	Yes[ ] No[X]

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
KPMG 2100 Dominion Towers, 999 Waterside Dr. Norfolk, Virginia 23510

10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Ingenix Consulting, 2170 Satellite Blvd., Suite 150, Atlanta, GA 30097

11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes[ ] No[X]
11.11 Name of real estate holding company
11.12 Number of parcels involved 0
11.13 Total book/adjusted carrying value $ 0

11.2 If yes, provide explanation

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

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

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

12.3 Have there been any changes made to any of the trust indentures during the year? Yes[ ] No[ ] N/A[X]

GENERAL INTERROGATORIES (Continued)

12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes[ ] No[ ] N/A[X]

13.1 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.

13.11 If the response to 13.1 is No, please explain:

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

13.21 If the response to 13.2 is Yes, provide information related to amendment(s).

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

13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).

BOARD OF DIRECTORS

14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes[X] No[ ]

15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes[X] No[ ]

16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes[X] No[ ]

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes[ ] No[X]

18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
18.11 To directors or other officers $ 0
18.12 To stockholders not officers $ 0
18.13 Trustees, supreme or grand (Fraternal only) $ 0

18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
18.21 To directors or other officers $ 0
18.22 To stockholders not officers $ 0
18.23 Trustees, supreme or grand (Fraternal only) $ 0

19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes[ ] No[X]

19.2 If yes, state the amount thereof at December 31 of the current year:
19.21 Rented from others $ 0
19.22 Borrowed from others $ 0
19.23 Leased from others $ 0
19.24 Other $ 0

20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes[ ] No[X]

20.2 If answer is yes:
20.21 Amount paid as losses or risk adjustment $ 0
20.22 Amount paid as expenses $ 0
20.23 Other amounts paid $ 0

21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes[ ] No[X]

21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: $ 0

INVESTMENT

22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3) Yes[X] No[ ]

22.2 If no, give full and complete information, relating thereto:

22.3 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet, (an alternative is to reference Note 16 where this information is also provided)

22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes[ ] No[ ] N/A[X]

22.5 If answer to 22.4 is YES, report amount of collateral $ 0

22.6 If answer to 22.4 is NO, report amount of collateral $ 0

23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1 and 22.3). Yes[X] No[ ]

23.2 If yes, state the amount thereof at December 31 of the current year:
23.21 Subject to repurchase agreements $ 0
23.22 Subject to reverse repurchase agreements $ 0
23.23 Subject to dollar repurchase agreements $ 0
23.24 Subject to reverse dollar repurchase agreements $ 0
23.25 Pledged as collateral $ 0
23.26 Placed under option agreements $ 0
23.27 Letter stock or securities restricted as to sale $ 0
23.28 On deposit with state or other regulatory body $ 19,237,204
23.29 Other $ 0

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount

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

24.2 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.

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

25.2 If yes, state the amount thereof at December 31 of the current year. $ 0

GENERAL INTERROGATORIES (Continued)

26. 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 3, III Conducting Examinations, F - Custodial or Safekeeping agreements of the NAIC Financial Condition Examiners Handbook? Yes[X] No[ ]

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

1 Name of Custodian(s)	2 Custodian's Address
U.S. Bank, N.A.	1025 Connecticut Avenue, Suite 517, Mail Code EX-DC-WNWW, Washington, DC 20036

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

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

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes[ ] No[X]

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

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

26.05 Identify all investment advisers, 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 Number(s)	2 Name	3 Address
77784	Deutsche Investment Management Americas, Inc.	345 Park Ave, New York, New York 10154

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

27.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
27.2999 Total		

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1	Bonds	107,480,833	107,794,703	313,870
28.2	Preferred stocks			
28.3	Totals	107,480,833	107,794,703	313,870

28.4 Describe the sources or methods utilized in determining the fair values
Custodial and Broker statements

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

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

29.3 If no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

30.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[ ]

30.2 If no, list exceptions:

GENERAL INTERROGATORIES (Continued)

OTHER

31.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any? $.....175,124

31.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
National Committee for Quality Assurance	53,936

32.1 Amount of payments for legal expenses, if any? $.....121,609

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

1 Name	2 Amount Paid
Waller, Lansden, Dortch & Davis, LLP.	104,311

33.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or department of government, if any? $.....126,388

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

1 Name	2 Amount Paid
Bureau of TennCare	78,240

GENERAL INTERROGATORIES (Continued)

PART 2 - HEALTH INTERROGATORIES

1.1 Does the reporting entity have any direct Medicare Supplement Insurance in force? Yes[ ] No[X]
1.2 If yes, indicate premium earned on U.S. business only: $ 0
1.3 What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit? $ 0
1.31 Reason for excluding:
1.4 Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above. $ 0
1.5 Indicate total incurred claims on all Medicare Supplement insurance. $ 0
1.6 Individual policies - Most current three years:
1.61 Total premium earned $ 0
1.62 Total incurred claims $ 0
1.63 Number of covered lives 0
All years prior to most current three years:
1.64 Total premium earned $ 0
1.65 Total incurred claims $ 0
1.66 Number of covered lives 0
1.7 Group policies - Most current three years:
1.71 Total premium earned $ 0
1.72 Total incurred claims $ 0
1.73 Number of covered lives 0
All years prior to most current three years:
1.74 Total premium earned $ 0
1.75 Total incurred claims $ 0
1.76 Number of covered lives 0

2. Health Test

		1 Current Year	2 Prior Year
2.1	Premium Numerator	626,125,979	607,095,174
2.2	Premium Denominator	626,125,979	607,095,174
2.3	Premium Ratio (2.1 / 2.2)	1.000	1.000
2.4	Reserve Numerator	66,885,138	75,084,654
2.5	Reserve Denominator	66,894,980	75,084,654
2.6	Reserve Ratio (2.4 / 2.5)	1.000	1.000

3.1 Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits? Yes[ ] No[X]
3.2 If yes, give particulars:

4.1 Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency? Yes[X] No[ ]
4.2 If not previously filed furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered? Yes[ ] No[X]

5.1 Does the reporting entity have stop-loss reinsurance? Yes[X] No[ ]
5.2 If no, explain:
5.3 Maximum retained risk (see instructions):
5.31 Comprehensive Medical $ 750,000
5.32 Medical Only $ 0
5.33 Medicare Supplement $ 0
5.34 Dental & Vision $ 0
5.35 Other Limited Benefit Plan $ 0
5.36 Other $ 0

6. Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:
On July 1, 2009, AGP entered into an insolvency continuation and conversion provision with ING Reinsurance, a division of ReliaStar Life Insurance Company. ReliaStar Life Insurance Company was purchased by RGA Reinsurance Company effective January 1, 2010. The insolvency continuation and conversion provision continues to be in force directly with ReliaStar Life Insurance Company in the event of insolvency until contract renewal

7.1 Does the reporting entity set up its claim liability for provider services on a service date base? Yes[X] No[ ]
7.2 If no, give details:

8. Provide the following information regarding participating providers:
8.1 Number of providers at start of reporting year 8,133
8.2 Number of providers at end of reporting year 7,234

9.1 Does the reporting entity have business subject to premium rate guarantees? Yes[ ] No[X]
9.2 If yes, direct premium earned:
9.21 Business with rate guarantees between 15-36 months 0
9.22 Business with rate guarantees over 36 months 0

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes[ ] No[X]
10.2 If yes:
10.21 Maximum amount payable bonuses $ 0
10.22 Amount actually paid for year bonuses $ 0
10.23 Maximum amount payable withholds $ 0
10.24 Amount actually paid for year withholds $ 0

11.1 Is the reporting entity organized as:
11.12 A Medical Group/Staff Model, Yes[ ] No[X]
11.13 An Individual Practice Association (IPA), or, Yes[ ] No[X]
11.14 A Mixed Model (combination of above)? Yes[X] No[ ]
11.2 Is the reporting entity subject to Minimum Net Worth Requirements? Yes[X] No[ ]
11.3 If yes, show the name of the state requiring such net worth.
Tennessee
11.4 If yes, show the amount required. $ 16,133,399
11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes[ ] No[X]
11.6 If the amount is calculated, show the calculation.
The greater of $1,500,000 or an amount totaling 4% of the first $150,000,000 of premium revenues earned for the piror calendar year, plus 1.5% of the amount earned in excess of $150,000,000 for the prior calendar year. $16,133,399 ($150,000,000 x 4% + ($825,559,907 - $150,000,000) x 1.5%)

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

1 Name of Service Area
Grand Region Middle

13.1 Do you act as a custodian for health savings accounts? Yes[ ] No[X]
13.2 If yes, please provide the amount of custodial funds held as of the reporting date: $ 0
13.3 Do you act as an administrator for health savings accounts? Yes[ ] No[X]

GENERAL INTERROGATORIES (Continued)

13.4 If yes, please provide the balance of the funds administered as of the reporting date: $..... 0

FIVE-YEAR HISTORICAL DATA

	1 2009	2 2008	3 2007	4 2006	5 2005
BALANCE SHEET (Pages 2 and 3)					
1. TOTAL Admitted Assets (Page 2, Line 26)	163,369,258	133,532,605	107,602,809		
2. TOTAL Liabilities (Page 3, Line 22)	82,515,366	78,944,307	83,541,695	261,411	
3. Statutory surplus	16,133,399	15,656,844	15,656,844		
4. TOTAL Capital and Surplus (Page 3, Line 31)	80,853,892	54,588,298	24,061,114	(261,411)	
INCOME STATEMENT (Page 4)					
5. TOTAL Revenues (Line 8)	626,125,979	607,095,174	382,864,891		
6. TOTAL Medical and Hospital Expenses (Line 18)	516,193,087	535,851,712	360,775,300		
7. Claims adjustment expenses (Line 20)	16,002,926	15,665,584	10,471,572		
8. TOTAL Administrative Expenses (Line 21)	73,036,222	56,115,828	41,393,542	261,411	
9. Net underwriting gain (loss) (Line 24)	20,893,744	(537,950)	(29,775,523)	(261,411)	
10. Net investment gain (loss) (Line 27)	1,647,674	3,362,950	3,133,971		
11. TOTAL Other Income (Lines 28 plus 29)					
12. Net income or (loss) (Line 32)	22,541,418	2,825,000	(26,641,552)	(261,411)	
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	(12,697,884)	6,321,953	38,828,765		
RISK-BASED CAPITAL ANALYSIS					
14. TOTAL Adjusted Capital	80,853,892	54,588,298	24,061,114		
15. Authorized control level risk-based capital	20,115,782	20,987,751	16,643,989		
ENROLLMENT (Exhibit 1)					
16. TOTAL Members at End of Period (Column 5, Line 7)	195,103	186,887	186,629		
17. TOTAL Members Months (Column 6, Line 7)	2,297,031	2,224,177	1,642,504		
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. TOTAL Hospital and Medical plus other non-health (Lines 18 plus Line 19)	82.4	88.3	94.2		
20. Cost containment expenses	1.8	1.9	2.3		
21. Other claims adjustment expenses	0.8	0.7	0.5		
22. TOTAL Underwriting Deductions (Line 23)	96.7	100.1	107.8		
23. TOTAL Underwriting Gain (Loss) (Line 24)	3.3	(0.1)	(7.8)		
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
24. TOTAL Claims Incurred for Prior Years (Line 13, Column 5)	64,665,353	79,272,844			
25. Estimated liability of unpaid claims-[prior year (Line 13, Column 6)]	75,021,734	71,963,937			
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
26. Affiliated bonds (Sch. D Summary, Line 12, Column 1)					
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Column 1)					
28. Affiliated common stocks (Sch. D Summary, Line 24, Column 1)					
29. Affiliated short-term investments (subtotal included in Sch. DA Verification, Col. 5, Line 10)					
30. Affiliated mortgage loans on real estate					
31. All other affiliated					
32. TOTAL of Above Lines 26 to 31					

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

If no, please explain::

12941200943043100 2009 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: AMERIGROUP Tennessee, Inc. 2. LOCATION:

NAIC Group Code 1156 BUSINESS IN THE STATE OF **TENNESSEE** DURING THE YEAR NAIC Company Code 12941

	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	186,887							694	186,193	
2. First Quarter	188,802							788	188,014	
3. Second Quarter	195,469							878	194,591	
4. Third Quarter	184,645							1,050	183,595	
5. Current Year	195,103							1,109	193,994	
6. Current Year Member Months	2,297,031							10,971	2,286,060	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,263,193							12,426	1,250,767	
8. Non-Physician	894,879							10,784	884,095	
9. TOTAL	2,158,072							23,210	2,134,862	
10. Hospital Patient Days Incurred	124,178							3,140	121,038	
11. Number of Inpatient Admissions	21,915							358	21,557	
12. Health Premiums Written (b)	626,125,979							13,401,387	612,724,592	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	626,125,979							13,401,387	612,724,592	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	524,210,380							9,553,742	514,656,638	
18. Amount Incurred for Provision of Health Care Services	515,551,467							10,375,108	505,176,359	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....13,401,387

12941200943059100 2009 Document Code: 430

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: AMERIGROUP Tennessee, Inc. 2. LOCATION:

NAIC Group Code 1156 BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR NAIC Company Code 12941

	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	186,887							694	186,193	
2. First Quarter	188,802							788	188,014	
3. Second Quarter	195,469							878	194,591	
4. Third Quarter	184,645							1,050	183,595	
5. Current Year	195,103							1,109	193,994	
6. Current Year Member Months	2,297,031							10,971	2,286,060	
TOTAL Member Ambulatory Encounters for Year:										
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12. Health Premiums Written (b)	626,125,979							13,401,387	612,724,592	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	626,125,979							13,401,387	612,724,592	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	524,210,380							9,553,742	514,656,638	
18. Amount Incurred for Provision of Health Care Services	515,551,467							10,375,108	505,176,359	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $.....13,401,387

29 Grand Total

30 Schedule S - Part 1 - Section 2 ..... NONE

31 Schedule S - Part 2 ..... NONE

32 Schedule S - Part 3 - Section 2 ..... NONE

33 Schedule S - Part 4 ..... NONE

34 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)				
1.	Cash and invested assets (Line 10)	123,492,657		123,492,657
2.	Accident and health premiums due and unpaid (Line 13)	36,472,947		36,472,947
3.	Amounts recoverable from reinsurers (Line 14.1)			
4.	Net credit for ceded reinsurance	XXX		
5.	All other admitted assets (Balance)	3,403,654		3,403,654
6.	TOTAL Assets (Line 26)	163,369,258		163,369,258
LIABILITIES, CAPITAL AND SURPLUS (Page 3)				
7.	Claims unpaid (Line 1)	66,885,138		66,885,138
8.	Accrued medical incentive pool and bonus payments (Line 2)			
9.	Premiums received in advance (Line 8)			
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17)			
11.	Reinsurance in unauthorized companies (Line 18)			
12.	All other liabilities (Balance)	15,630,228		15,630,228
13.	TOTAL Liabilities (Line 22)	82,515,366		82,515,366
14.	TOTAL Capital and Surplus (Line 31)	80,853,892	XXX	80,853,892
15.	TOTAL Liabilities, Capital and Surplus (Line 32)	163,369,258		163,369,258
NET CREDIT FOR CEDED REINSURANCE				
16.	Claims unpaid			
17.	Accrued medical incentive pool			
18.	Premiums received in advance			
19.	Reinsurance recoverable on paid losses			
20.	Other ceded reinsurance recoverables			
21.	TOTAL Ceded Reinsurance Recoverables			
22.	Premiums receivable			
23.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
24.	Unauthorized reinsurance			
25.	Other ceded reinsurance payables/offsets			
26.	TOTAL Ceded Reinsurance Payables/Offsets			
27.	TOTAL Net Credit for Ceded Reinsurance			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

ALLOCATED BY STATES AND TERRITORIES

State, Etc.	1 Active Status	Direct Business Only 2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7	9 Deposit - Type Contracts
1. Alabama (AL)	N								
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		13,401,387	612,724,592				626,125,979	
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 Marianas Islands (MP)	N								
57. Canada (CN)	N								
58. Aggregate other alien (OT)	XXX								
59. Subtotal	XXX		13,401,387	612,724,592				626,125,979	
60. Reporting entity contributions for Employee Benefit Plans	XXX								
61. TOTAL (Direct Business)	(a) 1		13,401,387	612,724,592				626,125,979	
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								

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

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

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN ALLOCATED BY STATES AND TERRITORIES

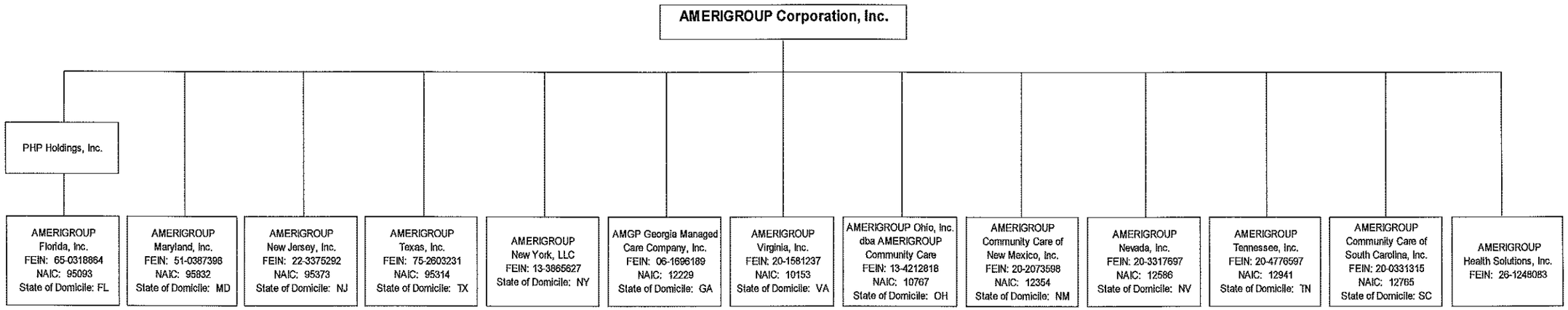
		Direct Business only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama (AL)						
2.	Alaska (AK)						
3.	Arizona (AZ)						
4.	Arkansas (AR)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

NONE

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y (Continued)

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

1 NAIC Company Code	2 Federal ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	54-1739323	AMERIGROUP Corporation	71,700,000	(73,084,116)			403,474,566				402,090,450	
95373	22-3375292	AMERIGROUP New Jersey, Inc.		19,595,166			(25,238,482)				(5,643,316)	
95314	75-2603231	AMERIGROUP Texas, Inc.	(25,000,000)	4,422,598			(138,274,596)				(158,851,998)	
95832	51-0387398	AMERIGROUP Maryland, Inc.	(25,000,000)	4,018,845			(40,327,909)				(61,309,064)	
95093	65-0318864	AMERIGROUP Florida, Inc.		3,807,028			(48,457,451)				(44,650,423)	
10767	13-4212818	AMERIGROUP Ohio, Inc.		74,888			(14,533,860)				(14,458,972)	
10153	20-1581237	AMERIGROUP Virginia, Inc.	(3,600,000)	143,619			(6,052,949)				(9,509,330)	
12354	20-2073598	AMERIGROUP Community Care of New Mexico, Inc.		15,908,183			(18,847,298)				(2,939,115)	
12586	20-3317697	AMERIGROUP Nevada, Inc.		24,376,592			(8,940,523)				15,436,069	
12765	20-0331315	AMERIGROUP Community Care of South Carolina, Inc.	(8,100,000)	55,500			(776,462)				(8,820,962)	
12229	06-1696189	AMGP Georgia Managed Care Company, Inc.		166,160			(44,595,263)				(44,429,103)	
	13-3865627	AMERIGROUP New York, LLC	(10,000,000)	90,544			(13,167,684)				(23,077,140)	
12941	20-4776597	AMERIGROUP Tennessee, Inc.		424,993			(44,262,089)				(43,837,096)	
	26-1248083	AMERIGROUP Health Solutions, Inc.										
9999999 Totals									XXX			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

	Response
The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes
JUNE FILING	
8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes
The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
MARCH FILING	
10. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	No
11. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	No
12. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	No
APRIL FILING	
17. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	No
18. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	No
19. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	No

Explanations:

Bar Codes:

Medicare Supplement Insurance Experience Exhibit

Health Life Supplement

Health Property / Casualty Supplement

Schedule SIS

Actuarial Opinion on Participating and Non-Participating Policies

Statement of Non-Guaranteed Elements for Exhibit 5

Medicare Part D Coverage Supplement

LTC Supplemental Interrogatorries

Health Life Supplement - LHA Guaranty Association Reconciliation

Health Property/Casualty Supplement - Insurance Expense Exhibit

OVERFLOW PAGE FOR WRITE-INS

NONE

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities				
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies				
1.22 Issued by U.S. government sponsored agencies	39,778,272	32.211	39,778,272	32.211
1.3 Non-U.S. government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations				
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations	4,701,253	3.807	4,701,253	3.807
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or Guaranteed by GNMA				
1.512 Issued or Guaranteed by FNMA and FHLMC				
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA				
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521				
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans and hybrid securities)	10,888,288	8.817	10,888,288	8.817
2.2 Unaffiliated Non-U.S. securities (including Canada)				
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds				
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated				
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated				
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including $.....0 of property acquired in satisfaction of debt)				
5.3 Property held for sale (including $.....0 property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments	68,124,844	55.165	68,124,844	55.165
9. Other invested assets				
10. Total invested assets	123,492,657	100.000	123,492,657	100.000

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 6)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		
3.	Current year change in encumbrances:		
	3.1 Totals, Part 1, Column 13		
	3.2 Totals, Part 3, Column 11		
4.	Total gain (loss) on disposals, Part 3, Column 18		
5.	Deduct amounts received on disposals, Part 3, Column 15		
6.	Total foreign exchange change in book/adjusted c NONE		
	6.1 Totals, Part 1, Column 15		
	6.2 Totals, Part 3, Column 13		
7.	Deduct current year's other than temporary impairment recognized:		
	7.1 Totals, Part 1, Column 12		
	7.2 Totals, Part 3, Column 10		
8.	Deduct current year's depreciation:		
	8.1 Totals, Part 1, Column 11		
	8.2 Totals, Part 3, Column 9		
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 (Lines 9 minus 10)		

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

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 (Part 2, Column 7)		
	2.2 Additional investment made after acquisition (Part 2, Column 8)		
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 12		
	3.2 Totals, Part 3, Column 11		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 9		
	5.2 Totals, Part 3, Column 8		
6.	Total gain (loss) on disposals, Part 3, Column 18		
7.	Deduct amounts received on disposals, Part 3, C NONE		
8.	Deduct amortization of premium and mortgage int		
9.	Total foreign exchange change in book value/recorded investment excluding accrued interest		
	9.1 Totals, Part 1, Column 13		
	9.2 Totals, Part 3, Column 13		
10.	Deduct current year's other than temporary impairment recognized:		
	10.1 Totals, Part 1, Column 11		
	10.2 Totals, Part 3, Column 10		
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 (Lines 11 plus 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value of mortgages owned at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Other Long-Term Invested Assets

1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition (Part 2, Column 8)		
	2.2 Additional investment made after acquisition (Part 2, Column 9)		
3.	Capitalized deferred interest and other:		
	3.1 Totals, Part 1, Column 16		
	3.2 Totals, Part 3, Column 12		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease):		
	5.1 Totals, Part 1, Column 13		
	5.2 Totals, Part 3, Column 9		
6.	Total gain (loss) on disposals, Part 3, Column 19		
7.	Deduct amounts received on disposals, Part 3, Co		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value:		
	9.1 Totals, Part 1, Column 17		
	9.2 Totals, Part 3, Column 14		
10.	Deduct current year's other than temporary impairment recognized:		
	10.1 Totals, Part 1, Column 15		
	10.2 Totals, Part 3, Column 11		
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 BETWEEN YEARS

Bonds and Stocks

1.	Book/adjusted carrying value, December 31 of prior year		46,213,753
2.	Cost of bonds and stocks acquired, Part 3, Column 7		47,873,756
3.	Accrual of Discount		12,097
4.	Unrealized valuation increase (decrease):		
	4.1 Part 1, Column 12		
	4.2 Part 2, Section 1, Column 15		
	4.3 Part 2, Section 2, Column 13		
	4.4 Part 4, Column 11		
5.	Total gain (loss) on disposals, Part 4, Column 19		38,582
6.	Deduction consideration for bonds and stocks disposed of, Part 4, Column 7		38,625,000
7.	Deduct amortization of premium		145,375
8.	Total foreign exchange change in book/adjusted carrying value:		
	8.1 Part 1, Column 15		
	8.2 Part 2, Section 1, Column 19		
	8.3 Part 2, Section 2, Column 16		
	8.4 Part 4, Column 15		
9.	Deduct current year's other than temporary impairment recognized:		
	9.1 Part 1, Column 14		
	9.2 Part 2, Section 1, Column 17		
	9.3 Part 2, Section 2, Column 14		
	9.4 Part 4, Column 13		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)		55,367,813
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		55,367,813

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description			1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS	1.	United States	39,778,272	40,100,623	39,859,909	39,650,000
Governments	2.	Canada				
(Including all obligations guaranteed	3.	Other Countries				
by governments)	4.	Totals	39,778,272	40,100,623	39,859,909	39,650,000
U.S. States, Territories and Possessions (Direct and guaranteed)	5.	Totals				
U.S. Political Subdivisions of States, Territories and Possessions (Diresct and guaranteed)	6.	Totals				
U.S. Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	7.	Totals	4,701,253	4,549,775	4,733,701	5,000,000
	8.	United States	10,888,288	11,027,001	10,939,576	10,565,000
Industrial and Miscellaneous, Credit Tenant Loans and	9.	Canada				
Hybrid Securities (unaffiliated)	10.	Other Countries				
	11.	Totals	10,888,288	11,027,001	10,939,576	10,565,000
Parent, Subsidiaries and Affiliates	12.	Totals				
	13.	Total Bonds	55,367,813	55,677,399	55,533,186	55,215,000
PREFERRED STOCKS	14.	United States				
Industrial and Miscellaneous (unaffiliated)	15.	Canada				
	16.	Other Countries				
	17.	Totals				
Parent, Subsidiaries and Affiliates	18.	Totals				
	19.	Total Preferred Stocks				
COMMON STOCKS	20.	United States				
Industrial and Miscellaneous (unaffiliated)	21.	Canada				
	22.	Other Countries				
	23.	Totals				
Parent, Subsidiaries and Affiliates	24.	Totals				
	25.	Total Common Stocks				
	26.	Total Stocks				
	27.	Total Bonds and Stocks	55,367,813	55,677,399	55,533,186	

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments											
1.1 Class 1	39,012,400	15,813,571				54,825,971	51.01	45,328,451	43.26	54,825,971	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 TOTALS	39,012,400	15,813,571				54,825,971	51.01	45,328,451	43.26	54,825,971	
2. All Other Governments											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 TOTALS											
3. U.S. States, Territories and Possessions etc., Guaranteed											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 TOTALS											
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 TOTALS											
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Class 1					4,701,253	4,701,253	4.37	4,708,241	4.49	4,701,253	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 TOTALS					4,701,253	4,701,253	4.37	4,708,241	4.49	4,701,253	

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Industrial and Miscellaneous (unaffiliated)											
6.1 Class 1	41,221,627	6,731,982				47,953,609	44.62	54,746,436	52.25	47,953,609	
6.2 Class 2											
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 TOTALS	41,221,627	6,731,982				47,953,609	44.62	54,746,436	52.25	47,953,609	
7. Credit Tenant Loans											
7.1 Class 1											
7.2 Class 2											
7.3 Class 3											
7.4 Class 4											
7.5 Class 5											
7.6 Class 6											
7.7 TOTALS											
8. Hybrid Securities											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 1 (Continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values By Major Types of Issues and NAIC Designations

Quality Rating Per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d) 80,234,027	22,545,553			4,701,253	107,480,833	100.00	XXX	XXX	107,480,833	
10.2 Class 2	(d)							XXX	XXX		
10.3 Class 3	(d)							XXX	XXX		
10.4 Class 4	(d)							XXX	XXX		
10.5 Class 5	(d)					(c)		XXX	XXX		
10.6 Class 6	(d)					(c)		XXX	XXX		
10.7 TOTALS	80,234,027	22,545,553			4,701,253	(b) 107,480,833	100.00	XXX	XXX	107,480,833	
10.8 Line 10.7 as a % of Column 6	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	
11. Total Bonds Prior Year											
11.1 Class 1	74,569,375	25,505,512			4,708,241	XXX	XXX	104,783,128	100.00	104,783,128	
11.2 Class 2						XXX	XXX				
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 TOTALS	74,569,375	25,505,512			4,708,241	XXX	XXX	(b) 104,783,128	100.00	104,783,128	
11.8 Line 11.7 as a % of Col. 8	71.17	24.34			4.49	XXX	XXX	100.00	XXX	100.00	
12. Total Publicly Traded Bonds											
12.1 Class 1	80,234,027	22,545,553			4,701,253	107,480,833	100.00	104,783,128	100.00	107,480,833	XXX
12.2 Class 2											XXX
12.3 Class 3											XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6											XXX
12.7 TOTALS	80,234,027	22,545,553			4,701,253	107,480,833	100.00	104,783,128	100.00	107,480,833	XXX
12.8 Line 12.7 as a % of Col. 6	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 TOTALS										XXX	
13.8 Line 13.7 as a % of Col. 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes $.....0 freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
(b) Includes $.....0 current year, $.....0 prior year of bonds with Z designations and $.....0 current year, $.....0 prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
(c) Includes $.....0 current year, $.....0 prior year of bonds with 5* designations and $.....0 current year, $.....0 prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
(d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 $.....254,335; NAIC 2 $.....0; NAIC 3 $.....0; NAIC 4 $.....0; NAIC 5 $.....0; NAIC 6 $.....0.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments											
1.1 Issuer Obligations	39,012,400	15,813,571				54,825,971	51.01	45,328,451	43.26	54,825,971	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 TOTALS	39,012,400	15,813,571				54,825,971	51.01	45,328,451	43.26	54,825,971	
2. All Other Governments											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 TOTALS											
3. U.S. States, Territories and Possessions, Guaranteed											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 TOTALS											
4. U.S. Political Subdivisions of States, Territories & Possessions, Guaranteed											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 TOTALS											
5. U.S. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed											
5.1 Issuer Obligations					4,701,253	4,701,253	4.37	4,708,241	4.49	4,701,253	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 TOTALS					4,701,253	4,701,253	4.37	4,708,241	4.49	4,701,253	

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Industrial and Miscellaneous											
6.1 Issuer Obligations	41,221,627	6,731,982				47,953,609	44.62	54,746,436	52.25	47,953,609	
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 TOTALS	41,221,627	6,731,982				47,953,609	44.62	54,746,436	52.25	47,953,609	
7. Credit Tenant Loans											
7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed Securities											
7.7 TOTALS											
8. Hybrid Securities											
8.1 Issuer Obligations											
8.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
8.3 Defined											
8.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
8.5 Defined											
8.6 Other											
8.7 TOTALS											
9. Parent, Subsidiaries and Affiliates											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 TOTALS											

SCHEDULE D - PART 1A - SECTION 2 (Continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	80,234,027	22,545,553			4,701,253	107,480,833	100.00	XXX	XXX	107,480,833	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								XXX	XXX		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined								XXX	XXX		
10.4 Other								XXX	XXX		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined								XXX	XXX		
10.6 Other								XXX	XXX		
10.7 TOTALS	80,234,027	22,545,553			4,701,253	107,480,833	100.00	XXX	XXX	107,480,833	
10.8 Line 10.7 as a % of Column 6	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	74,569,375	25,505,512			4,708,241	XXX	XXX	104,783,128	100.00	104,783,128	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						XXX	XXX				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined						XXX	XXX				
11.4 Other						XXX	XXX				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined						XXX	XXX				
11.6 Other						XXX	XXX				
11.7 TOTALS	74,569,375	25,505,512			4,708,241	XXX	XXX	104,783,128	100.00	104,783,128	
11.8 Line 11.7 as a % of Column 8	71.17	24.34			4.49	XXX	XXX	100.00	XXX	100.00	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	80,234,027	22,545,553			4,701,253	107,480,833	100.00	104,783,128	100.00	107,480,833	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined											XXX
12.4 Other											XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined											XXX
12.6 Other											XXX
12.7 TOTALS	80,234,027	22,545,553			4,701,253	107,480,833	100.00	104,783,128	100.00	107,480,833	XXX
12.8 Line 12.7 as a % of Column 6	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	74.65	20.98			4.37	100.00	XXX	XXX	XXX	100.00	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										XXX	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										XXX	
13.4 Other										XXX	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										XXX	
13.6 Other										XXX	
13.7 TOTALS										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

		1 Total	2 Bonds	3 Mortgage Loans	4 Other Short-term Investment Assets (a)	5 Investments in Parent, Subsidiaries and Affiliates
1.	Book/adjusted carrying value, December 31 of prior year	58,569,375	58,569,375			
2.	Cost of short-term investments acquired	1,613,999,768	1,613,999,768			
3.	Accrual of discount					
4.	Unrealized valuation increase (decrease)					
5.	Total gain (loss) on disposals					
6.	Deduct consideration received on disposals	1,625,442,089	1,625,442,089			
7.	Deduct amortization of premium	12,992	12,992			
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)	47,114,062	47,114,062			
11.	Deduct total nonadmitted amounts					
12.	Statement value at end of current period (Line 10 minus Line 11)	47,114,062	47,114,062			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: 0

SI12 Schedule DB Part A Verification ..... NONE

SI12 Schedule DB Part B Verification ..... NONE

SI13 Schedule DB Part C Verification ..... NONE

SI13 Schedule DB Part D Verification ..... NONE

SI13 Schedule DB Part E Verification ..... NONE

SI14 Schedule DB Part F Sn 1 - Sum Replicated Assets ..... NONE

SI15 Schedule DB Part F Sn 2 - Recon Replicated Assets ..... NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

Part 2 - Cash Equivalents

		1 Total	2 Bonds	3 Other (a)
1.	Book/adjusted carrying value, December 31 of prior year			
2.	Cost of cash equivalents acquired	9,998,819	9,998,819	
3.	Accrual of discount	139	139	
4.	Unrealized valuation increase (decrease)			
5.	Total gain (loss) on disposals			
6.	Deduct consideration received on disposals	5,000,000	5,000,000	
7.	Deduct amortization of premium			
8.	Total foreign exchange change in book/adjusted carrying value			
9.	Deduct current year's other than temporary impairment recognized			
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3 + 4 + 5 - 6 - 7 + 8 - 9)	4,998,958	4,998,958	
11.	Deduct total nonadmitted amounts			
12.	Statement value at end of current period (Lines 10 minus 11)	4,998,958	4,998,958	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment:

E01 Schedule A - Part 1 Real Estate Owned ..... NONE

E02 Schedule A - Part 2 Real Estate Acquired ..... NONE

E03 Schedule A - Part 3 Real Estate Sold ..... NONE

E04 Schedule B - Part 1 Mortgage Loans Owned ..... NONE

E05 Schedule B - Part 2 Mortgage Loans Acquired ..... NONE

E06 Schedule B - Part 3 Mortgage Loans DISPOSED ..... NONE

E07 Schedule BA - Part 1 Invested Assets Owned ..... NONE

E08 Schedule BA - Part 2 Invested Assets Acquired ..... NONE

E09 Schedule BA - Part 3 Invested Assets DISPOSED ..... NONE

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates	
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22
CUSIP Identification	Description	Code	FOREIGN	Bond CHAR	NAIC Desig-nation	Actual Cost	Rate Used to Obtain Fair Value	Fair Value	Par Value	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Rate of	Effective Rate of Interest	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Maturity
U.S. Governments - Issuer Obligations																					
31331GNC9	Federal Farm Credit Bank			1	1	3,000,000	101.1250	3,033,750	3,000,000	3,000,000					3.250	3.276	FA	36,021	48,750	02/18/2009	02/18/2014
31331Y3P3	Federal Farm Credit Bank				1	3,035,130	104.0310	3,120,930	3,000,000	3,021,843		(11,923)			3.500	3.095	AO	25,667	105,000	11/19/2008	10/03/2011
31339XWG5	Federal Home Loan Bank				1	2,354,242	105.9690	2,331,318	2,200,000	2,291,867		(59,739)			5.000	2.162	JD	306	110,000	12/15/2008	06/30/2011
3133XR2Y5	Federal Home Loan Bank				1	2,985,870	101.2190	3,036,570	3,000,000	2,996,025		8,726			3.000	3.330	JD	5,000	90,000	10/31/2008	06/11/2010
3133XSX37	Federal Home Loan Bank			1	1	3,000,000	100.5940	3,017,820	3,000,000	3,000,000					2.625	2.642	FA	30,625	39,375	02/12/2009	02/11/2013
3133XTB62	Federal Home Loan Bank			1	1	2,000,000	100.1880	2,003,760	2,000,000	2,000,000					1.250	1.254	MS	7,639	12,500	03/11/2009	03/11/2011
3133XTGU4	Federal Home Loan Bank				1	2,000,000	100.4690	2,009,380	2,000,000	2,000,000					1.200	1.204	AO	5,600	12,000	04/09/2009	10/07/2010
3133XU7D9	Federal Home Loan Bank				1	1,000,000	100.1250	1,001,250	1,000,000	1,000,000					0.750	0.751	JJ	3,396		07/16/2009	01/18/2011
3133XV2J9	Federal Home Loan Bank				1	2,000,640	99.9380	1,998,760	2,000,000	2,000,487		(153)			0.480	0.451	MAT	2,480		09/28/2009	10/25/2010
3133XW2N8	Federal Home Loan Bank			1	1	2,000,000	99.5000	1,990,000	2,000,000	2,000,000					0.750	0.751	JD	833		12/11/2009	12/11/2012
3128X8Y30	Federal Home Loan Mortgage Corp			1	1	2,000,000	100.4340	2,008,680	2,000,000	2,000,000					1.000	1.128	JD	556	10,000	06/23/2009	06/23/2011
3128X7NF7	Federal Home Loan Mortgage Corp.				1	1,034,180	102.2410	1,022,410	1,000,000	1,018,188		(15,992)			3.375	1.208	MN	5,250	33,750	04/01/2009	11/05/2010
3128X86R8	Federal Home Loan Mortgage Corp.			1	1	2,450,000	100.0900	2,452,205	2,450,000	2,450,000					1.000	1.003	FA	9,119		08/20/2009	02/17/2012
3128X8QX3	Federal Home Loan Mortgage Corp.	SD		1	1	3,500,000	100.1270	3,504,445	3,500,000	3,500,000					1.500	1.506	MS	15,021	26,250	03/18/2009	03/18/2011
3128X8QY1	Federal Home Loan Mortgage Corp.				1	1,000,000	100.8910	1,008,910	1,000,000	1,000,000					1.550	1.556	JD	689	11,840	03/10/2009	12/15/2010
3136FHDR3	Federal National Mortgage Assoc.	SD		1	1	3,200,000	101.1880	3,238,016	3,200,000	3,200,000					2.500	2.516	MS	21,778	40,000	03/23/2009	03/23/2012
3136FHFT7	Federal National Mortgage Assoc.	SD		1	1	3,000,000	100.7500	3,022,500	3,000,000	3,000,000					2.400	2.414	MS	19,400	36,000	03/24/2009	09/24/2013
90345AAA0	US Ctl Fed Cr Gov Gtd				1	299,847	99.9730	299,919	300,000	299,862		15			1.250	1.280	AO	750		10/19/2009	10/19/2011
0199999 Subtotal - U.S. Governments - Issuer Obligations						39,859,909	XXX	40,100,623	39,650,000	39,778,272		(79,066)			XXX	XXX	XXX	190,130	575,465	XXX	XXX
0399999 Subtotal - U.S. Governments						39,859,909	XXX	40,100,623	39,650,000	39,778,272		(79,066)			XXX	XXX	XXX	190,130	575,465	XXX	XXX
U.S. Special Revenue, Special Assessment - Issuer Obligations																					
679110CY0	OK Student Loan				1FE	4,733,701	90.9960	4,549,775	5,000,000	4,701,253		(6,988)			0.675	0.968	JD	2,906	43,542	06/30/2008	12/01/2033
2599999 Subtotal - U.S. Special Revenue, Special Assessment - Issuer Obligations						4,733,701	XXX	4,549,775	5,000,000	4,701,253		(6,988)			XXX	XXX	XXX	2,906	43,542	XXX	XXX
3199999 Subtotal - U.S. Special Revenue, Special Assessment						4,733,701	XXX	4,549,775	5,000,000	4,701,253		(6,988)			XXX	XXX	XXX	2,906	43,542	XXX	XXX
Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations																					
060505BF0	Bank of America Corp Sr Nt				1FE	154,698	103.2360	154,854	150,000	153,825		(873)			4.375	1.569	JD	547	3,281	10/15/2009	12/01/2010
10138MAB1	Bottling Group LLC Company				1	807,683	107.1980	803,985	750,000	803,897		(3,786)			4.625	2.047	MN	4,432	17,344	10/16/2009	11/15/2012
20825UAB0	Conoco Funding Co Guar Nt				1FE	137,648	108.7960	135,995	125,000	136,345		(1,303)			6.350	1.211	AO	1,676		10/16/2009	10/15/2011
291011AN4	Emerson Electric Co Nt				1	376,495	107.4340	370,647	345,000	373,320		(3,175)			5.750	1.214	MN	3,306	9,919	10/16/2009	11/01/2011
35177PAK3	France Telecom Nt				1	324,975	107.1770	321,531	300,000	321,186		(3,789)			7.750	1.624	MS	7,750		10/15/2009	03/01/2011
38141GAZ7	Goldman Sachs Group Inc Nt				1FE	292,614	106.0430	291,618	275,000	289,661		(2,953)			6.875	1.685	JJ	8,718		10/15/2009	01/15/2011
4042EPAA5	HSBC - FDIC				1	2,544,875	103.4850	2,587,125	2,500,000	2,529,675		(14,603)			3.125	2.516	JD	3,255	78,125	12/16/2008	12/16/2011
478160AP9	Johnson & Johnson 5yr				1	548,655	108.6870	543,435	500,000	545,148		(3,507)			5.150	1.626	FA	9,728		10/16/2009	08/15/2012
46625HGG9	JP Morgan Chase & Co Sr Nt				1FE	292,826	105.8530	291,096	275,000	290,538		(2,287)			5.600	1.559	JD	1,283	7,700	10/15/2009	06/01/2011
637432CU7	National Rural Utl MTN				1	610,880	109.9240	604,582	550,000	605,682		(5,198)			7.250	2.441	MS	13,292		10/16/2009	03/01/2012
74005PAW4	Praxair Inc Nt				1	39,884	99.0330	39,613	40,000	39,889		5			1.750	1.858	MN	89		11/16/2009	11/15/2012
7591EAAA1	Regions Bank - FDIC				1	4,005,160	102.1580	4,086,320	4,000,000	4,002,481		(2,567)			2.750	2.701	JD	6,417	109,694	12/15/2008	12/10/2010
822582AA0	Shell International Fin Grd				1	517,392	106.5150	511,272	480,000	512,672		(4,720)			5.625	1.010	JD	300	13,500	10/13/2009	06/27/2011
949746NB3	Wells Fargo Co.				1FE	285,791	103.6100	284,928	275,000	283,969		(1,822)			4.875	1.677	JJ	6,293		10/15/2009	01/12/2011
3299999 Subtotal - Industrial & Miscellaneous (Unaffiliated) - Issuer Obligations						10,939,576	XXX	11,027,001	10,565,000	10,888,288		(50,578)			XXX	XXX	XXX	67,086	239,563	XXX	XXX
3899999 Subtotal - Industrial & Miscellaneous (Unaffiliated)						10,939,576	XXX	11,027,001	10,565,000	10,888,288		(50,578)			XXX	XXX	XXX	67,086	239,563	XXX	XXX
7799999 Subtotals - Issuer Obligations						55,533,186	XXX	55,677,399	55,215,000	55,367,813		(136,632)			XXX	XXX	XXX	260,122	858,570	XXX	XXX
8399999 Grand Total - Bonds						55,533,186	XXX	55,677,399	55,215,000	55,367,813		(136,632)			XXX	XXX	XXX	260,122	858,570	XXX	XXX

E11 Schedule D - Part 2 Sn 1 Prfrd Stocks Owned ..... NONE

E12 Schedule D - Part 2 Sn 2 Common Stocks Owned ..... NONE

SCHEDULE D - PART 3

Showing All Long-Term Bonds and Stocks ACQUIRED During Current Year

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
Bonds - U.S. Governments								
31331GNC9	Federal Farm Credit Bank		02/18/2009	Suntrust	XXX	3,000,000	3,000,000.00	
3133XSX37	Federal Home Loan Bank		02/12/2009	Suntrust	XXX	3,000,000	3,000,000.00	219
3133XTB62	Federal Home Loan Bank		03/11/2009	UBS	XXX	2,000,000	2,000,000.00	
3133XTGU4	Federal Home Loan Bank		04/09/2009	Suntrust	XXX	2,000,000	2,000,000.00	133
3133XU7D9	Federal Home Loan Bank		07/16/2009	Suntrust	XXX	1,000,000	1,000,000.00	
3133XV2J9	Federal Home Loan Bank		09/28/2009	Suntrust	XXX	2,000,640	2,000,000.00	80
3133XW2N8	Federal Home Loan Bank		12/11/2009	Suntrust	XXX	2,000,000	2,000,000.00	
3128X8Y30	Federal Home Loan Mortgage Corp		06/23/2009	Suntrust	XXX	2,000,000	2,000,000.00	
3128X7NF7	Federal Home Loan Mortgage Corp.		04/01/2009	Suntrust	XXX	1,034,180	1,000,000.00	13,781
3128X86R8	Federal Home Loan Mortgage Corp.		08/20/2009	Suntrust	XXX	2,450,000	2,450,000.00	204
3128X8QX3	Federal Home Loan Mortgage Corp.		03/18/2009	UBS	XXX	3,500,000	3,500,000.00	
3128X8QY1	Federal Home Loan Mortgage Corp.		03/10/2009	UBS	XXX	1,000,000	1,000,000.00	
3136FHDR3	Federal National Mortgage Assoc.		03/23/2009	UBS	XXX	3,200,000	3,200,000.00	
3136FHFT7	Federal National Mortgage Assoc.		03/24/2009	Suntrust	XXX	3,000,000	3,000,000.00	
90345AAA0	US Ctl Fed Cr Gov Gtd		10/19/2009	Deutsche Bank	XXX	299,847	300,000.00	
0399999 Subtotal - Bonds - U.S. Governments						31,484,667	31,450,000.00	14,417
Bonds - Industrial and Miscellaneous (Unaffiliated)								
060505BF0	Bank of America Corp Sr Nt		10/15/2009	Deutsche Bank	XXX	154,698	150,000.00	2,443
10138MAB1	Bottling Group LLC Company		10/16/2009	Deutsche Bank	XXX	807,682	750,000.00	14,549
20825UAB0	Conoco Funding Co Guar Nt		10/16/2009	Deutsche Bank	XXX	137,647	125,000.00	22
291011AN4	Emerson Electric Co Nt		10/16/2009	Deutsche Bank	XXX	376,495	345,000.00	9,092
35177PAK3	France Telecom Nt		10/15/2009	Deutsche Bank	XXX	324,975	300,000.00	2,842
38141GAZ7	Goldman Sachs Group Inc Nt		10/15/2009	Deutsche Bank	XXX	292,614	275,000.00	4,727
478160AP9	Johnson & Johnson 5yr		10/16/2009	Deutsche Bank	XXX	548,655	500,000.00	4,363
46625HGG9	JP Morgan Chase & Co Sr Nt		10/15/2009	Deutsche Bank	XXX	292,826	275,000.00	5,732
637432CU7	National Rural Utl MTN		10/16/2009	Deutsche Bank	XXX	610,880	550,000.00	4,984
74005PAW4	Praxair Inc Nt		11/16/2009	Deutsche Bank	XXX	39,884	40,000.00	
822582AA0	Shell International Fin Grd		10/13/2009	Deutsche Bank	XXX	517,392	480,000.00	7,950
949746NB3	Wells Fargo Co.		10/15/2009	Deutsche Bank	XXX	285,791	275,000.00	3,463
3899999 Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						4,389,539	4,065,000.00	60,167
8399997 Subtotal - Bonds - Part 3						35,874,206	35,515,000.00	74,584
8399998 Summary Item from Part 5 for Bonds						11,999,550	12,000,000.00	3,930
8399999 Subtotal - Bonds						47,873,756	47,515,000.00	78,514
8999998 Summary Item from Part 5 for Preferred Stocks							XXX	
9799998 Summary Item from Part 5 for Common Stocks							XXX	
9899999 Subtotal - Preferred and Common Stocks							XXX	
9999999 Totals						47,873,756	XXX	78,514

SCHEDULE D - PART 4

Showing All Long-Term Bonds and Stocks SOLD, REDEEMED, or Otherwise DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21
										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 (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (Cols. 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	Maturity Date
Bonds - U.S. Governments																				
31331GEW5	Federal Farm Credit Bank		11/18/2009	CALLED @ 100.0000000	XXX	4,000,000	4,000,000.00	4,000,000	4,000,000						4,000,000				135,000	11/18/2011
31331Y4G2	Federal Farm Credit Bank		07/28/2009	CALLED @ 100.0000000	XXX	2,500,000	2,500,000.00	2,500,000	2,500,000						2,500,000				82,500	07/28/2010
3133XQJR4	Federal Home Loan Bank		01/28/2009	CALLED @ 100.0000000	XXX	2,625,000	2,625,000.00	2,616,338	2,618,116		221		221		2,618,337		6,663	6,663	28,409	04/01/2011
3128X7QR8	Federal Home Loan Mortgage Corp.		02/23/2009	CALLED @ 100.0000000	XXX	2,500,000	2,500,000.00	2,500,000	2,500,000						2,500,000				18,750	02/22/2010
3133F2Y90	Federal Home Loan Mortgage Corp.		12/15/2009	CALLED @ 100.0000000	XXX	2,000,000	2,000,000.00	1,991,720	1,991,744		1,677		1,677		1,993,421		6,579	6,579	58,167	06/15/2013
3136F9GV9	Federal National Mortgage Assoc.		04/16/2009	CALLED @ 100.0000000	XXX	4,000,000	4,000,000.00	4,000,000	4,000,000						4,000,000				72,500	04/16/2012
3136F9Z48	Federal National Mortgage Assoc.		03/30/2009	CALLED @ 100.0000000	XXX	3,000,000	3,000,000.00	3,000,000	3,000,000						3,000,000				15,938	06/30/2010
31398AMX7	Federal National Mortgage Assoc.		02/19/2009	CALLED @ 100.0000000	XXX	2,500,000	2,500,000.00	2,497,500	2,498,560		168		168		2,498,728		1,272	1,272	37,500	02/19/2010
31398APL0	Federal National Mortgage Assoc.		03/19/2009	CALLED @ 100.0000000	XXX	3,500,000	3,500,000.00	3,474,275	3,475,096		1,183		1,183		3,476,279		23,721	23,721	70,000	03/19/2013
0399999 Subtotal - Bonds - U.S. Governments						26,625,000	26,625,000.00	26,579,833	26,583,516		3,249		3,249		26,586,765		38,235	38,235	518,764	XXX
8399997 Subtotal - Bonds - Part 4						26,625,000	26,625,000.00	26,579,833	26,583,516		3,249		3,249		26,586,765		38,235	38,235	518,764	XXX
8399998 Summary Item from Part 5 for Bonds						12,000,000	12,000,000.00	11,999,550			103		103		11,999,653		347	347	48,750	XXX
8399999 Subtotal - Bonds						38,625,000	38,625,000.00	38,579,383	26,583,516		3,352		3,352		38,586,418		38,582	38,582	567,514	XXX
8999998 Summary Item from Part 5 for Preferred Stocks							XXX													XXX
9799998 Summary Item from Part 5 for Common Stocks							XXX													XXX
9899999 Subtotal - Preferred and Common Stocks							XXX													XXX
9999999 Totals						38,625,000	XXX	38,579,383	26,583,516		3,352		3,352		38,586,418		38,582	38,582	567,514	XXX

SCHEDULE D - PART 5

Showing All Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1	2	3	4	5	6	7	8	9	10	11	Change in Book/Adjusted Carrying Value					17	18	19	20	21
											12	13	14	15	16					
CUSIP Identifi-cation	Description	F O R E I G N	Date Acquired	Name of Vendor	Disposal Date	Name of Purchaser	Par Value (Bonds) Number of Shares (Stock)	Actual Cost	Consider-ation	Book/ Adjusted Carrying Value at Disposal Date	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (Col. 12+ 13-14)	Total Foreign Exchange Change in B./A.C.V.	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest and Dividends Received During Year	Paid for Accrued Interest and Dividends
Bonds - U.S. Governments																				
3133XTVF0	Federal Home Loan Bank		08/31/2009	UBS	12/24/2009	CALLED @ 100.0000000	4,000,000.000	4,000,000	4,000,000	4,000,000									10,000	3,722
3128X8KP6	Federal Home Loan Mortgage Corp.		02/20/2009	UBS	05/18/2009	CALLED @ 100.0000000	6,000,000.000	5,999,550	6,000,000	5,999,653		103		103			347	347	18,750	208
3128X8NT5	Federal Home Loan Mortgage Corp.		03/19/2009	UBS	09/21/2009	VARIOUS	2,000,000.000	2,000,000	2,000,000	2,000,000									20,000	
0399999 Subtotal - Bonds - U.S. Governments							12,000,000.000	11,999,550	12,000,000	11,999,653		103		103			347	347	48,750	3,930
8399998 Subtotal - Bonds							12,000,000.000	11,999,550	12,000,000	11,999,653		103		103			347	347	48,750	3,930
9999999 Totals								11,999,550	12,000,000	11,999,653		103		103			347	347	48,750	3,930

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1	2	3	4	5	6	7	8	Stock of Such Company Owned by Insurer on Statement Date	
								9	10
CUSIP Identification	Description Name of Subsidiary, Controlled or Affiliated Company	Foreign	NAIC Company Code or Alien Insurer Identification Number	NAIC Valuation Method (See SVO Purposes and Procedures manual)	Do Insurer's Assets Include Intangible Assets connected with Holding of Such Company's Stock?	Total Amount of Such Intangible Assets	Book/Adjusted Carrying Value	Number of Shares	% of Outstanding
NONE									
1999999 Total - Preferred and Common Stocks								XXX	XXX

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: $.....0.
2. Total amount of intangible assets nonadmitted $.....0.

SCHEDULE D - PART 6 - SECTION 2

1	2	3	4	Stock in Lower-tier Company Owned Indirectly by Insurer on Statement Date	
				5	6
CUSIP Identification	Name of Lower-tier Company	Name of Company Listed in Section 1 Which Controls Lower-tier Company	Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Number of Shares	% of Outstanding
NONE					
0399999 Total - Preferred and Common Stocks				XXX	XXX

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1	2	Codes 3	Codes 4	5	6	7	8	Change in Book/Adjusted Carrying Value 9	10	11	12	13	14	Interest 15	16	17	18	19	20	21
CUSIP Identification	Description	Code	Foreign	Date Acquired	Name of Vendor	Maturity Date	Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B./A.C.V.	Par Value	Actual Cost	Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	Non-Admitted Due and Accrued	Rate of	Effective Rate of	When Paid	Amount Received During Year	Paid For Accrued Interest
Bonds - U.S. Governments - Issuer Obligations																				
	Federal Home Loan Bank			07/22/2009	UBS	06/11/2010	1,011,232		(11,138)			1,000,000	1,022,370	1,667		3.000	0.468	JD	15,000	3,417
	Federal Home Loan Bank			07/29/2009	Suntrust	06/01/2010	1,500,306		(309)			1,500,000	1,500,615	625		0.500	0.451	JD	3,750	1,208
0199999 Subtotal - Bonds - U.S. Governments - Issuer Obligations							2,511,538		(11,447)			2,500,000	2,522,985	2,292		XXX	XXX	XXX	18,750	4,625
0399999 Total - U.S. Government Bonds							2,511,538		(11,447)			2,500,000	2,522,985	2,292		XXX	XXX	XXX	18,750	4,625
Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																				
	Citigroup Inc. Nt			10/15/2009	Deutsche Bank	08/03/2010	254,335		(1,545)			250,000	255,880	4,753		4.625	1.662	FA		2,313
3299999 Subtotal - Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations							254,335		(1,545)			250,000	255,880	4,753		XXX	XXX	XXX		2,313
3899999 Total - Industrial and Miscellaneous (Unaffiliated)							254,335		(1,545)			250,000	255,880	4,753		XXX	XXX	XXX		2,313
7799999 Subtotal - Issuer Obligations							2,765,873		(12,992)			2,750,000	2,778,865	7,045		XXX	XXX	XXX	18,750	6,938
8699999 Total - Parent, Subsidiaries and Affiliates												XXX				XXX	XXX	XXX		
Exempt Money Market Mutual Funds																				
31846V807	First American Treasury Fund	R		12/24/2009	U.S. Bank		7,537,204						7,537,204						7,460	
8899999 Subtotal - Exempt Money Market Mutual Funds							7,537,204					XXX	7,537,204			XXX	XXX	XXX	7,460	
Class One Money Market Mutual Funds																				
300250602	Evergreen Institutional MM Fund	R		12/31/2009	Deutsche Bank		707,370						707,370	58					56,477	
4812A2603	JP Morgan Prime Money Fund			12/31/2009	U.S. Bank		5,175,894						5,175,894	735					65,227	
60934N625	Federated Prime Cash Obligations			12/31/2009	U.S. Bank		5,244,596						5,244,596	1,028					87,981	
31846V625	First American Prime Obligations			12/31/2009	U.S. Bank		5,045,394						5,045,394	639					56,539	
38141W364	Goldman Sachs FS Prime Obligations			12/31/2009	U.S. Bank		5,334,823						5,334,823	1,047					31,406	
26188J206	Dreyfus Cash Management			12/31/2009	U.S. Bank		4,227,410						4,227,410	334					65,671	
825252554	AIM STIC - Liquid Assets Portfolio			12/31/2009	U.S. Bank		5,534,209						5,534,209	932					39,020	
316175405	Fidelity Prime MM Fund			12/31/2009	U.S. Bank		5,541,289						5,541,289	1,395					41,289	
8999999 Subtotal - Class One Money Market Mutual Funds							36,810,985					XXX	36,810,985	6,168		XXX	XXX	XXX	443,610	
9199999 Total Short-Term Investments							47,114,062		(12,992)			XXX	47,127,054	13,213		XXX	XXX	XXX	469,820	6,938

E18 Schedule DB - Part A Sn 1 Opt/Cap/Floor Owned ..... NONE

E18 Schedule DB - Part A Sn 2 Opt/Cap/Floor Acquired ..... NONE

E19 Schedule DB - Part A Sn 3 Opt/Cap/Floor Term ..... NONE

E19 Schedule DB - Part B Sn 1 Opt/Cap/Floor In-force ..... NONE

E20 Schedule DB - Part B Sn 2 Opt/Cap/Floor Written ..... NONE

E20 Schedule DB - Part B Sn 3 Opt/Cap/Floor Term ..... NONE

E21 Schedule DB - Part C Sn 1 Col/Swap/Frwrd Open ..... NONE

E21 Schedule DB - Part C Sn 2 Col/Swap/Frwrd Opened ..... NONE

E22 Schedule DB - Part C Sn 3 Col/Swap/Frwrd Term ..... NONE

E22 Schedule DB - Part D Sn 1 Futures Contracts Open ..... NONE

E23 Schedule DB - Part D Sn 2 Futures Contracts Opened ..... NONE

E23 Schedule DB - Part D Sn 3 Futures Contracts Term ..... NONE

E24 Schedule DB - Part E Sn 1 Counterparty Exposure ..... NONE

SCHEDULE E - PART 1 - CASH

1 Depository			2 Code	3 Rate of Interest	4 Amount of Interest Received During Year	5 Amount of Interest Accrued December 31 of Current Year	6 Balance	7 *
open depositories								
Wachovia	Cash			0.114	2,774		2,988,296	XXX
0199998 Deposits in .....60 depositories that do not exceed the allowable limit in any one depository (See Instructions) - open depositories			XXX		12,410	4,947	13,023,528	XXX
0199999 Totals - Open Depositories			XXX		15,184	4,947	16,011,824	XXX
0299998 Deposits in .....0 depositories that do not exceed the allowable limit in any one depository (See Instructions) - suspended depositories			XXX					XXX
0299999 Totals - Suspended Depositories			XXX					XXX
0399999 Total Cash On Deposit			XXX		15,184	4,947	16,011,824	XXX
0499999 Cash in Company's Office			XXX		XXX	XXX		XXX
0599999 Total Cash			XXX		15,184	4,947	16,011,824	XXX

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	16,151,266	4. April	14,624,048	7. July	16,137,003	10. October	30,087,899
2. February	12,938,291	5. May	13,501,835	8. August	13,318,403	11. November	30,523,207
3. March	21,911,931	6. June	24,643,042	9. September	32,062,219	12. December	16,011,824

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

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
U.S. Governments - Issuer Obligations							
Federal National Mortgage Assoc.		12/22/2009	0.000	03/17/2010	4,998,958		139
0199999 Subtotal - U.S. Governments - Issuer Obligations					4,998,958		139
0399999 Subtotal - U.S. Governments					4,998,958		139
7799999 Subtotals - Issuer Obligations					4,998,958		139
8399999 Subtotal - Bonds					4,998,958		139
8699999 Total Cash Equivalents					4,998,958		139

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)						
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)						
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)	O	Statutory Deposit	19,237,204	19,292,165		
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CN)						
58. Aggregate other alien (OT)	XXX	XXX				
59. Total	XXX	XXX	19,237,204	19,292,165		
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX	XXX				

12941200946000100 2009 Document Code: 460

SUPPLEMENTAL COMPENSATION EXHIBIT

For the Year Ended December 31, 2009

(To be filed by March 1)

PART 1 - INTERROGATORIES

1. The reporting insurer is a member of a group of insurers or other holding company system: Yes[X] No[ ]
   If yes, do the below amounts represent 1) total gross compensation paid to each individual by or on behalf of all companies which are part of the group: Yes[ ] No[X]
   or 2) allocation to each insurer: Yes[X] No[ ]

2. Did any person while an officer, director, or trustee of the reporting entity receive directly or indirectly, during the period covered by this statement any commission on the business transactions of the reporting entity? Yes[ ] No[X]

3. Except for retirement plans generally applicable to its staff employees, has the reporting entity any agreement with any person, other than contracts with its agents for the payment of commissions whereby it agrees that for any service rendered or to be rendered, that he/she shall receive directly or indirectly, any salary, compensation or emolument that will extend beyond a period of 12 months from the date of the agreement? Yes[ ] No[X]

PART 2 - OFFICERS AND EMPLOYEES COMPENSATION

1		2	Annual Compensation			
			3	4	5	6
	Name and Principal Position	Year	Salary	Bonus	All Other Compensation	Totals
1.	Al Brock King	2009	275,182	197,400	64,920	537,502
	CEO/President	2008	302,985	58,457		361,442
		2007				
2.	William Gardner Wood	2009	257,122	148,487	80,954	486,563
	Vice President	2008	9,585	37,618	6,954	54,157
		2007				
3.	Kendall B. Edwards	2009	189,197	89,546	157,369	436,112
	Vice President - Finance	2008	183,377	53,382	26,640	263,399
		2007	135,000	30,000	47,878	212,878
4.	Michael Anthony Scarbrough	2009	196,894	169,978	27	366,899
	Vice President/COO	2008	205,457	33,427	42,152	281,036
		2007				
5.	Melanie Dolores Hunter	2009	220,649	53,400		274,049
	Medical Director	2008	219,128	31,451		250,579
		2007	157,115		40,919	198,034
6.	William George Runyon	2009	245,000	20,000	3,746	268,746
	Vice President/CMO	2008	68,203			68,203
		2007				
7.	Courtney Nelson Pearre	2009	155,000	85,702		240,702
	Vice President - Gov't Relations	2008	155,000			155,000
		2007				
8.	Richard Charles Zoretic	2009	63,033	165,086	456	228,575
	Vice President/Asst Secretary	2008	66,355	71,884	6,801	145,040
		2007	35,654	51,800		87,454
9.	James Ward Truess	2009	63,033	165,086	(26)	228,093
	Vice President/Asst Treasurer	2008	70,041	83,865	17,219	171,125
		2007	46,461	37,207	12,565	96,233
10.	Charles Brian Shipp	2009	102,522	109,592	(34)	212,080
	Regional CEO	2008	233,716	183,893	5,538	423,147
		2007	243,269	20,000		263,269

PART 3 - DIRECTOR COMPENSATION

1	2	3	4
Name and Principal Position or Occupation	Compensation Paid or Deferred for Services as Director	All Other Compensation Paid or Deferred	Totals
NONE			
9999999			

12941200936043000 2009 Document Code: 360

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended December 31, 2009
(To be filed by March 1)
FOR THE STATE OF **TENNESSEE**

NAIC Group Code: 1156 NAIC Company Code: 12941
Address (City, State and Zip Code): Nashville, TN 37214
Person Completing This Exhibit:
Title: Telephone:

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2006				Policies Issued in 2007, 2008, 2009			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0299999 Total Experience on Group Policies									**NONE**								

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address:
   2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
   3.1 Address:
   3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O":

Supp13 SIS Title ..... NONE

Supp14 SIS Financial Reporting ..... NONE

Supp15 SIS Inform. - Management and Directors ..... NONE

Supp16 Statement Beneficial Ownership ..... NONE

12941200936500000 2009 Document Code: 365

Medicare Part D Coverage Supplement

(Net of Reinsurance)

NAIC Group Code: 1156 (To be Filed By March 1) NAIC Company Code: 12941

	Individual Coverage		Group Coverage		
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	5 Total Cash
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage		XXX		XXX	
1.12 Without Reinsurance Coverage		XXX		XXX	
1.13 Risk-Corridor Payment Adjustments		XXX		XXX	
1.2 Supplemental Benefits		XXX		XXX	
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage		XXX		XXX	XXX
2.12 Without Reinsurance Coverage		XXX		XXX	XXX
2.2 Supplemental Benefits		XXX		XXX	XXX
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage		XXX		XXX	XXX
3.12 Without Reinsurance Coverage		XXX		XXX	XXX
3.2 Supplemental Benefits		XXX		XXX	XXX
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable		XXX		XXX	XXX
4.2 Payable		XXX		XXX	XXX
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage		XXX		XXX	XXX
5.12 Without Reinsurance Coverage		XXX		XXX	XXX
5.13 Risk-Corridor Payment Adjustments		XXX		XXX	XXX
5.2 Supplemental Benefits		XXX		XXX	XXX
6. Total Premiums		XXX		XXX	
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	NONE			XXX	
7.12 Without Reinsurance Coverage				XXX	
7.2 Supplemental Benefits				XXX	
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		XXX		XXX	XXX
8.12 Without Reinsurance Coverage		XXX		XXX	XXX
8.2 Supplemental Benefits		XXX		XXX	XXX
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage		XXX		XXX	XXX
9.12 Without Reinsurance Coverage		XXX		XXX	XXX
9.2 Supplemental Benefits		XXX		XXX	XXX
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage		XXX		XXX	XXX
10.12 Without Reinsurance Coverage		XXX		XXX	XXX
10.2 Supplemental Benefits		XXX		XXX	XXX
11. Total Claims		XXX		XXX	
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - net to reimbursements applied	XXX		XXX		
12.2 Reimbursements Received but Not Applied - change	XXX		XXX		
12.3 Reimbursements Receivable - change	XXX		XXX		XXX
12.4 Healthcare Receivables - change	XXX		XXX		XXX
13. Aggregate Policy Reserves - change					XXX
14. Expenses Paid		XXX		XXX	
15. Expenses Incurred		XXX		XXX	XXX
16. Underwriting Gain/Loss		XXX		XXX	XXX
17. Cash Flow Results	XXX	XXX	XXX	XXX	

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ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION
(HEALTH)

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

Date 03/01/2010 FEIN 20-4776597
NAIC Group # 1156 NAIC Company # 12941

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

	March	April	June
1. Is this the first time you've submitted this filing? (Y/N)	Yes	N/A	N/A
2. Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N)	N/A	N/A	N/A
3. Is this being re-filed due to changes to the data originally filed? (Y/N)	N/A	N/A	N/A
4. 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: Margaret Mary Roomsburg
Phone: (757)473-2721-
Address: 4425 Corporation Lane, Virginia Beach, VA 23462

D. Software Vendor: SunGard iWORKS - Statutory
Version: 2009.A.2

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

F. The undersigned hereby certifies that, 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 annual statement information required to be contained on diskette is identical to the information in the 2009 Annual 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): McAfee VirusScan Enterprise

(version number): 8.5.0.781

(Signed) Margaret M. Roomsburg

Type Name and Title: Margaret Mary Roomsburg, Vice President

Amended Statement Cover

NONE

AMERIGROUP Tennessee, Inc.
Report 2A - TennCare Income Statement-4Q09
Middle Tennessee CRA 2.30.14.3.3 and 2.30.14.3.4

	Current Period	Year-To-Date Total	Previous Year Total
Member Months	**573,997**	**2,286,060**	**2,217,753**
Revenues:			
TennCare Capitation	177,171,465	612,724,592	598,983,073
Investment	348,095	1,636,485	3,363,170
Other Revenues	-	-	-
Total Estimated Revenues	177,519,560	614,361,078	602,346,243
Expenses:			
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	205,814	24,311
Fee-for Service Physician Services	39,902,689	148,921,443	139,837,599
Inpatient Hospital Services	37,308,944	138,535,102	128,704,477
Outpatient Hospital Services	11,086,783	46,115,432	39,210,052
Emergency Room Services	7,041,368	32,418,244	29,230,160
Dental Services	-	-	-
Vision Services	538,200	2,068,802	1,817,505
Pharmacy Services	-	-	-
Home Health Services	6,338,653	30,803,658	65,854,050
Chiropractic Services	-	-	-
Radiology Services	3,178,458	12,701,600	10,266,020
Laboratory Services	3,262,927	10,766,427	7,971,404
Durable Medical Equipment Services	1,225,122	4,408,617	4,333,471
Transportation Services	3,810,608	14,149,018	17,589,187
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins	-	-	-
Subtotal Medical and Hospital	113,693,751	441,094,157	444,838,236
Mental Health and Substance Abuse Services			
Inpatient Psychiatric Facility Services	1,308,322	6,376,963	13,217,971
Inpatient Substance Abuse Treatment and Detox	555,799	2,112,908	2,323,017
Outpatient Mental Health Services	2,573,007	9,192,615	10,771,003
Outpatient Substance Abuse Treatment and Detox	1,478,718	4,120,674	8,481,373
Housing/Residential Treatment	1,378,637	5,629,195	7,296,859
Specialized Crisis Services	88,206	381,075	215,511
Psychiatric Rehab and Support Services	4,841,996	27,248,985	41,312,336
Case Management	3,144,597	8,891,538	87,116
Forensics	-	-	-
Other Judicial	-	-	-
Pharmacy	-	-	-
Lab Services	-	-	-
Transportation	30,409	128,249	149,374
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services	-	-	-
PCP and Specialist Servcies	-	-	-
Other Mental Health Services - Write-Ins	-	-	-
Subtotal MH&SAS	15,399,690	64,082,202	83,854,559
Subtotal Hospital, Medical, MH&SAS	129,093,441	505,176,359	528,692,795
LESS:			
Net Reinsurance Recoveries Incurred	(167,997)	(640,058)	(587,544)
Copayments	-	-	-
Subrogation and Corrdination of Benefits	-	-	-
Subtotal Reinsurance, Copay, Subrogation	(167,997)	(640,058)	(587,544)
Total Hospital, Medical, MHS&S	129,261,437	505,816,417	529,280,339
Administation:			
Compensation	3,663,310	11,824,075	19,147,149
Marketing	14,553	106,288	192,471
Interest Expense	0	-	-
Premium Tax Expense	9,384,317	23,434,003	12,009,017
Occupancy, Depreciation, and Amortization	389,859	1,445,759	1,408,130
Other Administration - Write-Ins	12,160,986	46,916,721	40,738,890
Total Administration Expenses	25,613,025	83,726,846	73,495,657
Total Expenses	154,874,462	589,543,263	602,775,996
Extraordinary Item	-	-	-
Provision for Income Tax	-	-	
Net Income (Loss)	22,645,098	24,817,814	(429,753)
Write-Ins for Other Expense			
Detail of Other Medical and Hospital:			
	-	-	-
	-	-	-
	-	-	-
Total Other Medical and Hospital	-	-	-
Detail of Other MH and SAS:			
	-	-	-
	-	-	-
	-	-	-
Total Other MH and SAS	-	-	-
Detail of Other Administration:			
Purch Svc Accts	730,702	2,847,345	3,014,467
Provision for Bad Debt	39,718	388,964	286,260
Postage and Delivery	175,914	729,058	848,571
Printing and Reproduction	182,692	745,830	914,991
Recruitment Expenses	118,317	387,596	317,928
Management Fee-Ind	10,869,678	40,910,865	33,340,844
Other Administration < $300,000 YTD	43,964	907,063	2,015,830
Total Other Administration	12,160,986	46,916,721	40,738,890

AMERIGROUP Tennessee, Inc.-Grand Region Middle
Cash Reconciliation-Middle Region-Medicaid only
December 31, 2009

Month Received	Cash	Recorded	rate cell before accrual	Ten percent	90% collected	10% collected	Liquidated Damages	Premium Taxes	ASO Claims	Refund Checks	ASO fees	Other A/R	Cash difference	Premium receivable
	Cash P2, C3, L51A	Premium P4, C2, L2					Admin Exp P4, C2, L21	Not Reported	Not Reported	Not Reported	Premium P4, C2, L2	Not Reported		Prem Rec P2, C3, L13.1
Beginning Balance (Prem. Rec)														$ 9,816,800.26
January	42,607,778.03	47,267,080.53	47,234,836.14	4,723,483.61	42,511,352.53		(1,000.00)	3,286.12	93,709.39		430.00		$ (0.01)	4,723,483.62
February	42,893,043.96	47,815,461.62	47,815,461.62	4,781,546.16	43,033,915.46		(140,871.50)						$ 0.00	4,781,546.16
March	43,120,238.83	47,943,069.81	47,943,069.81	4,794,306.98	43,148,762.83		(28,524.00)						$ 0.00	4,794,306.98
April	48,119,899.94	47,913,325.58	47,913,325.58	4,791,332.56	43,121,993.02	4,997,906.92	-	-	-				$ (0.00)	(206,574.36)
May	48,651,018.80	48,722,250.50	48,722,250.50	4,872,225.05	43,850,025.45	4,818,893.35	(17,900.00)						$ (0.00)	53,331.70
June	49,621,457.13	49,788,054.54	49,788,054.53	4,978,805.45	44,809,249.08	4,723,483.61	(40,800.00)	10,751.67	118,074.76		698.00		$ 0.01	255,321.83
July	47,789,908.41	49,384,014.38	47,836,500.28	4,783,650.03	43,052,850.25	4,781,546.16	(44,488.00)						$ (0.00)	2,103.87
August	66,421,939.86	48,851,099.93	47,168,458.66	4,716,845.87	42,451,612.79	24,220,320.07	(249,993.00)						$ (0.00)	(19,503,474.20)
September	46,481,444.06	47,901,014.37	46,334,553.54	4,633,455.35	41,701,098.19	4,716,845.87	63,500.00						$ 0.01	(83,390.52)
October	52,765,465.47	47,047,465.16	$53,501,122.35	5,350,112.24	48,151,010.12	4,633,455.35	(19,000.00)						$ 0.00	716,656.88
November	49,068,756.11	48,576,270.97	$48,576,270.98	4,857,627.10	43,718,643.88	5,350,112.24	-						$ (0.01)	(492,485.13)
December	48,271,368.08	81,547,729.29	$48,241,934.42	4,824,193.44	43,417,740.98	4,857,627.10	(4,000.00)						$ 0.00	(33,433.66)
E. Lane Refunds	100.00											100.00	$ -	-
Retroactivity		(32,244.40)	-	-	-								$ -	-
													$ -	-
								-					$ -	-
Total	$ 585,812,418.68	$ 612,724,592.28	$ 581,075,838.41	$ 58,107,583.84	$ 522,968,254.57	$ 63,100,190.67	$ (483,076.50)	$ 14,037.79	$ 211,784.15	$ -	$ 1,128.00	$ 100.00	$ (0.00)	$ 4,824,193.43

Reconciliation

4,824,193.44	December 10% withhold
24,873,074.10	Rate Adjustment Accrl Jul09-Dec09
6,775,679.77	Retroactivity Accrued April07-November09
36,472,947.31	Balance @ 12/31/09
(0.01)	Variance

Cash that should be included on premium tax return		
Medicaid Premiums	612,724,592.28	
Change in Premium Receivable	(26,656,147.05)	
Premium Taxes	14,037.79	
ASO Claims	211,784.15	
Refund Checks	-	
ASO fees	1,128.00	
E. Lane Refunds	100.00	
	586,295,495.17	
1Q09 Cash Collected	(128,791,456.31)	
2Q09 Cash Collected	(146,451,175.88)	
3Q09 Cash Collected	(160,924,273.32)	
	150,128,589.66	
Total Cash Collected	$ 585,812,418.68	
1Q09 Cash Collected	$ (128,791,456.31)	
2Q09 Cash Collected	$ (146,451,175.88)	
3Q09 Cash Collected	$ (160,924,273.33)	
add back liquidated damages	$ 483,076.50	
	150,128,589.66	8,257,072.43
	0.00	

AMERIGROUP Tennessee, Inc.-Grand Region West
Cash Reconciliation
December 31, 2009

Date Received	Cash	Recorded	Liquidated Damages	Due to Health Solutions	Weekly Claims Run	Manual Checks	Capitation Payment	Refund Checks	Case Management	Premium Taxes	Voided Checks	Voided Invoice	Other A/R	Accrued Expenses	Interest to state	Cash difference	Premium receivable
	Cash P2, C3, L5 1A	Premium P4, C2, L2	Admin Exp P4, C2, L21	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported				Prem Rec P2, C3, L13.1
Total for 08/30/2009 Cash Recon	20,215,033.05	-	-	-	13,424,423.75	3,698,934.00	321,867.94	(1,088,559.13)	-	3,639,357.07	(20,409.21)	-	-	39,418.63	-	-	-
December 15, 2009	(324,200.71)															-	-
													(324,200.71)			-	-
																-	-
																-	-
																-	-
																-	-
																-	-
Total	$ 19,890,832.34	$ -	$ -	$ -	$ 13,424,423.75	$ 3,698,934.00	$ 321,867.94	$ (1,088,559.13)	$ -	$ 3,639,357.07	$ (20,409.21)	$ -	$ (324,200.71)	$ 39,418.63	$ -	$ -	$ -

Cash that should be included on premium tax return		
Cash collected	$ 19,890,832.34	
add LD's	-	
interest remitted	-	
	19,890,832.34	
1Q09 Cash Included	(15,779,459.64)	
2Q09 Cash Included	(4,435,573.41)	
	$ (324,200.71)	$ (17,831.04)

AMERIGROUP Tennessee, Inc.
MLR Reconciliation to NAIC Filing
December 31, 2009

TOTAL REVENUES

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Net premium income 2009	612,724,592	13,401,387		626,125,979	Q4, C2, L2
Net premium income 2008	598,983,073	8,112,101		607,095,174	Q4, C3, L2
Net premium income 2007	382,864,891			382,864,891	Q4, C3, L2-2008
TOTAL	1,594,572,557	8,112,101	-		
MLR Report	1,598,072,557				
Difference	(3,500,000)				
Retroactivity accrual	3,500,000				
Unreconciled difference	0				

UNPAID CLAIMS

	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded)	64,026,554	2,858,585		66,885,138	Q3, C3, L1
Unpaid claims adjustment expenses	1,462,130	58,345		1,520,475	Q3, C3, L3
TOTAL	65,488,684	2,916,930	-	68,405,613	

Middle Tennessee Unpaid Claims Total	65,488,684	
IBNR on MLR report	64,329,817	
Difference	1,158,867	
Held checks included in paid on MLR report	-	
Difference	1,158,867	
IPA Settlement included in claims payment	(105,653)	
Vision included in claims payment	(88,033)	
Unreconciled difference	965,181	
IPA Settlement included in claims payment	(105,653)	
Vision included in claims payment	(88,033)	
Difference	771,495	
Differnce between full margin and change in margin	(771,495)	
Unreconciled difference	-	

HOSPITAL AND MEDICAL

Total expenses on MLR report	1,395,872,057		
Total hospital and medical 07 Dec 31		360,775,300	Q4, C4, L18-2008
Total hospital and medical 08 Dec 31		535,851,712	Q4, C3, L18
Total hospital and medical Cur YTD		516,193,087	Q4, C2, L18
Total from NAIC filing		1,412,820,099	
Less Medicare expenses		16,948,042	Q9, C2 + C4, L6
NAIC net of Medicare expenses	1,395,872,058		
Unreconciled difference	(0)		

Medical Loss Ratio Report - Total
Grand Region

MCO

AMERIGROUP, Tennessee, Inc.

Reporting Month	2007 Incurred Month			For the Year Ended	2007 Incurred Month						2008 Incurred Month						For the Year Ended	2008 Incurred Month						2009 Incurred Month						For the Year Ended	2009 Incurred Month						For the Year Ended
Enrollment	April	May	June	6/30/2007	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2008	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2009	July	August	September	October	November	December	6/30/2009
	186,010	185,606	182,482	554,098	182,830	183,964	185,045	185,767	183,927	185,881	185,601	186,080	186,717	186,454	185,476	185,047	2,224,790	184,193	183,995	183,978	184,846	185,789	186,104	185,276	186,583	188,414	189,988	190,875	192,304	2,242,346	191,094	189,753	187,847	187,970	188,141	188,088	1,132,894
Capitation Revenue	$48,293,926	$48,101,144	$47,206,901	$143,601,971	$47,251,200	$47,434,803	$47,695,010	$48,011,886	$47,819,345	$47,854,317	$47,776,888	$47,803,281	$47,814,369	$45,836,426	$45,614,821	$45,456,166	$566,390,429	$47,858,844	$47,878,847	$47,822,408	$48,087,035	$48,392,303	$48,443,111	$47,778,258	$48,094,468	$48,400,195	$48,594,295	$48,512,460	$48,594,389	$578,456,815	$53,806,597	$52,444,023	$51,110,379	$51,084,813	$50,828,128	$50,349,401	$309,623,341
Payments for Covered Services for the Month																																				
Medical Services																																				
CMS 1450/UB 92 Payments by the Claims Processing System																																				
Inpatient - Maternity	$1,228,625	$1,278,881	$1,388,178	$3,895,684	$1,340,901	$1,775,179	$1,297,107	$1,600,324	$1,443,864	$1,515,240	$1,715,258	$1,706,693	$1,382,371	$1,344,588	$1,532,833	$1,485,467	$18,138,824	$1,549,813	$1,634,921	$1,466,464	$1,525,872	$1,287,251	$1,405,288	$1,504,353	$1,408,158	$1,508,757	$1,436,389	$1,556,677	$1,444,949	$17,728,842	$1,588,816	$1,528,271	$1,671,459	$1,561,067	$1,368,933	$823,909	$8,542,455
Inpatient - Newborn	$1,906,526	$2,141,460	$2,730,629	$6,778,616	$2,707,577	$1,887,963	$1,831,191	$2,754,742	$2,646,563	$2,274,249	$2,367,652	$2,244,435	$1,941,048	$1,687,053	$1,926,716	$2,126,991	$25,391,180	$3,210,123	$1,915,586	$2,662,909	$2,180,502	$2,595,427	$2,454,335	$2,191,027	$1,672,701	$2,284,889	$2,001,203	$2,073,393	$2,456,237	$27,698,331	$3,206,615	$2,140,297	$1,959,114	$2,011,723	$1,338,990	$482,945	$11,139,682
Inpatient -Medical	$4,219,038	$3,709,491	$3,061,890	$10,990,419	$3,455,419	$3,405,817	$4,619,756	$3,380,764	$3,329,244	$4,026,061	$4,681,412	$3,968,889	$3,886,729	$3,945,229	$3,373,206	$3,516,021	$45,579,547	$4,150,255	$4,170,966	$3,674,826	$3,598,965	$3,601,488	$4,562,086	$3,585,916	$4,968,119	$4,276,899	$4,179,347	$3,840,767	$4,529,997	$49,159,550	$4,825,944	$3,533,120	$3,810,778	$3,767,076	$3,103,981	$860,057	$19,900,957
Inpatient Other	$163,090	$194,178	$192,874	$550,141	$115,178	$105,499	$174,819	$175,819	$71,857	$114,943	$153,375	$53,323	$76,857	$96,610	$140,816	$134,975	$1,414,070	$107,923	$55,195	$71,845	$109,596	$63,616	$62,037	$87,722	$103,160	$98,598	$70,581	$49,277	$113,603	$973,153	$183,428	$168,264	$115,577	$121,777	$94,090	$3,150	$686,287
Outpatient - Emergency Room	$1,099,624	$1,184,658	$1,764,991	$4,049,273	$1,894,541	$2,034,384	$2,085,408	$2,097,822	$2,157,960	$2,317,153	$2,405,868	$2,498,752	$2,298,363	$2,186,110	$2,340,153	$2,169,205	$26,483,698	$2,216,729	$2,383,392	$2,376,007	$2,324,967	$2,371,328	$2,422,786	$2,472,723	$2,509,685	$2,845,491	$2,615,253	$2,716,419	$2,471,566	$29,686,346	$2,471,270	$2,914,261	$3,382,593	$2,771,601	$1,767,435	$764,022	$14,071,182
Outpatient - Laboratory	$465,932	$534,500	$372,111	$1,372,542	$361,805	$399,943	$358,317	$408,134	$392,470	$372,001	$474,341	$478,086	$441,390	$425,573	$399,582	$412,863	$4,924,504	$434,539	$432,077	$442,836	$464,518	$420,265	$433,518	$526,504	$508,931	$577,335	$514,853	$500,890	$494,769	$5,751,335	$457,606	$485,928	$521,106	$446,070	$403,687	$217,569	$2,531,976
Outpatient - Radiology	$1,057,270	$1,175,993	$1,010,493	$3,243,756	$947,454	$1,141,023	$973,990	$1,086,369	$1,019,979	$914,977	$1,087,762	$993,718	$1,152,854	$1,158,944	$1,029,436	$1,074,249	$12,580,774	$1,136,992	$1,146,092	$1,208,018	$1,262,294	$1,137,351	$1,104,796	$1,280,512	$1,227,399	$1,279,751	$1,437,171	$1,247,472	$1,276,079	$14,854,127	$1,326,812	$1,301,860	$1,502,254	$1,123,222	$910,133	$467,110	$6,330,593
Outpatient - Surgery	$1,010,909	$1,132,646	$1,135,086	$3,278,641	$1,143,809	$1,239,928	$1,135,255	$1,360,236	$1,300,902	$1,108,488	$1,436,211	$1,274,896	$1,322,248	$1,426,844	$1,442,185	$1,383,576	$15,573,577	$1,508,668	$1,415,503	$1,325,691	$1,566,926	$1,408,233	$1,424,379	$1,484,307	$1,638,625	$1,769,122	$1,846,826	$1,736,921	$1,918,031	$19,035,231	$1,781,824	$1,888,128	$1,683,529	$1,788,397	$1,270,750	$727,067	$9,139,694
Outpatient - Other	$249,049	$255,216	$241,246	$745,510	$226,468	$244,969	$239,023	$270,825	$261,859	$240,262	$303,884	$293,657	$314,547	$280,762	$229,263	$210,159	$3,129,678	$207,016	$195,989	$208,109	$211,235	$178,562	$170,965	$222,517	$227,914	$257,243	$252,167	$284,723	$269,914	$2,686,353	$242,335	$286,516	$267,453	$263,598	$233,665	$34,884	$1,330,450
CMS 1500 Payments by the Claims Processing System																																				
Prof - E&M	$12,493,421	$13,739,624	$13,190,029	$39,423,074	$12,855,789	$14,070,432	$12,629,341	$14,040,490	$13,441,992	$12,975,194	$14,170,015	$13,321,838	$13,438,203	$13,776,450	$13,648,924	$13,163,471	$161,532,100	$13,784,289	$13,156,717	$11,992,277	$11,297,447	$9,959,761	$9,964,306	$10,596,437	$10,633,035	$11,347,598	$11,142,397	$10,527,516	$10,691,072	$135,093,252	$11,100,936	$10,993,856	$10,872,709	$10,497,163	$8,942,057	$4,242,392	$56,649,113
Prof - Maternity	$864,358	$953,230	$984,384	$2,801,964	$946,369	$1,099,252	$973,910	$1,107,167	$969,238	$937,431	$1,201,921	$1,205,557	$1,102,686	$1,129,157	$1,109,627	$1,082,163	$12,864,477	$1,132,927	$1,083,679	$1,078,894	$1,114,707	$932,826	$1,009,885	$1,120,057	$1,011,297	$1,084,119	$1,034,801	$1,120,398	$1,108,604	$12,851,963	$1,206,053	$1,121,037	$1,155,069	$1,116,545	$955,330	$573,662	$6,127,694
Prof - Surgery	$496,863	$616,096	$597,736	$1,710,696	$565,982	$637,391	$549,827	$703,975	$578,041	$509,275	$710,180	$595,178	$665,620	$707,164	$686,298	$702,687	$7,611,619	$674,483	$716,212	$725,239	$798,981	$664,437	$583,231	$745,879	$768,451	$823,490	$788,557	$729,840	$887,233	$9,906,053	$944,686	$831,846	$843,324	$755,329	$632,220	$296,949	$4,304,254
Prof - DME	$274,865	$333,587	$327,557	$936,009	$252,790	$302,075	$322,168	$329,565	$350,370	$369,439	$388,912	$358,241	$355,120	$389,984	$393,275	$382,252	$4,194,192	$357,019	$366,568	$327,562	$389,249	$317,504	$369,409	$354,280	$426,214	$383,055	$402,283	$341,758	$293,595	$4,328,496	$338,836	$390,645	$332,388	$326,899	$306,315	$157,566	$1,852,648
Prof - Lab	$600,342	$627,311	$612,521	$1,841,375	$508,537	$593,931	$513,491	$574,040	$529,727	$454,196	$627,969	$639,745	$582,011	$715,584	$654,159	$674,333	$7,967,726	$700,225	$712,562	$725,651	$798,835	$670,710	$678,359	$810,195	$813,067	$915,977	$892,491	$795,381	$859,646	$9,373,690	$857,316	$857,502	$922,294	$894,048	$718,323	$484,898	$4,764,400
Prof - Radiology	$880,644	$998,163	$893,498	$2,772,305	$766,063	$876,488	$763,284	$924,196	$767,534	$708,397	$983,931	$788,608	$820,359	$881,082	$834,595	$854,651	$9,869,169	$921,818	$898,416	$894,321	$912,164	$802,399	$832,097	$915,121	$908,220	$1,039,081	$1,068,475	$990,406	$1,030,528	$11,213,045	$1,010,623	$938,534	$960,079	$908,864	$838,860	$480,555	$5,136,715
Prof - Transportation	$1,122,759	$1,376,895	$1,335,922	$3,835,576	$1,330,634	$1,454,104	$1,326,784	$1,553,309	$1,457,670	$1,335,551	$1,603,328	$1,480,678	$1,536,156	$1,575,562	$1,625,954	$1,618,675	$17,898,405	$1,669,467	$1,468,633	$1,331,895	$1,242,491	$1,216,939	$1,184,442	$1,188,296	$1,206,690	$1,250,546	$1,253,280	$1,232,236	$1,242,857	$5,487,866	$1,234,791	$1,259,287	$1,257,802	$1,221,709	$1,179,910	$577,802	$1,231,100
Prof - Other	$1,639,240	$1,754,070	$1,599,903	$4,993,213	$1,593,776	$1,766,334	$1,551,872	$1,856,042	$1,777,468	$1,592,342	$1,949,979	$1,837,330	$1,770,621	$1,856,633	$1,774,819	$1,746,377	$21,073,595	$1,820,651	$1,864,727	$1,823,263	$2,066,469	$1,830,956	$1,894,175	$1,822,026	$1,762,828	$1,909,427	$1,841,265	$1,786,677	$1,757,513	$22,179,977	$1,829,584	$1,942,590	$2,053,063	$1,963,368	$1,694,097	$821,718	$10,304,420
Capitation Payments	$471,937	$487,575	$491,795	$1,451,306	$276,234	$275,157	$273,761	$263,037	$253,617	$268,740	$257,917	$276,496	$334,292	$252,138	$228,575	$231,357	$3,063,301	$232,092	$231,978	$1,073,908	$1,034,745	$1,027,867	$1,088,712	$1,078,180	$1,140,631	$1,152,717	$1,080,996	$1,113,646	$1,084,179	$11,339,249	$1,041,709	$992,362	$911,539	$1,169,155	$1,096,473	$1,096,337	$6,307,774
Subcontractor Payments for Medical Services	$71,037	$79,717	$94,582	$245,356	$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	$149,325	$168,301	$142,635	$134,561	$149,389	$149,413	$168,537	$148,577	$122,339	$135,867	$1,786,752	$172,315	$204,952	$170,615	$179,705	$144,469	$94,934	$966,989
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	$0	$0	$0	$0	$0	$0	$0
Behavioral Health																																				
Inpatient Payments by the Claims Processing System	$1,027,214	$1,068,838	$1,182,027	$3,278,099	$1,235,568	$1,215,852	$1,317,021	$1,149,910	$1,052,549	$1,193,168	$1,210,127	$1,145,280	$1,031,033	$1,131,296	$1,197,243	$1,035,217	$13,914,265	$1,060,240	$1,095,181	$977,597	$941,430	$885,260	$840,596	$632,725	$722,175	$766,441	$682,812	$739,808	$630,824	$9,975,088	$643,744	$688,872	$565,163	$508,935	$550,686	$47,405	$3,004,805
Supported Housing Payments by the Claims Processing S	$165,315	$167,020	$181,770	$514,105	$176,740	$181,390	$200,083	$225,532	$222,568	$240,571	$241,591	$228,500	$244,835	$237,848	$256,951	$248,019	$2,704,628	$250,810	$270,405	$237,752	$255,248	$247,499	$294,505	$298,008	$286,147	$303,735	$235,372	$231,490	$236,510	$3,147,480	$330,178	$320,425	$326,215	$338,181	$328,068	$185,560	$1,828,625
Intensive Outpatient Payments by the Claims Processing	$53,173	$81,920	$79,343	$214,436	$80,231	$89,642	$73,599	$81,698	$70,613	$61,424	$79,677	$59,011	$79,399	$98,734	$90,679	$78,294	$943,000	$73,312	$72,979	$69,018	$106,050	$84,653	$87,145	$76,367	$68,336	$82,519	$74,242	$75,264	$80,421	$950,306	$71,526	$82,212	$75,259	$73,030	$46,268	$13,008	$361,302
Partial Hospitalization Payments by the Claims Processin	$2,750	$6,122	$4,106	$12,978	$2,576	$5,152	$3,722	$184	$1,101	$6,070	$13,790	$15,098	$56,312	$62,777	$63,963	$77,479	$309,324	$43,645	$72,894	$95,424	$51,789	$46,365	$68,121	$64,292	$33,033	$47,541	$82,172	$108,479	$98,025	$811,778	$97,270	$96,892	$77,142	$75,718	$47,410	$3,480	$395,912
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	$0	$0	$0	$0	$0	$0	$0
Transportation Payments by the Claims Processing Syste	$12,684	$15,710	$9,174	$37,568	$13,523	$14,330	$13,995	$11,813	$13,308	$11,441	$13,916	$14,363	$15,482	$11,339	$13,357	$17,134	$166,002	$18,993	$13,045	$10,517	$11,673	$11,135	$6,970	$6,132	$9,325	$13,184	$12,837	$12,945	$10,029	$136,787	$12,092	$13,408	$9,607	$6,068	$7,722	$3,097	$52,894
Twenty-Three Hour Payments by the Claims Processing	$0	$1,976	$12,278	$14,204	$3,558	$6,274	$8,479	$616	$828	$3,600	$357	$1,351	$4,829	$3,200	$5,774	$299	$39,165	$233	$190	$451	$1,161	$1,065	$1,114	$800	$160	$3,644	$0	$2,993	$1,343	$13,555	$1,422	$1,111	$248	$130	$227	$0	$3,137
CMHA Capitation Payments	$313,648	$331,291	$302,878	$947,818	$316,784	$317,085	$320,147	$319,690	$320,946	$322,020	$319,958	$326,766	$315,958	$328,663	$315,196	$332,627	$3,855,841	$320,383	$312,729	$324,193	$321,459	$319,731	$322,135	$329,393	$339,728	$351,265	$326,955	$338,910	$331,278	$3,948,157	$335,312	$331,284	$338,646	$327,846	$339,512	$359,792	$2,024,393
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	$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	$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	$0	$0	$0	$0	$0	$0	$0
Subcontractor Payments for Mental Health and Substance	$2,400,055	$2,465,445	$2,523,534	$7,389,034	$2,403,671	$2,370,881	$2,474,297	$3,104,597	$3,188,833	$3,152,780	$3,222,064	$3,174,975	$3,284,486	$3,471,350	$3,433,501	$3,315,005	$36,596,440	$3,284,465	$3,086,760	$3,255,870	$3,329,590	$2,946,325	$2,565,741	$2,472,142	$2,461,638	$2,511,931	$2,527,285	$2,490,750	$2,463,194	$33,345,693	$1,111,990	$1,118,997	$1,130,793	$1,120,328	$970,342	$504,157	$5,956,587
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	$0	$0	$0	$0	$0	$0	$0
Less:																																				
Recoveries not Reflected in Claims Payments				$0													$0																				
Total Payments	$38,353,261	$40,920,151	$40,322,631	$119,596,043	$39,772,931	$42,371,690	$40,304,670	$43,706,152	$40,383,000	$40,713,086	$45,793,917	$43,230,499	$42,544,186	$43,566,304	$42,833,469	$42,172,265	$507,391,519	$45,067,383	$43,246,275	$42,092,338	$41,495,422	$38,503,594	$39,321,418	$39,449,174	$40,069,975	$42,723,858	$41,273,377	$40,456,281	$41,307,429	$495,216,525	$42,667,934	$40,364,263	$40,431,017	$38,931,543	$31,731,598	$15,211,779	$209,338,152
Remaining IBNR	$7,892	$9,762	$11,063	$28,717	$11,302	$28,855	$32,145	$41,374	$52,767	$58,565	$75,112	$71,969	$83,032	$114,666	$129,962	$145,558	$845,308	$178,558	$208,042	$228,954	$241,690	$242,584	$287,743	$272,081	$459,048	$626,780	$747,731	$1,349,180	$1,745,369	$6,678,959	$1,964,783	$2,845,663	$4,243,331	$6,468,500	$11,541,704	$29,720,853	$56,776,834
Payments and Remaining IBNR	$38,361,153	$40,929,913	$40,333,695	$119,624,760	$39,784,233	$42,399,545	$40,336,765	$43,747,525	$40,435,767	$40,771,651	$45,869,030	$43,302,468	$42,627,219	$43,680,970	$42,963,431	$42,317,823	$508,236,827	$45,245,943	$43,454,318	$42,321,292	$41,737,111	$38,746,178	$39,609,161	$39,821,256	$40,529,023	$43,350,638	$42,021,108	$41,796,661	$43,252,797	$501,895,484	$44,632,737	$43,209,926	$44,674,348	$45,399,043	$43,273,301	$44,932,633	$266,114,986
Medical Loss Ratio	79.43%	85.09%	85.44%	83.30%	84.20%	89.29%	84.57%	91.11%	84.56%	85.20%	96.01%	90.58%	89.15%	95.26%	94.19%	93.10%	89.73%	94.54%	90.76%	88.50%	86.79%	80.87%	81.76%	83.35%	84.27%	89.59%	86.47%	86.16%	89.01%	86.76%	82.95%	82.39%	87.41%	88.86%	85.14%	89.24%	85.95%
Per Member Expense	$206.23	$220.52	$221.03	$215.89	$217.60	$230.48	$217.98	$232.50	$217.48	$219.34	$247.14	$232.71	$228.30	$234.27	$231.64	$228.69	$228.44	$245.64	$236.17	$230.03	$225.79	$208.55	$212.83	$214.93	$217.22	$230.13	$221.18	$218.97	$224.92	$223.83	$233.56	$227.72	$237.82	$241.49	$230.00	$238.89	$234.90