ANNUAL STATEMENT FOR THE YEAR 2011 OF THE AMERIGROUP Tennessee, Inc.

RECEIVED C & I TennCare Division May 11, 2012

Amended Explanation Page

1. On the original 2011 Report 2A TennCare Operating Statement, AMERIGROUP Tennessee, Inc. reported the entire balance of \$29,133,714 for provision of income tax. When preparing Schedule 3, a supplemental schedule of the Statutory Audited Financials, the Company realized that this amount should be allocated between the TennCare Program (Medicaid) and the Other TennCare Program (Medicare). The allocation between these 2 programs affected the Report 2A TennCare Operating Statement since this statement only reflects the TennCare Program (Medicaid). The following line items were impacted:

Column	Line Description	Original	Revised	Difference
Current Period	Provision for Income Tax	(623,766)	` ' '	
Year-To-Date Total	Provision for Income Tax	29,133,714	28,281,396	(852,318)
Current Period	Net Income (Loss)	12,809,349	13,661,667	852,318
Year-To-Date Total	Net Income (Loss)	64,770,404	65,622,722	852,318



ANNUAL STATEMENT

For the Year Ending December 31, 2011 OF THE CONDITION AND AFFAIRS OF THE

		<u>AMERIGR</u>	OUP	Tenness	see, Inc.		
NAIC Group Code	1156 ,, (Current Period)	1156 (Prior Period)	NAIC C	ompany Code	12941	Employer's ID Number	20-4776597
Organized under the Laws of	f1	ennessee	,	State of Domic	cile or Port of Entry	Ter	nnessee
Country of Domicile	United S	States of America					
Licensed as business type:	Life, Accident & Health[] Dental Service Corporation Other[]	on[] Vision S	//Casualty[] ervice Corpo Federally Qu		Health M	Medical & Dental Service or In laintenance Organization[X]	demnity[]
Incorporated/Organized		04/26/2006		Comme	nced Business	04/01/200)7
Statutory Home Office	22 C	entury Boulevard, Ste 310)	,		Nashville, TN 37214	
Main Administrative Office		(Street and Number)		AA25 Corne	oration Lane	(City or Town, State and Zip Coo	(e)
Wall Administrative Office				· · · · · · · · · · · · · · · · · · ·	d Number)		
	Virginia Bea (City or Town, State	ach, VA 23462 e and Zip Code)				(757)490-6900 (Area Code) (Telephone Nur	mber)
Mail Address		1425 Corporation Lane		,		Virginia Beach, VA 23462 (City or Town, State and Zip Coo	
Primary Location of Books a	•	eet and Number or P.O. Box)		4425	Corporation Lane	(City or Town, State and Zip Coo	e)
	Virginia Beach	VA 23462		(Si	treet and Number)	(757)490-6900	
	(City or Town, State	e and Zip Code)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	(Area Code) (Telephone Nu	nber)
Internet Website Address		www.amerigroupcorp.cor	n				
Statutory Statement Contact		Margaret Mary Roomsbur (Name)	rg			(757)473-2721 (Area Code)(Telephone Number)((Evtonsion)
	mroomsb@ameri					(757)557-6742	Extension)
	(E-Mail Ad	idress)	OFFI	oene		(Fax Number)	
	Linda K	Name Alvin Brock King William George Runy Edna Laverne Willing Nicholas Joseph Pac Margaret Mary Room Richard Charles Zore Scott Wayne Anglin Karen Lint Shields James Ward Truess	ron V yham V e V ssburg V vtic V V OTH	Title resident/CEO ce President/CMC ce President/Secr ce President/Secr ice President/Asst ice President/Asst ice President/Asst ice President/Asst ice President/Asst ice President/Asst	etary etary Secretary Secretary surer Treasurer Treasurer		
	Charle Nichol	DIREC es Brian Shipp as Joseph Pace	TORS	OR TRUSTI	Alvin Bro	ck King	
	ginia a Beach ss						
were the absolute property of the contained, annexed or referred to, deductions therefrom for the periomay differ; or, (2) that state rules of Furthermore, the scope of this atte electronic filing) of the enclosed st	said reporting entity, free and cle is a full and true statement of al d ended, and have been comple or regulations require differences estation by the described officers attement. The electronic filling management (Signature) in Brock King rinted Name) 1. esident/CEO (Title)	ear from any liens or claims the I the assets and liabilities and of ted in accordance with the NA's in reporting not related to accordance to a loss includes the related correct and the related cor	(Sign Nicholas J. (Printed Vice Preside (T. san original 1. State 2. Date	s herein stated, and if and affairs of the sai ement Instructions an es and procedures, a tronic filing with the N of or in addition to the sature) asture a	hat this statement, tog d reporting entity as of d Accounting Practice: ccording to the best of IAIC, when required, the enclosed statement.	eporting period stated above, all of the other with related exhibits, schedules the reporting period stated above, a s and Procedures manual except to their information, knowledge and be their information, knowledge and kn	s and explanations therein nd of its income and the extent that: (1) state law lief, respectively. atting differences due to msburg
(Notary Public	. mainting hid som	My Commission March 3, 2	Expire	NANCY Notary Pub Common My Commission	M. NEWSOR lic - Reg. # 191 wealth of Virgin Expires Apr. 30,	631 1ia	

Current Period

Year-To-Date Total

Previous Year Total

Member Months	609,105	2,444,669	2,416,116
Revenues: TennCare Capitation	213,023,148	896,910,241	871,851,131
Investment	681,900	2,552,148	1,781,958
Other Revenues	0	0	
Total Revenues Estimated Expenses:	213,705,048	899,462,389	873,633,089
Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	-	-	1,038,956
Fee-for Service Physician Services	37,350,903	143,533,978 136,053,770	137,898,464 147,989,664
Inpatient Hospital Services Outpatient Hospital Services	32,050,449 6,585,740	47,033,009	52,463,877
Emergency Room Services	7,434,387	28,151,346	24,826,025
Dental Services		-	
Vision Services Pharmacy Services	476,782	2,391,743	2,174,706
Home Health Services	8,708,305	27,840,770	29,405,479
Chiropractic Services	, , , <u>-</u>	-	-
Radiology Services	7,695,635	17,898,403	12,061,197
Laboratory Services Durable Medical Equipment Services	2,903,427 1,442,720	10,301,100 5,294,817	9,524,334 4,592,521
Transportation Services	2,757,885	17,007,828	15,683,389
Outside Referrals	-	-	-
Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization Other Medical and Hospital Services - Write-Ins	- -	-	-
Subtotal Medical and Hospital	107,406,233	435,506,764	437,658,612
Mental Health and Substance Abuse Services	3,222,342	11,509,221	9,165,284
npatient Psychiatric Facility Services npatient Substance Abuse Treatment and Detox	3,222,342 2,952,570	4,505,626	1,849,319
Outpatient Mental Health Services	1,399,097	7,503,980	7,283,076
Outpatient Substance Abuse Treatment and Detox	1,602,366	6,474,527	5,801,580
Housing/Residential Treatment	626,089 770,833	4,740,336	5,701,513
Specialized Crisis Services Psychiatric Rehab and Support Services	770,832 1,151,741	4,390,610 3,558,194	4,400,805 3,160,309
Case Management	3,631,707	23,779,936	25,627,497
Forensics	· •	· -	-
Other Judicial	•	-	-
Pharmacy _ab Services	-	-	<u>-</u>
Fransportation	-	-	120,466
Medical Incentive Pool and Withhold Adjustments	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins			
Subtotal MH&SAS	15,356,744	66,462,430	63,109,849
CHOICES			
Nursing Facility Care	41,725,649	154,244,185	127,021,290
HCBS Services	5,422,554	22,469,749	12,013,375
Subtotal CHOICES Subtotal Hospital, Medical, MH&SAS, CHOICES	47,148,203 169,911,180	176,713,934 678,683,128	139,034,665 639,803,126
Supportal Hospital, Medical, Minacono, Choloco	100,011,100	070,005,125	009,000,120
LESS:			
Net Reinsurance Recoveries Incurred	(65,825)	(28,169)	(582,336)
Copayments	-	-	-
Subrogation and Coordination of Benefits Subtotal Reinsurance, Copay, Subrogation	(65,825)	(28,169)	(582,336)
Total Hospital, Medical, MH&SAS	169,977,005	678,711,297	640,385,462
Administration:	1770.010	AR OTH OAF	10 500 540
Compensation	4,752,616 12,353,798	19,977,065 50,715,996	18,528,549 49,059,427
Direct and Allocated Admin expenses Marketing	49,647	204,801	185,891
Interest Expense	-	-	
Premium Tax Expense	11,732,253	49,452,316	48,770,370
Occupancy, Depreciation, and Amortization Other Administration - Write-Ins	307,287 2,346,859	1,183,006	1,360,982 4,357,018
Other Administration - write-ins Total Administration Expenses	31,542,460	5,313,790 126,846,974	122,262,237
Total Expenses	201,519,465	805,558,271	762,647,699
Extraordinary Item	-	-	
Provision for Income Tax Net Income (Loss)	(1,476,084) 13,661,667	28,281,396 65,622,722	41,200,044 69,785,346
Hat moonie (E030)	10,001,001		00,100,010
The second secon			
Write-Ins for Other Revenues		-	-
Total Other Revenues	_		-
Write-Ins for Other Medical and Hospital			
Total Other Medical and Hospital	-		<u> </u>
·	-		
Write-Ins for Other MH & SS	<u> </u>		
Total Other MH & SS			
Write-Ins for Other Administration	,		****
Purch Svc Acets Telephone Expenses	192,371 113,064	813,389 437,310	406,764 291,132
Other Taxes	1,076,734	2,014,548	38,600
Conference/Seminars/Meetings	26,273	59,624	20,421
Filing Fees	19,674	36,945	(11,039)
Contractual Sanctions	31,743 13,021	295,157 65,922	- 36,674
Bank Service Charges Provision for Bad Debt	13,021 158,773	65,922 (1,004,231)	36,674 794,483
Postage and Delivery	144,647	623,174	593,284
Printing and Reproduction	208,700	895,633	455,515
Repairs and Maintenance	7,727	35,961	49,635 133,185
·		404 500	
Supplies Expense	77,140	191,590 126.190	
•		191,590 126,190 579,520	80,995 456,241
Supplies Expense Temporary Labor Accts	77,140 59,697	126,190	80,995

ANNUAL DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

RECEIVED C & I TennCare Division May 11 2012 Insurer

AMERIGROUP Tennessee, Inc	Α	MERIO	GROUP	Tennessee.	Inc.
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Date	May 10, 2012	FEIN	20-4776597
NAIC Group # _	1156	NAIC Company #	12941

THIS FORM IS REQUIRED FOR ALL DISKETTE TRANSMITTALS, WITH THE EXCEPTION OF RBC FILINGS, 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)	No	N/A	N/A
2.	Is this being re-filed at the request of the NAIC or a state insurance department? (Y/N) .	No	N/A	N/A
3.	Is this being re-filed due to changes to the data originally filed? (Y/N)	Yes	N/A	N/A
4.	Other? (Y/N)	No	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: 2011.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 2011 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): 8.8.0.849

itle: Margaret Mary Roomsburg, Vice President/Asst. Secretary