## **QUARTERLY STATEMENT**

## OF THE

## AMERIGROUP Tennessee, Inc.

of

Nashville

in the state of

Tennessee

TO THE

## **Insurance Department**

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED March 31, 2012

2012



AS OF March 31, 2012

OF THE CONDITION AND AFFAIRS OF THE

		1156 (Prior Period)	NAIC C	company Code _	12941	Employer's ID Number 20-4776597
Organized under the Laws of	· · · ·	ennessee		State of Domi	icile or Port of Entry	Tennessee
Country of Domicile		ates of America	,			
·			antu/CasualtyI 1		l le en itel	Madical & Daniel Canties on Indomnity [ ]
icensed as business type:	Life, Accident & Health[] Dental Service Corporation Other[]	n[] Visio	erty/Casualty[ ] n Service Corpo MO Federally Qu		Health M	Medical & Dental Service or Indemnity[ ] laintenance Organization[X]
ncorporated/Organized		04/26/2006		Comm	enced Business	04/01/2007
tatutory Home Office	22 Ce	ntury Boulevard, Ste	310	,		Nashville, TN 37214
lain Administrative Office		(Street and Number)			oration Lane	(City, or Town, State and Zip Code)
	Virginia Bea	ch, VA 23462		(Street a	nd Number)	(757)490-6900
/ail Address	(City or Town, State	and Zip Code) 25 Corporation Lane				(Area Code) (Telephone Number) Virginia Beach, VA 23462
	(Stre	et and Number or P.O. Bo		······································		(City, or Town, State and Zip Code)
rimary Location of Books ar					5 Corporation Lane Street and Number)	
	Virginia Beach, (City, or Town, State					(757)490-6900 (Area Code) (Telephone Number)
nternet Web Site Address		www.amerigroupcorp.	.com			
Statutory Statement Contact	1	Margaret Mary Rooms (Name)	sburg			(757)473-2721 (Area Code)(Telephone Number)(Extension)
	mroomsb@amerig	roupcorp.com				(757)557-6742
	(E-Mail Add	íress)	OFFI	CEDe		(Fax Number)
		Scott Wayne Angl Karen Lint Shields James Ward True	s Vi ess Vi	ice President/Trea ice President/Ass ice President/Ass	t Treasurer	
	Charles	Brian Shipp	ce President	ERS DR TRUST	EES Alvin Brod	ck King
County of Virginia	Charles Nichola <u>a Beach</u> ss ntity, being duly sworn, eacl	DIRE Brian Shipp s Joseph Pace	CTORS C	DR TRUST	Alvin Broo	ntity, and that on the reporting period stated above,
ounty of Virginia he officers of this reporting e the herein described assets with related exhibits, schedule aid reporting entity as of the tatement Instructions and Ac porting not related to accou escribed officers also include inclosed statement. The elec	Charles Nichola a Beach ss ntity, being duly sworn, each ere the absolute property of is and explanations therein of reporting period stated abov accounting Practices and Procedur is the related corresponding tronic filing may be requested from the transmission of the transmission Signature) n Brock King 1. sident/CEO (Title)	DIRE Brian Shipp s Joseph Pace	they are the deater of the stand standard standa	Scribed officers of ar from any liens of full and true state herefrom for the p hat: (1) state law for mation, knowledg required, that is a addition to the em ature) ature) Auree a Name) 2. ent/Secretary itte) filing?	Alvin Brown	

#### ASSETS Current Statement Date 4 1 3 2 Net Admitted December 31 Prior Year Net Nonadmitted Assets Assets (Cols. 1 - 2) Admitted Assets Assets ...... 160,836,754 ..... 160,836,754 ..... 154,050,420 1. Bonds ..... 2. Stocks: 2.1 Preferred stocks 2.2 11,936,736 8.379.130 Common stocks 3. Mortgage loans on real estate: First liens ..... 3.1 3.2 Other than first liens ..... Real estate: 4. Properties occupied by the company (less \$.....0 4.1 encumbrances) ..... Properties held for the production of income (less \$.....0 4.2 encumbrances) ..... 4.3 Properties held for sale (less \$.....0 encumbrances) ..... Cash (\$.....(3,545,858)), cash equivalents (\$.....0) and short-term 5. investments (\$.....17,941,286) ...... 14,395,428 Contract loans (including \$.....0 premium notes) ..... 6. Derivatives 7 Other invested assets ..... 8. 9. Receivables for securities ..... 10. Securities lending reinvested collateral assets ..... Aggregate write-ins for invested assets ..... 11. 12. Subtotals, cash and invested assets (Lines 1 to 11) ..... 187,168,918 187,168,918 243,788,822 Title plants less \$.....0 charged off (for Title insurers only) ..... 13. ..... 1,296,068 14. Investment income due and accrued ..... 15. Premiums and considerations: 15.1 Uncollected premiums and agents' balances in the course of ...... 9,978,489 collection ..... 15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums) ..... ..... 42,537 ..... 42.537 15.3 Accrued retrospective premiums ..... 16. Reinsurance: 16.1 Amounts recoverable from reinsurers ..... 16.2 Funds held by or deposited with reinsured companies ..... 16.3 Other amounts receivable under reinsurance contracts ...... 17 Amounts receivable relating to uninsured plans ..... 18.1 Current federal and foreign income tax recoverable and interest thereon . 2 305 561 ...... 1,223,535 1 501 443 42.025 1.459.418 18.2 Net deferred tax asset ..... 19. Guaranty funds receivable or on deposit ..... 20. Electronic data processing equipment and software ..... ..... 18,353 ..... 16,244 2.109 5.284 21. Furniture and equipment, including health care delivery assets (\$.....0) 22. Net adjustments in assets and liabilities due to foreign exchange rates .... 23. Receivables from parent, subsidiaries and affiliates ..... 24. ..... 1,854,200 1,323,203 ..... 530.997 13.418 Health care (\$.....0) and other amounts receivable ..... 25. Aggregate write-ins for other than invested assets ..... 440 ..... 440 26. Total assets excluding Separate Accounts, Segregated Accounts and 200,478,536 257.616.618 Protected Cell Accounts (Lines 12 to 25) ..... 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts ..... . . . . . . . . . . . . . . . . 202,634,540 Total (Lines 26 and 27) 2,156,004 200,478,536 257.616.618 28 DETAILS OF WRITE-INS 1101. 1102. 1103 1198. Summary of remaining write-ins for Line 11 from overflow page ... 1199. TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above) . 2501. Prepaids ..... 440 440 2502. 2503. 2598. Summary of remaining write-ins for Line 25 from overflow page

440

440

2599. TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)

## LIABILITIES, CAPITAL AND SURPLUS

		JORPL	Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)		1		
2.	Accrued medical incentive pool and bonus amounts	216,999		216,999	195,562
3.	Unpaid claims adjustment expenses	1,439,194		1,439,194	1,448,787
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act				114,883
5.	Aggregate life policy reserves				
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves				
8.	Premiums received in advance	1			
9.	General expenses due or accrued				
10.1	Current federal and foreign income tax payable and interest thereon (including \$0	201,010		207,010	
10.1	on realized gains (losses))	2 /71 035		2 /71 035	
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.					
	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated	9,931,944		9,931,944	17,389,305
14.	Borrowed money (including \$0 current) and interest thereon \$0				
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
17.	Payable for securities				
18.	Payable for securities lending		·····		
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers and				
	\$0 unauthorized reinsurers)				
20.	Reinsurance in unauthorized companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates	• • • • • • • • • • • • • • • • • • • •			
22.	Liability for amounts held under uninsured plans	2,098,027		2,098,027	1,369,731
23.	Aggregate write-ins for other liabilities (including \$0 current)	11,239,676	,	11,239,676	12,626,601
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds				
26.	Common capital stock				
27.	Preferred capital stock				
28.	Gross paid in and contributed surplus			95,438,735	
20. 29.	Surplus notes				
	Aggregate write-ins for other than special surplus funds				
30.		1			
31.	Unassigned funds (surplus)	X X X	X X X	(7,684,570)	48,854,503
	Less treasury stock, at cost:				
	32.10 shares common (value included in Line 26 \$0)				
	32.20 shares preferred (value included in Line 27 \$0)0				
	Total capital and surplus (Lines 25 to 31 minus Line 32)				
	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	200,478,536	257,616,618
	LS OF WRITE-INS Accrued Premium Tax	11 000 676		11 000 676	10 606 601
2301.					
2303.					
2398.	Summary of remaining write-ins for Line 23 from overflow page				
2399.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	11,239,676		11,239,676	12,626,601
2501.					
2502. 2503.					
	Summary of remaining write-ins for Line 25 from overflow page				
	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)			·····	
3001.		X X X	X X X		
0000		X X X	X X X		
3002.			X X X X		
3003.	Summary of remaining write-ins for Line 30 from overflow page				

## STATEMENT AS OF March 31, 2012 OF THE AMERIGROUP Tennessee, Inc. STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE		ear To Date	Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	xxx			
2.	Net premium income (including \$0 non-health premium income)				
3.	Change in unearned premium reserves and reserves for rate credits		1		1
4.	Fee-for-service (net of \$0 medical expenses)				
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues	xxx			
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)				
Hospit	al and Medical:				
9.	Hospital/medical benefits		139,747,299	137.812.381	550,188,706
10.	Other professional services				
10. 1 <b>1</b> .	Outside referrals		1		
12.	Emergency room and out-of-area				
13.	Prescription drugs				
13.	Aggregate write-ins for other hospital and medical				
14.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:					
17.	Net reinsurance recoveries				
18.	Total hospital and medical (Lines 16 minus 17)				
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$5,093,208 cost containment expenses		6,289,322		22,124,382
21.	General administrative expenses		26,297,084	27,795,477	107,852,442
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)		210,372,417	196,096,605	825,925,626
24.	Net underwriting gain or (loss) (Lines 8 minus 23)	xxx	11,507,008	41,474,268	94,206,877
25.	Net investment income earned				
26.	Net realized capital gains (losses) less capital gains tax of \$		9,636	4,312	27,890
27.	Net investment gains or (losses) (Lines 25 plus 26)				
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		41,989,074	
31.	Federal and foreign income taxes incurred				
32.	Net income (loss) (Lines 30 minus 31)				
	S OF WRITE-INS				
0601.					
0602. 0603.					
0698.	Summary of remaining write-ins for Line 6 from overflow page	XXX			
0699. 0701.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)				
0701.		1			
0703.					
0798. 0799.	Summary of remaining write-ins for Line 7 from overflow page TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)				
1401.	DME, Home Health Care, Ambulance, Transportation		16,737,328	12,563,037	63,294,720
1402.			1		
1403. 1498.	Summary of remaining write-ins for Line 14 from overflow page				
1499.	TOTALS (Lines 1401 through 1403 plus 1498) (Line 14 above)		16,737,328	12,563,037	63,294,720
		1			
2901.					
	Summary of remaining write-ins for Line 29 from overflow page				

## STATEMENT OF REVENUE AND EXPENSES (Continued)

		1	2	3 Prior Year
		Current Year To Date	Prior Year To Date	Ended December 31
	CAPITAL & SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	144,193,492	150,602,541	150,602,541
34.	Net income or (loss) from Line 32	8,039,345		67,625,312
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			(44,910)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax	(45,353)	14,439	(5,197,022)
39.	Change in nonadmitted assets			
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			
	45.2 Transferred to capital (Stock Dividend)		•••••	
	45.3 Transferred from capital			
46.	Dividends to stockholders	(65,000,000)		(70,000,000)
47.	Aggregate write-ins for gains or (losses) in surplus	<u></u>		
48.	Net change in capital and surplus (Lines 34 to 47)	(56,438,327)		(6,409,049)
49. DETAII	Capital and surplus end of reporting period (Line 33 plus 48)		178,060,815	144,193,492
4701. 4702.				
4702. 4703. 4798.	Summary of remaining write-ins for Line 47 from overflow page			
4790. 4799.	TOTALS (Lines 4701 through 4703 plus 4798) (Line 47 above)			

**CASH FLOW** 

		CASH FLOW			
			1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
		Cash from Operations	10 Date	TO Date	December 31
1.	Premi	ums collected net of reinsurance	223 768 901	163 040 430	855 449 257
2.		vestment income			
3.		laneous income			
4.		Lines 1 to 3)		-	
5.	,	t and loss related payments			
6.		ansfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
0. 7.		issions, expenses paid and aggregate write-ins for deductions		1	
,. 8.		nds paid to policyholders			
9.		al and foreign income taxes paid (recovered) net of \$0 tax on capital gains			
υ.			(512 207)	17 1/3 315	40 531 840
10.		>) Lines 5 through 9)			
11.		sh from operations (Line 4 minus Line 10)			
11.	NetGa	Cash from Investments			
12.	Drace	eds from investments sold, matured or repaid:			
12.		Bonds	14 912 700	21 246 000	111 190 601
	12.1				
	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)	14,814,877		111,191,209 
13.	Cost o	f investments acquired (long-term only):			
	13.1	Bonds			
	13.2	Stocks			
	13.3	Mortgage loans			
	13.4	Real estate			
	13.5	Other invested assets			
	13.6	Miscellaneous applications			
	13.7	Total investments acquired (Lines 13.1 to 13.6)		68,513,889	164,023,415
14.	Net inc	crease (or decrease) in contract loans and premium notes			
15.	Net ca	sh from investments (Line 12.8 minus Line 13.7 and Line 14)	(10,104,547)	(37,167,889)	(52,832,206
		Cash from Financing and Miscellaneous Sources			
16.	Cash p	provided (applied):			
	16.1	Surplus notes, capital notes			
	16.2	Capital and paid in surplus, less treasury stock			
	16.3	Borrowed funds			 
	16.4	Net deposits on deposit-type contracts and other insurance liabilities			
	16.5	Dividends to stockholders			
	16.6	Other cash provided (applied)			
17.		sh from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5	<b>.</b>	<b>, , , , , , , , , ,</b>	
		ne 16.6)		(6.976.903)	
	•	CILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18.		ange in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and			
			(66 963 844)	(95 077 673)	(130.888.084
19.	,	cash equivalents and short-term investments:			
ι	19.1	Beginning of year	81 350 272	212 247 356	212 247 254
		End of period (Line 18 plus Line 19.1)			
	19.2	End of period (Line 18 plus Line 19.1)			01,009,272
20.00		eciation	137,464	145.649	572 78
20.00	02   Non-	cash Capital Contributions			

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

		1		Hospital & Medical)	4	5	6	7	8	9	10
			2	3	Medicare	Vision	Dontal	Federal	THIC VV/U	Title VIV	
		Total	Individual	Group	Supplement	Only	Dental Only	Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
							0			modicaid	- Outor
Total I	Members at end of:	[ [		[	[	[	1		[	-	
1.	Prior Year	204 186							1.070	202.207	
'.											•••••
2.	First Quarter	205,595	•							202,572	• • • • • • • • • • • • • • • • • • • •
3.	Second Quarter		••••••							•••••	•••••
4.	Third Quarter										
5.	Current Year				····						
6.	Current Year Member Months	614 808							8 748	090, 203	
									0,110		
Total I	Member Ambulatory Encounters for Period:										
7.	Physician	202.022							0.744	005 000	
<i>'</i> .	Physician		•••••		•••••						
8.	Non-Physician										
9.	Total	609,394			<u></u>		·····			595,001	
10.	Hospital Patient Days Incurred	43.308							2.062	41 246	
									2,002		
11.	Number of Inpatient Admissions	5,544	<u></u>		····					5,266	
12.	Health Premiums Written (a)	224 970 425							0.000 400	040.000.005	
12.			• • • • • • • • • • • • • • • • • • • •				•••••		0,900,420	212,899,005	
13.	Life Premiums Direct										
14.	Property/Casualty Premiums Written		•••••								•••••
15.	Health Premiums Earned								8.980.420	212,899,005	
16.	Property/Casualty Premiums Earned										
17.	Amount Paid for Provision of Health Care Services	178 805 240							6705 704	170 070 476	
17.	Amount Falu for Flovision of fleatin Gale Services		••••						0,723,764	172,079,470	
18.	Amount Incurred for Provision of Health Care										
	Services or health premiums written: amount of Medicare Title				·				7,974,687	169,745,300	

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$......8,980,420.

# STATEMENT AS OF March 31, 2012 OF THE AMERIGROUP Tennessee, Inc. CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported) Aging Analysis of Unpaid Claims

1.	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 days	Over 120 Days	Total
0199999 Individually Listed Claims Unpaid						
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	4,847,565	1,906,695	(177,894)	64,836	(312,482)	6,328,720
0499999 Subtotals	4,847,565	1,906,695	(177,894)	64,836	(312,482)	6,328,720
0599999 Unreported claims and other claim reserves						
0699999 Total Amounts Withheld						
0799999 Total Claims Unpaid						79,302,696
0899999 Accrued Medical Incentive Pool And Bonus Amounts						

## UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

						5	6
				Liab	bility		
		Cla	ims	Enc	d of		
		Paid Yea	ir to Date	Current	Quarter		
		1	2	3	4		Estimated Claim
							Reserve and
		On	On	On	On		Claim
	Line	Claims Incurred	Claims Incurred	Claims Unpaid	Claims Incurred	Claims Incurred	Liability
	of	Prior to January 1	During the	Dec 31 of	During the	in Prior Years	Dec 31 of
	Business	of Current Year	Year	Prior Year	Year	(Columns 1+3)	Prior Year
1.	Comprehensive (hospital & medical)						
2.	Medicare Supplement						
3.	Dental only					•••••	
4.	Vision only						
5.	Federal Employees Health Benefits Plan						
6.	Title XVIII - Medicare		5,734,530			1,332,751	2,369,29
7.	Title XIX - Medicaid	54,416,671	117,688,627	12,596,145	62,984,477	67,012,816	
8.	Other health						
9.	Health subtotal (Lines 1 to 8)						
10.	Healthcare receivables (a)	1,488,883				1,488,883	
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	39,375			47,192		
13.	Totals (Lines 9 - 10 + 11 + 12)	53,959,224	123,195,840	13,106,642			

(a) Excludes \$......138,000 loans or advances to providers not yet expensed.

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#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

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

TDCI 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, 2012 (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Tennessee.

In accordance with the statutory hierarchy provided by the NAIC Codification, state legislative and regulatory authority is not preempted by the NAIC Codification. TDCI requires the premium tax liability to be included as an aggregate write-in on the NAIC statutory filing. The NAIC instructions require the change in this line item to be included in the financing and other miscellaneous sources section on the NAIC annual cash flow statement. Additionally, TDCI requires reinsurance recoveries to be netted with reinsurance expense as a component of medical expense on the NAIC statutory filing. The NAIC instructions require reinsurance expense to be netted with premium. These differences have no impact on statutory net income or net worth.

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

No significant change.

#### C. Accounting Policy

The Company records premium revenues based on its membership records and premium 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.
- (2) Bonds are stated at amortized cost using the scientific method.
- (3) Common stock  $\Box$ Accounted for at fair market value.
- (4) Preferred Stock  $\Box$ None
- (5) Mortgage loans □None
- (6) Loan backed securities  $\Box$ None
- (7) Investment in Subsidiaries, Controlled and affiliated companies  $\Box$ None
- (8) Joint Ventures, Partnerships and Limited Liability Companies None
- (9) Derivatives None
- (10) Premium deficiency calculation The Company does not utilize anticipated investment income as factor in the premium deficiency calculation.
- (11) 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 liabilities are continually reviewed and any adjustments are reflected in the period determined.
- (12) Capitalization policy No change from prior year
- (13) Pharmaceutical rebates receivable All pharmaceutical rebate receivables are considered nonadmitted due to their collectability beyond 90 days.

#### 2. Accounting Changes and Corrections of Errors

No significant change.

#### 3. Business Combinations and Goodwill

None

#### 4. Discontinued Operations

None

#### 5. Investments

- A. Mortgage loans including Mezzanine Real Estate Loans None
- B. Debt Restructuring None

- C. Reverse Mortgages None
- D. Loan-Backed Securities None
- E. Repurchase Agreements None
- F. Real Estate None
- G. Investments in low-income housing tax credits None

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

No significant change.

#### 7. Investment Income

No significant change.

#### 8. Derivative Instruments

No significant change.

#### 9. Income Taxes

No significant change.

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

- A. AMERIGROUP Corporation owns 100% of the outstanding shares of the Company and provides administrative and financial support services to the Company. Intercompany management fees are charged to the Company in accordance with an approved Administrative and Support Services Agreement.
- B. On March 30, 2012, the Company paid \$65,000,000 extraordinary dividends to AMERIGROUP Corporation. AMERIGROUP Corporation allocates compensation expense related to share-based payments made to employees of the Company. The amount of compensation expense for the quarter ended March 31, 2012 was \$100,746. The Company reflects these allocated expenses as capital contributions since AMERIGROUP Corporation does not bill the Company for these amounts, which are included in selling, general and administrative expenses in the accompanying statements of operations.
- C. AMERIGROUP Corporation provides administrative and financial support services to the Company. Total expenses charged to the Company during the first quarter ended 2012 for these services were \$12,836,019 and were included in general administrative expenses in the accompanying statutory statements of revenue and expenses.
- D. The company owes AMERIGROUP Corporation \$2,672,294 as of March 31, 2012. The amount is the difference between the estimated charges and the actual expenses incurred in the month of March and were paid in April 2012.
- E. Guarantees or undertakings, written or otherwise None
- F. Material management or service contracts and cost sharing arrangements The Company has an approved agreement for Administrative and Support Services, and Tax Allocations.
- G. The Company is a wholly owned subsidiary of AMERIGROUP Corporation. AMERIGROUP is a multi-state organization the provides for the delivery of health care services to Medicaid, Medicare and other government-sponsored health care programs for low-income families and individuals.
- H. Amount deducted from the value of an upstream intermediate entity or ultimate parent owned None
- I. Investment in an SCA entity that exceeds 10% of the admitted assets of the insurer None
- J. Investments in impaired SCA entities None
- K. Investment in foreign insurance subsidiary None
- L. Investment in downstream noninsurance holding company None

#### 11. Debt

None

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

No significant change.

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

- (1) No significant change.
- (2) No significant change.
- (3) No significant change.
- (4) On March 5, 2012, the Company was granted approval from the Tennessee Department of Commerce and Insurance to pay \$65,000,000 extraordinary dividends to AMERIGROUP Corporation. This dividend was disbursed on March 30, 2012.

#### 14. Contingencies

- A. Contingent commitments None
- B. Assessments None
- C. Gain contingencies None
- D. Claims related Extra Contractual Obligations and Bad Faith Losses Stemming from Lawsuits None
- E. All Other None

#### 15. Leases

No significant change.

## 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

## 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. There were no ASO operations for the quarter ended March 31, 2012.
- B. ASC plans None
- C. Medicare or similarly structured cost based reimbursement contract None

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

#### None

#### 20. Fair Value

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

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

Cash and cash equivalents (other than certificates of deposit, municipal bonds and commercial paper), uncollected premiums in the course of collection, accrued retrospective premiums, investment income due and accrued, health care and other amounts receivable, federal income taxes recoverable/payable, claims unpaid, accrued medical incentive pool and bonus amounts, unpaid claims adjustment expense, premiums received in advance, general expenses due or accrued, remittance and items not allocated, amounts due to parent, subsidiaries and affiliates, liability for amounts held under uninsured plans and premium tax payable  $\Box$  the carrying amounts approximate fair value because of the short maturity of these items. These financial instruments were not assigned a level category since they are not carried at fair value.

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

*Short-term investments and bonds* debt securities of government sponsored entities, money market funds, and U.S. Treasury included in these financial statement captions fair values were determined using quoted market prices on one or more securities exchanges. The fair value of corporate bonds and municipal bonds was determined using a market approach based on quoted prices for similar securities in active markets or quoted prices for identical securities in inactive markets. The Company held one auction rate security as of March 31, 2012. The estimated fair value of the auction rate security was determined using utilizing an

income approach, specifically discounted cash flow analyses. These analyses considered among other items, the creditworthiness of the issuer, the timing of the expected future cash flows, including the final maturity associated with the securities, and an assumption of when the next time the security is expected to have a successful auction. These securities were also compared, when possible, to other observable and relevant market data. These debt securities are not assigned a level category as they are not carried at fair value. A portion of the short-term investments are comprised of money market funds that are carried at fair value and, accordingly, are assigned a level category.

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

The fair value measurements of the assets carried at fair value for the quarter ended March 31, 2012 are as follows:

	Fair value measurement at reporting date using						
Asset category		Total Fair Value	Quoted prices in active markets for identical assets (Level 1)	Significant other observable inputs (Level 2)	Significant unobservable inputs (Level 3)		
Money market funds	\$	9,236,042	9,236,042				
Equity securities	-	11,936,736	11,936,736				
Total assets measure at fair value	\$_	21,172,778	21,172,778				

#### 21. Other Items

No significant change.

#### 22. Events Subsequent

The Company has evaluated subsequent events for potential recognition and/or disclosure through May 11th, the date the financial statements are available to be issued.

#### 23. Reinsurance

No significant change.

#### 24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

No significant change.

#### 25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2011 were \$79,412,342. As of March 31, 2012, \$55,448,107 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for the prior years are now \$13,106,642 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$10,857,593 favorable prior-year development since December 31, 2011. The decrease is generally the result of ongoing analysis of recent loss development trends and is included in current year operations.

#### 26. Intercompany Pooling Arrangements

None

27. Structured Settlements

None

#### 28. Health Care Receivables

No significant change.

#### 29. Participating Policies

None

#### 30. Premium Deficiency Reserves

None

31. Anticipated Salvage and Subrogation

None

## **GENERAL INTERROGATORIES**

## PART 1 - COMMON INTERROGATORIES

#### GENERAL

	Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? If yes, has the report been filed with the domiciliary state?	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
	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? If yes, date of change:	Yes[] No[X]
3.	Have there been any substantial changes in the organizational chart since the prior quarter end? If yes, complete the Schedule Y - Part 1 - organizational chart.	Yes[] No[X]
4.1 4.2	Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.	Yes[] No[X]

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? If yes, attach an explanation.	Yes[] No[X] N/A[]
<ul> <li>6.1 State as of what date the latest financial examination of the reporting entity was made or is being made.</li> <li>6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.</li> <li>6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or</li> </ul>	12/31/2010 12/31/2010
<ul> <li>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).</li> <li>6.4 By what department or departments?</li> <li>6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement</li> </ul>	
filed with Departments? 6.6 Have all of the recommendations within the latest financial examination report been complied with?	Yes[]No[]N/A[X] Yes[X]No[]N/A[]
<ul><li>7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?</li><li>7.2 If yes, give full information</li></ul>	Yes[] No[X]
8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?	Yes[] No[X]
<ul> <li>8.2 If response to 8.1 is yes, please identify the name of the bank holding company.</li> <li>8.3 Is the company affiliated with one or more banks, thrifts or securities firms?</li> <li>8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal securities forms?</li> </ul>	Yes[] No[X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	000	FDIC	SEC
		. Yes[] No[X]	. Yes[] No[X]	. Yes[]No[X]	. Yes[] No[X]

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

#### FINANCIAL

Yes[] No[X]

.... O

\$.....

#### 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount:

INVESTMENT	
11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.)	or Yes[]No[X]
11.2 If yes, give full and complete information relating thereto:	
12. Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$0
13. Amount of real estate and mortgages held in short-term investments:	\$0
14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? 14.2 If yes, please complete the following:	Yes[] No[X]

## **GENERAL INTERROGATORIES (Continued)**

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1	2
Name of Custodian(s)	Custodian Address
U.S. Bank, N.A.	1025 Connecticut Avenue, Suite 517, Washington, DC 20036
U.S. Bank Corporate Trust	

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

	1	2	3
	Name(s)	Location(s)	Complete Explanation(s)
40.0		V/EIN-DV/	
16.3	Have there been any changes, including name changes, in the cu	Yes[] No[	

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

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

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

	1	2	3							
	Central Registration									
	Depository	Name(s)	Address							
	77784	Deutsche Investment Management Americas, Inc	345 Park Ave, New York, New York 10154							
Ha	Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? Yes[X] No[									

17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? 17.2 If no, list exceptions:

Yes[ ] No[X] Yes[ ] No[ ] N/A[X]

Yes[X] No[]

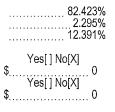
## **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

Operating Percentages:

 A&H loss percent
 A&H cost containment percent
 A&H expense percent excluding cost containment expenses

- 2.1 Do you act as a custodian for health savings accounts?2.2 If yes, please provide the amount of custodial funds held as of the reporting date.2.3 Do you act as an administrator for health savings accounts?2.4 If yes, please provide the balance of the funds administered as of the reporting date.



## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1	2	3	4	5	6	7
NAIC	Federal				Type of	ls Insurer
Company	ID	Effective		Domiciliary	Reinsurance	Authorized?
Code	Number	Date	Name of Reinsurer	Jurisdiction	Ceded	(Yes or No)
			ΝΟΝΕ			

#### STATEMENT AS OF March 31, 2012 OF THE AMERIGROUP Tennessee, Inc. SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS Current Year to Date - Allocated by States and Territories

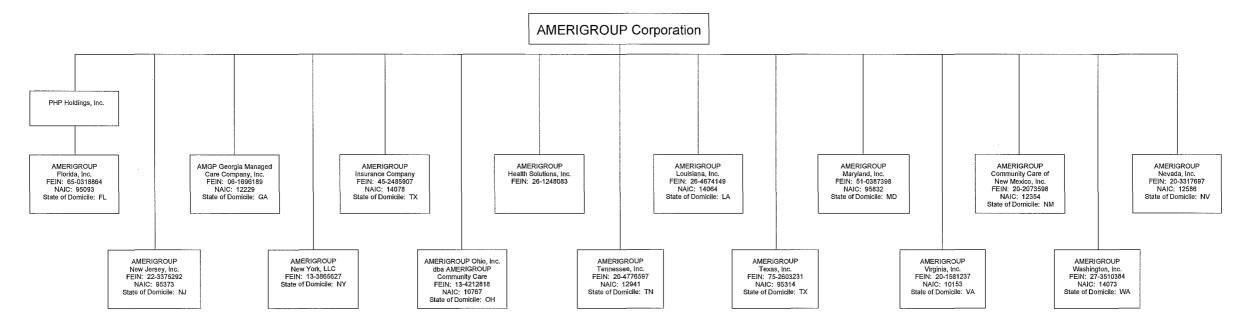
	10 II II - II	Ganone			ooutou by	States and				
		1	2	3	4	Direct Busi	iness Only 6	7	8	9
			Accident and		4	Federal Employees Health	Life and Annuity Premiums	' Property/	Total	
	State, Etc.	Active Status	Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Benefits Program Premiums	and Other Considerations	Casualty Premiums	Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama (AL)							1 Toimanio	2 / modgir ;	Contracto
2.	Alaska (AK)									
3.	Arizona (AZ)									
4.	Arkansas (AR)									
5.	California (CA)									
6.	Colorado (CO)	N								
7.	Connecticut (CT)	N								
8.	Delaware (DE)									
9.	District of Columbia (DC)									
10.	Florida (FL)									
11.	Georgia (GA)									
12.	Hawaii (HI)	N								
13.	ldaho (ID)									
14.	Illinois (IL)									
15.	Indiana (IN)									
16.	lowa (IA)	N								
17.	Kansas (KS)	Ν								
18.	Kentucky (KY)									
19.	Louisiana (LA)									
20.	Maine (ME)	N								
21.	Maryland (MD)	N								
22.	Massachusetts (MA)	N								
23.	Michigan (MI)									
24.	Minnesota (MN)	N								
25.	Mississippi (MS)	N								
26.	Missouri (MO)									
27.	Montana (MT)									
28.	Nebraska (NE)	N								
29.	Nevada (NV)				1					
30.	New Hampshire (NH)									
31.	New Jersey (NJ)	N N								
32.	New Mexico (NM)	N N								
33.	New York (NY)									
34.	North Carolina (NC)									
35.	North Dakota (ND)									
36.	Ohio (OH)	N N	•••••							
	Oklahoma (OK)									
37. 38.	Oregon (OR)									
30. 39.	Pennsylvania (PA)									
	Rhode Island (RI)	N	·····				1			
40.	South Carolina (SC)						1			
41. 42								1		
42.	South Dakota (SD)						•••••		. 221,879,425	
43.	Tennessee (TN) Texas (TX)	L	·····		. 212,899,005			1		
44. 45										
45. 46	Utah (UT)									
46. 47	Vermont (VT)	/N  N		· · · · · · · · · · · · · · · · · · ·						
47. 19	Virginia (VA)	IN м					1			
48.	Washington (WA)									
49. 50	West Virginia (WV)						1	1		
50.	Wisconsin (WI)	N						•••••		•••••
51.	Wyoming (WY)	N								
52.	American Samoa (AS)									
53.	Guam (GU)					•••••				
54.	Puerto Rico (PR)	N								
55.	U.S. Virgin Islands (VI)	N								
56.	Northern Mariana Islands (MP)									
57.	Canada (CN)						1			1
58.	Aggregate other alien (OT)	XXX.								
59.	Subtotal	X X X .		8,980,420	. 212,899,005				. 221,879,425	
60.	Reporting entity contributions for	,								
	Employee Benefit Plans									
61.	Total (Direct Business)	(a) 1	,	8,980,420	. 212,899,005				. 221,879,425	
	LS OF WRITE-INS					r		I	1	1
5801.	••••••	XXX.			· · · · · · · · · · · · · · · · · · ·			·····		
5802.										
5803.		X X X .								
5898.	Summary of remaining write-ins for									
	Line 58 from overflow page	X X X .								
5899.	TOTALS (Lines 5801 through 5803									
	plus 5898) (Line 58 above)	X X X .					<u> </u> .			
	sed or Chartered - Licensed Insurance C		inited DDC: (D		lan densielled D	DCar (O) Ovalified	Juglified or Approd	ited Deineuror		orting Entitio

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

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

## **SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER**

MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



Q15

#### SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
						Name of			Relation-	Directly	Type of Control			
						Securities	Name of		ship	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent	Domic-	to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group		any	ID	FEDERAL		Traded (U.S.	or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number	RSSD	СІК	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	
56	AMERIGROUP Corporation	00000	54-1739323		0001064863	NYSE	AMERIGROUP Corporation	DE	UDP .					.   .
56	AMERIGROUP Corporation	95373	22-3375292				AMERIGROUP New Jersey, Inc.	NJ	IA	AMERIGROUP Corporation	Ownership		AMERIGROUP Corporation	
i6	AMERIGROUP Corporation	95314	75-2603231				AMERIGROUP Texas, Inc.	TX	IA	AMERIGROUP Corporation	Ownership	100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	95832	51-0387398.					MD	IA	AMERIGROUP Corporation	Ownership	. [ 100.0 ]	AMERIGROUP Corporation	
i6	AMERIGROUP Corporation	95093	65-0318864 .				AMERIGROUP Florida, Inc	FL	IA	PHP Holding, Inc.	Ownership	100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	10767	13-4212818 .				AMERIGROUP Ohio, Inc. dba							
							AMERIGROUP Comm Care				Ownership	100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	10153	20-1581237 .						IA	AMERIGROUP Corporation	Ownership	.   100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	12354	20-2073598 .	•••••			AMERIGROUP Community Care					100.0		
		10-00	00 00 17007				of New Mexico, Inc.	NM	IA	AMERIGROUP Corporation	Ownership	100.0	AMERIGROUP Corporation	
	AMERIGROUP Corporation	12586	20-3317697.	• • • • • • • • • • • • • • • •			AMERIGROUP Nevada, Inc	NV	IA	AMERIGROUP Corporation	Ownership	.   100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	12229	06-1696189 .				AMGP Georgia Managed Care	~	14		Ownership	100.0	AMERIGROUP Corporation	
-0		00000	13-3865627.				Company, Inc	GA NY	IA	AMERIGROUP Corporation	Ownership		AMERIGROUP Corporation	••
56 56	AMERIGROUP Corporation	100000	20-4776597		••••••		AMERIGROUP Tennessee, Inc.		IA	AMERIGROUP Corporation	A survey have	100.0	AMERIGROUP Corporation	••
56	AMERIGROUP Corporation	12941	26-4674149				AMERIGROUP Louisiana, Inc		IA	AMERIGROUP Corporation	<b>A</b> 11		AMERIGROUP Corporation	••
56	AMERIGROUP Corporation	14004	27-3510384				AMERIGROUP Washington, Inc.		IA	AMERIGROUP Corporation	Ownership	100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	14073	45-2485907	••••			AMERIGROUP Insurance	<b>**</b> A						
50		140/0	40-2400001	•••••			Company	ТХ	14	AMERIGROUP Corporation	Ownership	100.0	AMERIGROUP Corporation	
56	AMERIGROUP Corporation	00000	26-1248083				AMERIGROUP Health							
							Solutions, Inc.	DE	IA	AMERIGROUP Corporation	Ownership	100.0	AMERIGROUP Corporation	

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

RESPONSE No

Explanations:



### **OVERFLOW PAGE FOR WRITE-INS**

# ΝΟΝΕ

#### STATEMENT AS OF March 31, 2012 OF THE AMERIGROUP Tennessee, Inc. SCHEDULE A - VERIFICATION Real Estate

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

### SCHEDULE B - VERIFICATION

Mortgage Loans

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

#### SCHEDULE BA - VERIFICATION Other Long-Term Invested Assets

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

## SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	162,429,550	111,270,121
2.	Cost of bonds and stocks acquired		164,023,415
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		(44,910)
5.	Total gain (loss) on disposals	13,656	41,389
6.	Deduct consideration for bonds and stocks disposed of	14,813,709	111,189,691
7.	Deduct amortization of premium		1,692,285
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)	172,773,490	162,429,550
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	172,773,490	162,429,550

## **SCHEDULE D - PART 1B**

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

		1	2	3	4	5	6	7	8
		Book/Adjusted				Book/Adjusted	Book/Adjusted	Book/Adjusted	Book/Adjusted
		Carrying Value	Acquisitions	Dispositions	Non-Trading	Carrying Value	Carrying Value	Carrying Value	Carrying Value
		Beginning of	During Current	During Current	Activity During	End of	End of	End of	December 31
		Current Quarter	Quarter	Quarter	Current Quarter	First Quarter	Second Quarter	Third Quarter	Prior Year
BONDS	6		-						
1.	Class 1 (a)	222,215,017	278,656,892	332,085,777		169,274,862			222,215,017
2.	Class 2 (a)	10,251,986			(1,097,086)	9,503,178			10,251,986
3.	Class 3 (a)								[
4.	Class 4 (a)								
5.	Class 5 (a)								
6.	Class 6 (a)								{
7.	Total Bonds	232,467,003	279,005,170	332,085,777	(608,356)	178,778,040	,		232,467,003
PREFE	RRED STOCK								
8.	Class 1								
9.	Class 2								
10.	Class 3								
11.	Class 4								
12.	Class 5								
13.	Class 6			<u></u>					
14.	Total Preferred Stock								
15.	Total Bonds & Preferred Stock								232,467,003

### SCHEDULE DA - PART 1

	Short	- Term Investmen	ts		
	1	2	3	4	5
	Book/Adjusted				Paid for Accrued
	Carrying		Actual	Interest Collected	Interest
	Value	Par Value	Cost	Year To Date	Year To Date
9199999. Totals	17,941,286	XXX	17,971,331		67

#### **SCHEDULE DA - Verification**

Short-Term Investments

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		192,580,941
2.	Cost of short-term investments acquired	253,644,933	1,186,191,860
3.	Accrual of discount		54,654
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals		
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)	17,941,286	
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

SI04	Schedule DB - Part A Verification	NONE

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

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

Sl06 Schedule DB Part C Section 2 ..... NONE

SI07 Schedule DB - Verification ...... NONE

## SCHEDULE E - Verification (Cash Equivalents)

		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		3,699,764
2.	Cost of cash equivalents acquired	3,239,794	32,369,953
3.	Accrual of discount	206	
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		<i></i>
6.	Deduct consideration received on disposals		
7.	Deduct amortization of premium		15,280
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)		
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)		

E01	Schedule A Part 2 NONE
E01	Schedule A Part 3 NONE
E02	Schedule B Part 2 NONE
E02	Schedule B Part 3 NONE
E03	Schedule BA Part 2
E03	Schedule BA Part 3 NONE

## SCHEDULE D - PART 3

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

			ong ronn Donao an	a block holdinga baring the barion danter					
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
	Description		Data Associated			A stual O sat	DanMahas		
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S. Gover	nments								
313378BX8	Federal Home Loan Bank		02/23/2012	Morgan Keegan	XXX	1,000,000	1,000,000.00		1
0599999 Subtotal - E	Bonds - U.S. Governments				XXX	1,000,000	1,000,000.00		XXX
Bonds - U.S. States	Territories and Possessions								
677520T99	OH GO NC S09B		02/10/2012	Deutsche Bank		556,397	458,000.00		
97705LRL3	WISCONSIN ST 5.000% 5/01/			Deutsche Bank		2,068,168	1,750,000.00		1FE
1799999 Subtotal - E	Bonds - U.S. States, Territories and Possessions				XXX	2,624,565	2,208,000.00	25,365	XXX
Bonds - U.S. Politic	al Subdivisions of States, Territories and Possessions								
167560LM1	IL Chicago MWD GO C16S06		02/10/2012	Deutsche Bank	xxx		725.000.00		1FE
592112JP2	TN Nashvil Co GO NC S12		02/02/2012	Deutsche Bank	XXX	1,855,185	1,500,000.00		1FE
49474E7E7	WA King Co GO NC S12A		03/29/2012	Deutsche Bank		1,032,801	850,000.00		1FE
940157TH3	WASHINGTON MD SUBURB 5.000% 6/01/			Deutsche Bank		3,467,448	2,750,000.00		1FE
2499999 Subtotal - E	Bonds - U.S. Political Subdivisions of States, Territories and Possessions				XXX		5,825,000.00	30,247	XXX
Bonds - U.S. Specia	al Revenue, Special Assessment								
101029PY6 708840HU0	MA Boston W&S NC S09B		02/10/2012	Deutsche Bank	xxx	542,225	440,000,00	6.050	1FE
708840HU0	PA PICA Phil Fdg NC S09	,	02/13/2012	Deutsche Bank	XXX	555,514	460,000.00	3,706	1FE
882756S75	TEXAS ST PUB FIN 5.000% 7/01/		02/13/2012	Deutsche Bank	XXX	1,532,006	1,400,000.00	8,167	1FE
882806BH4	TX Texas Tech NC S12A		02/14/2012	Deutsche Bank	X X X	2,480,540	2,000,000.00		1FE
88283LEP7	TX Trn Cmsn C17 S07			Deutsche Bank			455,000.00	8,342	1FE
	Bonds - U.S. Special Revenue, Special Assessment			· · · · · · · · · · · · · · · · · · ·	XXX	5,641,002	4,755,000.00		XXX
Bonds - Industrial a	and Miscellaneous (Unaffiliated)								
04044TAG1	Aristotle Holding Sr Nt 144A		02/09/2012	Deutsche Bank		348,278	350,000.00		2FE
00206RAV4	AT&T Inc Sr Nt		03/28/2012	Deutsche Bank		572,258	550,000.00	1,642	1FE
06406HCC1	Bank of NY Mellon NT			Deutsche Bank	X X X	226,793	227,000.00		1FE
14912L5B3	Caterpillar Fin Sr Unsec			Deutsche Bank			100,000.00		1FE
263534BY4	DUPÓNT EI NEMOUR 3.250% 1/15/			Deutsche Bank	X X X	1,069,312	997,000.00		
24422ERK7	JOHN DEERE CAP MTN 1.250% 12/02/			Deutsche Bank			725,000.00		
695114BY3	PACIFICORP 4.950% 8/15/		01/06/2012	Deutsche Bank	X X X	1,100,920	1,000,000.00	19,388	
713448BX5	Pepsico Inc Sr Unsec		03/05/2012	Deutsche Bank Deutsche Bank			250,000.00	•••••	
89233P5Z5 893526DL4	Toyota Motor Credit Sr Unsec		02/17/2012 03/02/2012	Deutsche Bank			440,000.00	•••••	
	Trans Canada Sr Unsec Shell Intl Fin Cpy Gtd		02/23/2012	Deutsche Bank			450.000.00	2 460	
822582AL6	Sonds - Industrial and Miscellaneous (Unaffiliated)	.   K				5,646,595	5,439,000.00		XXX
	· · · · · · · · · · · · · · · · · · ·								
8399997 Subtotal - E	Bonds - Part 3 tem from Part 5 for Bonds (N/A to Quarterly)					22,120,443 X X X	19,227,000.00	107,412 X X X	XXX
8399999 Subtotal - E	· · · · · · · · · · · · · · · · · · ·							107,412	XXX
	tem from Part 5 for Preferred Stocks (N/A to Quarterly)				XXX	XXX		XXX	XXX
Common Stock - M		T							
464287408	ISHARES S&P 500 VALUE INDEX E T F		01/27/2012	Goldman, Sachs & Co	16,100.000		X X X		L
921946406	Vanguard High DVD Yield ETF			Goldman, Sachs & Co	40,000,000				<u> </u>

## SCHEDULE D - PART 3

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

				a eteen tequiter sung ne eutent quarter					
1	2	3	4	5	6	7	8	9	10
								Paid for	NAIC
								Accrued	Designation
CUSIP				Name of	Number of			Interest and	or Market
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
921943858	VANGUARD MSCI EAFE ETF		03/06/2012	Goldman, Sachs & Co	40,000.000	1,331,384	X X X		L
9299999 Subtotal - C	ommon Stock - Mutual Funds				X X X	2,798,981	XXX		XXX
9799997 Subtotal - C	ommon Stock - Part 3	<i></i>			X X X	2,798,981	XXX		X X X
9799998 Summary It	em from Part 5 for Common Stocks (N/A to Quarterly)				X X X	X X X	XXX	XXX	X X X
9799999 Subtotal - C	common Stocks		X X X	2,798,981	XXX		X X X		
9899999 Subtotal - P	referred and Common Stocks		X X X	2,798,981	XXX		X X X		
9999999 Total - Bond	ds, Preferred and Common Stocks				X X X	24,919,424	XXX	107,412	X X X

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

## SCHEDULE D - PART 4

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

								- •	ng the v												
1	2	3	4	5	6	7	8	9	10		Change in Bo	ook/Adjusted Ca	rrying Value		16	17	18	19	20	21	22
		F								11	12	13	14	15							
		0																			
		r							Prior Year			Current Year's		Total	Book/				Bond Interest/		
		e							Book/	Unrealized		Other Than	Total	Foreian	Adjusted	Foreian			Stock	Stated	NAIC
		i			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	1
CUSIP			isposal	Name of	of Shares		Par	Actual	Carrying	Increase/	(Amortization)/	Impairment	B./A.C.V.	Change in	at Disposal	Gain (Loss)	Gain (Loss)	Gain (Loss)	Received	Maturity	or Market
Identification	Description	• I	Date	Purchaser		Consideration	Value	Cost	Value		1° '		(11 + 12 - 13)	B./A.C.V.	Date		· · ·			· ·	
			Date	Purchaser	OF SLOCK	Consideration	value	Cost	value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.U.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
Bonds - U	.S. Governments																				
	F F C B DEB 1.375% 3/28/			CALLED @ 100.0000000	xxx	3,200,000	3,200,000.00	3,197,600	3,198,197		192		192		3,198,389		1,611	1,611	22,000	03/28/2014	1
	F H L B DEB         0.670%         1/13/            F H L B DEB         4.500%         1/06/		/13/2012   /06/2012	MATURITY	XXX	2,000,000	2,000,000.00	2,000,000	2,000,000	••••					2,000,000	• • • • • • • • • • • • • • • •			6,700	01/13/2012	1
	FHLBDEB 4.500% 1/06/		/00/2012	CALLED @ 100.0000000		2,000,000		2,000,000	500,260	•••••	(260)		(260)		2,000,000	••••			5 000	08/23/2012	1
	Federal Home Loan Bank					1,000,000	1,000,000.00	1,000,000							1,000,000					03/15/2015	1
0599999 Subto	tal - Bonds - U.S. Governments				xxx	8,700,000	8,700,000.00	8,726,450	7,698,457		(68)		(68)		8,698,389		1,611		45,158	XXX.	XXX .
Bonde - L	.S. Political Subdivisions of	State	s Torri	itories and Possessi	one																
	ANNE ARUNDEL CNTY MD 5.250% 3/01/	1	1 1	MATURITY	xxx	1 000 000	1,000,000.00	1,080,950	1,007,908						1.000.000				26.250	03/01/2012	175
253363TF2	DICKINSON TX INDPT 0.500% 8/01/	03	/30/2012	Deutsche Bank	xxx																
2499999 Subto	tal - Bonds - U.S. Political Subdivisions of Sta	tes, Terri	tories and	Possessions	XXX	1,750,000	1,750,000.00	1,830,950	1,757,908		(7,908)		(7,908)		1,750,000					xxx.	XXX.
Bonds - L	.S. Special Revenue, Specia	1 4 5 5 6	esmer	nt																	
	OK Student Loan			Suntrust	xxx	200,000	200.000.00	189 348	187,505		204		204		187.709		12.291	12 201	116	12/01/2033	166
	tal - Bonds - U.S. Special Revenue. Special A				XXX	200,000			187,505		001				187,709		12,291		116		XXX.
																	1				
	dustrial and Miscellaneous	· · · · · · · · · · · · · · · · · · ·		1																	
	National Rural Utl MTN			MATURITY	XXX	366,000	366,000.00						(2,930)		366,000	• • • • • • • • • • • • • • • • •			13,268	03/01/2012	
	Astrazeneca Plc Sr Nt BAYERISCHE NY 0.331% 3/20/			Deutsche Bank	XXX	1,840,950 1,500,000	1,800,000.00	1,894,040 1,496,792	1,863,078		(22,085)		(22,085)		1,840,994			(44)	52,650		1FE 1FE
822582AL6	Shell Intl Fin Cpy Gtd	R 03	/30/2012	Deutsche Bank	xxx	456,759	450,000.00	1,496,792			(725)				1,500,000						1FE
	tal - Bonds - Industrial and Miscellaneous (Un				XXX	4,163,709	4,116,000.00	4,255,031	3,732,238		(25,970)		(25,970)		4,163,955				1		XXX.
	tal - Bonds - Part 4				XXX	14,813,709	. 14,766,000.00	15,001,779	13,376,108		(33,742)		(33,742)		14,800,053		13,656				XXX.
	nary Item from Part 5 for Bonds (N/A to Quarte				xxx	XXX	XXX	XXX	XXX	XXX	xxx	XXX	XXX	xxx	XXX	XXX	xxx	XXX	XXX	XXX.	XXX.
8399999 Subto	tal - Bonds				XXX	14,813,709	14,766,000.00	15,001,779	13,376,108		(33,742)		(33,742)		14,800,053		13,656	13,656	146,631	xxx.	XXX.
	ary Item from Part 5 for Preferred Stocks (N/				xxx	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	xxx	xxx	xxx	XXX	XXX.	XXX.
9799998 Sumn	hary Item from Part 5 for Common Stocks (N//	A to Quar	terly)		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX.	XXX.
9899999 Subto	tal - Preferred and Common Stocks				xxx		XXX													XXX.	XXX.
9999999 Total	Bonds, Preferred and Common Stocks				xxx	14,813,709	XXX	15,001,779	13,376,108		(33,742)		(33,742)		14,800,053		13,656	13,656	146,631	XXX.	XXX.
																•	•••••••••••••••••••••••••••••••••••••••		*****		

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

E06	Schedule DB Part A Section 1 NONE
E07	Schedule DB Part B Section 1 NONE
E08	Schedule DB Part D

E09 Schedule DL - Part 1 - Securities Lending Collateral Assets ...... NONE

E10 Schedule DL - Part 2 - Securities Lending Collateral Assets ...... NONE

#### STATEMENT AS OF March 31, 2012 OF THE AMERIGROUP Tennessee, Inc. SCHEDULE E - PART 1 - CASH Month End Depository Balances

Mon		epository B	ululloca					
1	2	3	4	5	Book Bala	ince at End of E	ach Month	9
					Dur	ing Current Qua	arter	
			Amount	Amount of	6	7	8	
			of Interest	Interest				
			Received	Accrued				
			During	at Current				
		Rate of	Current	Statement	First	Second	Third	
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*
open depositories								
Wachovia Cash				· · · · · · · · · · · · · · · · · · ·	1,482,406	(4,684,777)	(3,559,059)	XXX
JP Morgan Cash						225,916		
0199998 Deposits in8 depositories that do not exceed the								
allowable limit in any one depository - open depositories	XXX	X X X	4,008		7,041,092	7,042,171		XXX
0199999 Totals - Open Depositories	XXX	X X X	4,008		8,546,385	2,583,310	(3,545,858)	XXX
0299998 Deposits in0 depositories that do not exceed the								
allowable limit in any one depository - suspended depositories	XXX	X X X					<i></i>	XXX
0299999 Totals - Suspended Depositories	XXX	X X X						XXX
0399999 Total Cash On Deposit		X X X	4,008		8,546,385	2,583,310	(3,545,858)	ХХХ
0499999 Cash in Company's Office	XXX	X X X	. X X X .	X X X				ХХХ
0599999 Total Cash	XXX	X X X	4,008		8,546,385	2,583,310	(3,545,858)	XXX

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

Show Investments Owned End of Current Quarter

	onow investments owned		auror				
1	2	3	4	5	6	7	8
						Amount of	
		Date	Rate of	Maturity	Book/Adjusted	Interest	Amount Received
Description	Code	Acquired	Interest	Date	Carrying Value	Due & Accrued	During Year
			]				
					· ·		
699999 Total - Cash Equivalents							<u> </u>



## MEDICARE PART D COVERAGE SUPPLEMENT

Net of Reinsurance

NAIC	Group Code: 1156				NAIC Company (	Code: 12941
		Individua	Coverage	Group C	Coverage	5
		1	2	3	4	Total
		Insured	Uninsured	Insured	Uninsured	Cash
1.	Premiums Collected		XXX		XXX	
2.	Earned Premiums		XXX		XXX	XXX
3.	Claims Paid		XXX		X X X	
4.	Claims Incurred		XXX		XXX	XXX
5.	Reinsurance Coverage and Low Income Cost Sharing - Claims					
	Paid Net of Reimbursements Applied (a)			XXX		
6.	Paid Net of Reimbursements Applied (a) Aggregate Policy Reserves - change				XXX	x x x
7.	Expenses Paid				x x x	
8.	Expenses Incurred				XXX	x x x
9.	Underwriting Gain or Loss					
10.	Cash Flow Results	XXX	X X X	XXX	XXX	
	insured Receivable/Payable with CMS at End of Quarter: \$					1

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## **Statement of Actuarial Opinion**

# ΝΟΝΕ

## **Amended Statement Cover**

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## INDEX TO HEALTH QUARTERLY STATEMENT

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## INDEX TO HEALTH QUARTERLY STATEMENT

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## QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of Insurer

 Date
 05/15/2012
 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.

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

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, LLC Version: 2012.Q.1

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

F. The undersigned hereby certifies, according to the best of his/her knowledge and belief: that the diskettes submitted with this form were prepared in compliance with the NAIC specifications, that the diskettes have been tested against the validations included with these specifications, and that quarterly statement information required to be contained on diskette is identical to the information in the 2012 Quarterly Statement blank filed with the insurer's domiciliary state insurance department. In addition, the diskettes have been scanned through a virus detection software package, and no viruses are present on the diskettes. The virus detection software used was (name): McAfee VirusScan Enterprise

(version number): 8.8.0.849

ΛŇ (Signed

Type Name and Title: Margaret Mary Roomsburg, Vice President/Asst. Secretary

#### AMERIGROUP Tennessee, Inc. Report 2A For the Period Ending 03/31/12

Report 2A For the Period Ending 03/31/12	Current Period	Year-To-Date Total	Previous Year Total		
Member Months	606,060	606,060	2,444,669		
Revenues: TennCare Capitation Investment	212,899,005 765,186	212,899,005 765,186	896,910,241 2,552,148		
Other Revenues Total Revenues	0 213,664,191				
Estimated Expenses: Hospital and Medical (w/o Mental Health)					
Capitated Physician Services Fee-for Service Physician Services	- 35,806,495	- 35,806,495	- 143,533,978		
Inpatient Hospital Services	33,723,479	33,723,479	136,053,770		
Outpatient Hospital Services Emergency Room Services	9,953,024 6,891,327	9,953,024 6,891,327	47,033,009 28,151,346		
Dental Services Vision Services	- 642,244	- 642,244	- 2,391,743		
Pharmacy Services	-	-	-		
Home Health Services Chiropractic Services	7,384,763	7,384,763	27,840,770		
Radiology Services Laboratory Services	5,458,536 3,307,445	5,458,536 3,307,445	17,898,403 10,301,100		
Durable Medical Equipment Services	1,340,178	1,340,178	5,294,817		
Transportation Services Outside Referrals	4,237,911 -	4,237,911	17,007,828		
Medical Incentive Pool and Withhold Adj Occupancy, Depreciation and Amortization	-	- -	-		
Other Medical and Hospital Services - Write-Ins Subtotal Medical and Hospital	108,745,402	108,745,402	435,506,764		
Mental Health and Substance Abuse Services		100,710,102			
Inpatient Psychiatric Facility Services	2,175,510	2,175,510	11,509,221		
Inpatient Substance Abuse Treatment and Detox Outpatient Mental Health Services	1,380,395 1,878,856	1,380,395 1,878,856	4,505,626 7,503,980		
Outpatient Substance Abuse Treatment and Detox Housing/Residential Treatment	1,619,934 1,009,716	1,619,934 1,009,716	6,474,527 4,740,336		
Specialized Crisis Services	1,081,661	1,081,661	4,390,610		
Psychiatric Rehab and Support Services Case Management	736,002 5,344,038	736,002 5,344,038	3,558,194 23,779,936		
Forensics Other Judicial	-	-	-		
Pharmacy	-	-			
Lab Services	-		-		
Medical Incentive Pool and Withhold Adjustments Dccupancy, Depreciation and Amortization	-	-	-		
Other Mental Health and Substance Abuse Services	-	-	-		
PCP and Specialist Services Other Mental Health Services - Write-Ins Subtotal MH&SAS	15,226,112	15,226,112	66,462,430		
	20.646.462	20 646 462	154 244 185		
Nursing Facility Care HCBS Services	39,646,462 6,127,324	39,646,462 <u>6,127,324</u>	154,244,185 22,469,749		
Subtotal CHOICES Subtotal Hospital, Medical, MH&SAS, CHOICES	45,773,786 169,745,300	45,773,786 169,745,300	176,713,934 678,683,128		
LESS:					
Net Reinsurance Recoveries Incurred Copayments	(65,197) -	(65,197) -	(28,169)		
Subrogation and Coordination of Benefits Subtotal Reinsurance, Copay, Subrogation	(65,197)	(65.197)	(28,169)		
Total Hospital, Medical, MH&SAS	169,810,497	169,810,497	678,711,297		
Administration: Compensation	5,392,192	5,392,192	19,977,065		
Direct and Allocated Admin expenses Marketing	12,293,589 36,424	12,293,589 36,424	50,715,996 204,801		
nterest Expense	- 11,709,445	- 11,709,445	49,452,316		
Premium Tax Expense Dccupancy, Depreciation, and Amortization	271,667	271,667	1,183,006		
Other Administration - Write-Ins Total Administration Expenses	1,638,073 31,341,390	<u>1,638,073</u> 31,341,390	5,313,790 126,846,974		
Total Expenses Extraordinary Item	201,151,887	201,151,887	805,558,271		
Provision for Income Tax Net Income (Loss)	4,333,828 8,178,476	4,333,828 8,178,476	28,281,396 65,622,722		
Nrite-Ins for Other Revenues					
Total Other Revenues					
Nrite-Ins for Other Medical and Hospital					
Total Other Medical and Hospital					
Nrite-Ins for Other MH & SS					
Total Other MH & SS	-	- -			
Nrite-Ins for Other Administration Purch Svc Accts	283,167		813,389		
Telephone Expenses	140,833	140,833	437,310		
Other Taxes Provision for Bad Debt	139,802 241,154	139,802 241,154	2,014,548 (1,004,231)		
Postage and Delivery Printing and Reproduction	131,032 360,752	131,032 360,752	623,174 895,633		
Temporary Labor Accts	66,765	66,765	126,190		
Travel and Entertainment Exp Other Administration < \$40,000 YTD	157,708 116,860 1,638,073	157,708 116,860 1,638,073	579,520 828,257 5,313,790		

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Month Received	Cash	Recorded	Rate cell before accrual	Retroeligibility excluded from Withhold 2.5%	Capitation excluded from Withhold 2.5%	Withhold 2.5%	97.5% collected	Collected Withhold 2.5%	Quality Performance Incentive	Money Follows the Person (MFP) Incentive	Liquidated Damages	Cash difference	Premium receivable	
말 눈 물 물 것 같아. 말 눈 물 물 물 것 같아. 말 많이 많다.	Cash P2, C3, L5 IA	Premium P4, C2, L2									Admin Exp P4, C2, L21		Prem Rec P2, C3, L13.1	
Beginning Balance (Prem. Rec)							. ,					-		Balance @ 12/31/11
January February	74,544,359.95 8,700.00	70,927,179.18 22,000.00	74,586,272.57			1,864,656.81	72,721,615.76	1,831,100.66		22,000.00	(8,356.47)	0.00	33,556.15	
February February	57,857,520.76	69,943,718.66 72,636.54	57,355,030.88			1,433,875.77	55,921,155.11	1,864,656.81 72,636.54	72,636.54		(13,300.00) (927.70)	72,636.54 (145,273.08)	(503,417.58) 72,636.54	
reorday March March	72,095,080.21	71,918,470.42 15,000.00	72,457,645.58			1,811,441.14 -	70,646,204.44	1,433,875.77 15,000.00	12,030.34	15,000.00	-	(140,273.00) 15,000.00 (30,000.00)	362,565.37	
Total	\$ 204,505,660.92	\$ 212,899,004.80	\$ 204,398,949.03	\$	\$ -	\$ 5,109,973.73	\$ 199,288,975.30	\$ 5,217,269.79	\$ 72,636.54	\$ 37,000.00	\$ (22,584.17)	\$ (87,636.54)	\$ 8,364,682.12	
Reconciliation Cash collected Premium earned		\$ 204,505,660.92 212,899,004.80											933,058.67	Changes in Premium Receivable: Retro Receivable Subtotal @ 03/31/12
Difference		\$ (8,393,343.88)											9,297,740.79	Subiotal @ US/S1/12
Premium Receivable		\$ 9,297,740.79												
Less: Beginning Balance Liquidated Damages Change in Payment Adjustments @ 03-2012	\$ 8,384,341.64 (22,584.17) (7,457,360.56)		-											
Difference		\$ (8,393,343.88)	-											

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Medicaid Premiums	212,899,004.80
Change in Premium Receivable	(913,399.15)
Change in Payment Adjustments @ 03-2012	(7,457,360.56
	204,528,245.09
cash collected	204,505,660.92
add back liquidated damages	22,584.17
	204,528,245.09

11,249,053.48

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 -90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals						
0299998 Premium due and unpaid not individually listed						
0299999 Total group						
0399999 Premium due and unpaid from Medicare entities	122,693			558,056.00		680,749
0499999 Premium due and unpaid from Medicaid entities	8,864,015			433,726		9,297,741
0599999 Accident and health premiums due and unpaid (Page 2, Line 13) .	8,986,708	-	-	991,782		9,978,489

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 -90 Days	Over 90 Days	Nonadmitted	Admitted
Pharmaceutical Rebate Receivables						
Caremark	100,327	77,264	63,621	333,920	575,132	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed						
0199999 Subtotal - Pharmaceutical Rebate Receivables	100,327	77,264	63,621	333,920	575,132	
0299998 Claim Overpayment Receivables - Not Individually Listed	886,378	211,142	31,253	12,295	610,071	530,997
0299999 Subtotal - Claim Overpayment Receivables	886,378	211,142	31,253	12,295	610,071	530,997
Loans and Advances to Providers						
0399998 Loans and Advances to Providers - Not Individually Listed				138,000	138,000	
0399999 Subtotal - Loans and Advances to Providers				138,000	138,000	
0499998 Capitation Arrangements Receivables - Not Individually Listed					•••••	
0499999 Subtotal - Capitation Arrangements Receivables					•••••	
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables				•••••		
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables			,			
0799999 Gross health care receivables	986,704	288,407	94,873	484,214	1,323,203	530,997

## **EXHIBIT 3 - HEALTH CARE RECEIVABLES**

## **EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1	2	3	4	5	6	Adm	itted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 -90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Individually listed receivables				L	i		
AMERIGROUP Corporation			NC	<b>DNE</b>			
0199999 Total - Individually listed receivables			I IN V	ノ IN E			
0299999 Receivables not individually listed			- <u></u>				
0399999 Total gross amounts receivable							