### **QUARTERLY STATEMENT**

### OF THE

### **AMERIGROUP** Tennessee, Inc.

of

Nashville

in the state of

Tennessee

TO THE

**Insurance Department** 

OF THE STATE OF

Tennessee

FOR THE QUARTER ENDED June 30, 2013



QUARTERLY STATEMENT

AS OF June 30, 2013 OF THE CONDITION AND AFFAIRS OF THE

	AWER	<u> (IGRUUI</u>	<u>r iennes</u>	<u>see, Ir</u>	1C	
NAIC Group Code	0671         ,         1156           Current Period)         (Prior Perio		AIC Company Code _	12941	Employer's ID Num	ber20-4776597
Organized under the Laws of	Tennessee	1	State of Dom	icile or Port of	Entry	Tennessee
Country of Domicile	United States of Americ	ca				
Licensed as business type:	Life, Accident & Health[ ] Dental Service Corporation[ ] Other[ ]	Property/Casual Vision Service C Is HMO Federal		He	ospital, Medical & Dental Serv ealth Maintenance Organizatio	• • • •
Incorporated/Organized	04/26/2006		Comm	enced Busine	ss0	4/01/2007
Statutory Home Office	22 Century Boulevar (Street and Nur				Nashville, TN, US	
Main Administrative Office	(Silber and Nul			oration Lane	(City of Town, State, Counti	·
	Virginia Beach, VA, 23462		(Sileet a	ind Number)	(757)490	
Mail Address	(City or Town, State, Country and Zip Coo	n Lane			(Area Code) (Telep Virginia Beach, VA (City or Town, State, Countr	A, 23462
Primary Location of Books an	(Street and Number of d Records	r P.O. Box)		5 Corporation	Lane	ry and ZIp Code)
	Virginia Beach, VA, 23462		(8	Street and Numb	er) (757)490-	-6900
Internet Web Site Address	(City or Town, State, Country and Zip Coo www.amerig	*			(Area Code) (Telep	phone Number)
Statutory Statement Contact	Bette Lou (				(757)518	
	(Nam Bette.Gronseth@amerigroup.com	,			(Area Code)(Telephone (757)557	-6742
	(E-Mail Address)	∩E	FICERS		(Fax Nun	nber)
		lame	Title			
	Kathleen Su Jack Louis Y Robert Davic Karen Lint S Kendall Benj	King le Willingham san Kiefer oung I Kretschmer	Chairperson President/CEO Vice President/COO Secretary Vice President/Asst. Treasurer Vice President/Asst. Vice President, Finar Asst. Treasurer	Treasurer #		
		0	THERS			
	Ī	DIRECTOR	S OR TRUST	FFS		
	Charles Brian Shipp Wayne Scott DeVeydt Alvin Brock King		o on moor	Carter All	en Beck e Irene Kelaghan	
State of Virg County of Virginia						
the herein described assets we with related exhibits, scheduler said reporting entity as of the r Statement instructions and Ac reporting not related to accoun- described officers also include	ntity, being duly sworn, each depose and sere the absolute property of the said reports and explanations therein contained, anne eporting period stated above, and of its in counting Practices and Procedures manualiting practices and procedures, according is the related corresponding electronic filing may be requested by various re	ting entity, free and exed or referred to come and deductic al except to the ext to the best of their g with the NAIC, w	I clear from any liens on the factor of the factor of the pent that: (1) state law information, knowledghen required, that is a	or claims there ement of all the period ended, a may differ; or, ge and belief, r n exact copy (	eon, except as herein stated, a e assets and liabilities and of and have been completed in a (2) that state rules or regulation respectively. Furthermore, the except for formatting difference	and that this statement, together the condition and affairs of the accordance with the NAIC Annual ons require differences in a scope of this attestation by the
///////	32-	PSHAI.	1_1 X46	1	four K	The same of the sa
•	Signature) Brock King	\ /	(Signature) en Susan Kiefer		, , ,	nature) rid Kretschmer
	nted Name)		rinted Name) 2.		(Printe	ed Name) 3.
Pres	sident/CEO (Title)		Secretary (Title)			asurer Title)
Subscribed and sworn	, ,		inal filing? State the amendment	number	Yes[	X] No[]
Barbar (Notary Public	Signature)		Date filed Number of pages attac	ched		
(Notary Public (Notary Public )	TE SSEE					
My Continues March 3	me Expires:					



OptumInsight

To:

### Representation Concerning Matters Pertaining to Examination of Statutory Actuarial Items

From:	AMERIGROUP Tennessee, Inc.							
quarter	ection with your examination of the unpaid clain by statement of AMERIGROUP Tennessee, Inc. (Cont tof my knowledge and belief:	·						
1.	All information which would affect the actuaria	l items examined has been given to you;						
2.	Basic records, listings, summaries and other inf calculation of the actuarial items identified belo	· · · · · · · · · · · · · · · · · · ·						
3.	No methods or procedures employed by the Coaccurate determination of the actuarial items e							
4.	<ol> <li>At-risk providers are in a financial position to meet all liabilities under any incentive contracts with payers.</li> </ol>							
	stand that you have relied on these items to per cy or completeness of these items.	form your analysis and have not audited the						
to the k schedul	spect to assets and liabilities of AMERIGROUP Ten best of my knowledge and belief, the statutory st les and explanation therein contained, annexed e assets and liabilities and the condition of affai	or referred to, is a complete and fair statement						
Signed	Mary A. J. Segla	Signed						
Name	Mark Blessinger	Name James Manger						
Title	AVP, Corporate Actuarial	Title VP, Finance						
Date	8/7/13	Date <u>8/7/13</u>						
Address	s 4425 Corporation Lane, VA 23462	Address 4425 Corporation Lane, VA 23462						

Phone Number <u>757-955-8910</u>

4425 Corporation Lane Virginia Beach, Virginia 23462 757.490.6900

Phone Number <u>757-962-6490</u>

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

This Opinion is:	V	Unqualified	☐ Qua	ualified			☐ Inconclusive		
Identification Section	on	1 100011000		☐ Prescribed Wording with Additional Wording			Revised Wording		
Scope Section		☑ Prescribed Wording Only			ibed Wording onal Wording		Revised Wording		
Reliance Section		☑ Prescribed Wording Only			☐ Prescribed Wording with Additional Wording		Revised Wording		
Opinion Section		☐ Prescribed Wording Only	1		•		with Additional Wording		Revised Wording
Relevant Commen	ts	Filing meets red which is the onl				V	Revised Wording		
☐ The Actuarial New the an Actuarial S			es "Devi	ation from S	tandard" wordi	ng re	garding conformity		

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

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

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

## Statement of Actuarial Opinion AMERIGROUP Tennessee, Inc.

June 30, 2013

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

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

- A. Are in accordance with accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- B. Are based on actuarial assumptions relevant to contract provisions and appropriate to the purpose for which the statement was prepared,
- C. Meet the requirements of the Insurance Laws and regulations of the state of Tennessee and are at least as great as the minimum aggregate amounts required by any state in which the statement is filed,
- D. Make good and sufficient provision for all unpaid claims and other actuarial liabilities of the organization under the terms of its contracts and agreements,
- E. Are computed on the basis of assumptions and methods consistent with those used in computing the corresponding items in the annual statement of the preceding yearend,
- F. Include appropriate provision for all actuarial items that ought to be established.

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

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

John C. Lloyd FSA, MAAA 2170 Satellite Blvd., Suite 150

Duluth GA 30097 678-417-4906

August 13, 2013

### **ASSETS**

	AOO		Current Statement Date		
		1	2	3	·
			Nonadmitted	Net Admitted Assets	December 31 Prior Year Net
		Assets	Assets	(Cols, 1 - 2)	Admitted Assets
1.	Bonds	180,764,860		180,764,860	128,313,116
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	17,396,748		17,396,748	15,862,262
3.	Mortgage loans on real estate:				
	3.1 First liens		.,,,,,,,		
	3.2 Other than first liens				
4.	Real estate:				
	4.1 Properties occupied by the company (less \$0 encumbrances)				
	4.2 Properties held for the production of income (less \$0 encumbrances)				
	4.3 Properties held for sale (less \$ 0 encumbrances)			***************************************	
5.	Cash (\$(24,079,941)), cash equivalents (\$0) and short-term investments (\$7,132,202)	(16,947,739)		(16,947,739)	54,711,065
6.	Contract loans (including \$ premium notes)	· ·			
7.	Derivatives				
8.	Other invested assets				
9.	Receivables for securities			***************************************	
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets				
12.	Subtotals, cash and invested assets (Lines 1 to 11)				
13.	Title plants less \$0 charged off (for Title insurers only)		*** *		1
14.	Investment income due and accrued				
15.	Premiums and considerations:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	, ,
	15.1 Uncollected premiums and agents' balances in the course of collection	8 450 526		8 450 526	7 927 310
		6,450,526		6,430,326	7,927,310
	15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but				
	unbilled premiums)				
	15.3 Accrued retrospective premiums	10,300		10,300	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers				
	16.2 Funds held by or deposited with reinsured companies		i i		
	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 $\dots$	1			1
18.2	Net deferred tax asset				1
19.	Guaranty funds receivable or on deposit				
20.	Electronic data processing equipment and software	2,203		2,203	2,772
21.	Furniture and equipment, including health care delivery assets (\$0)	·			
22.	Net adjustments in assets and liabilities due to foreign exchange rates $\ldots\ldots$				
23.	Receivables from parent, subsidiaries and affiliates				
24.	Health care (\$1,723,017) and other amounts receivable				1
25.	Aggregate write-ins for other than invested assets				
26.	TOTAL assets excluding Separate Accounts, Segregated Accounts and				
1	Protected Cell Accounts (Lines 12 to 25)	198,601,996	3,564,031	195,037,965	212,184,230
27.	From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
28.	TOTAL (Lines 26 and 27)				
	LS OF WRITE-INS				T
1101.					
1102.					1
1103.	Summary of remaining write-ins for Line 11 from overflow page				
1	TOTALS (Lines 1101 through 1103 plus 1198) (Line 11 above)				
2501.	TOTALE (Line 101 till aggir 100 piac 100) (Line 100 piac 100)				
2502.					
2503.	O		Y .		•
1	Summary of remaining write-ins for Line 25 from overflow page				
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				

STATEMENT AS OF June 30, 2013 OF THE AMERIGROUP Tennessee, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	LIABILITIES, CAPITAL AND		Current Period		Prior Year
		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$0 reinsurance ceded)			1	1
2.	Accrued medical incentive pool and bonus amounts	38,050		38,050	127,952
3.	Unpaid claims adjustment expenses	2,109,152		2,109,152	1,472,203
4.	Aggregate health policy reserves, including the liability of \$0 for medical loss ratio				
	rebate per the Public Health Service Act				476,970
5.	Aggregate life policy reserves	***************************************			
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves	•••••			
8.	Premiums received in advance				
9.	General expenses due or accrued	120,005		120,005	217,694
10.1	Current federal and foreign income tax payable and interest thereon (including \$0				
	on realized gains (losses))	2,007,254		2,007,254	2,581,534
10.2	Net deferred tax liability				
11.	Ceded reinsurance premiums payable				
12.	Amounts withheld or retained for the account of others				
13.	Remittances and items not allocated				
14.	Borrowed money (including \$0 current) and interest thereon \$0	0,00 1,0-1-1		, 0,001,044	14,000,100
	(including \$0 current)				
15.	Amounts due to parent, subsidiaries and affiliates				
16.	Derivatives				
i	· · · · · · · · · · · · · · · · · · ·		,	1	
17.	Payable for securities				
18.	Payable for securities lending		, , . ,		
19.	Funds held under reinsurance treaties with (\$0 authorized reinsurers, \$0				
	unauthorized reinsurers and \$0 certified reinsurers)				
20.	Reinsurance in unauthorized and certified (\$0) companies				
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
22.	Liability for amounts held under uninsured plans			· ·	· ·
23.	Aggregate write-ins for other liabilities (including \$0 current)				
24.	Total liabilities (Lines 1 to 23)				
25.	Aggregate write-ins for special surplus funds	X X X	X X X		
26.	Common capital stock	X X X	X X X	1,000	1,000
27.	Preferred capital stock	X X X	X X X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
28.	Gross paid in and contributed surplus	X X X	X X X	95,809,432	95,809,432
29.	Surplus notes	X X X	X X X	, , ,	
30.	Aggregate write-ins for other than special surplus funds			,,,,	
31.	Unassigned funds (surplus)			(639,993)	
32.	Less treasury stock, at cost:		.,,,,,	(000,000)	
02.	32.10 shares common (value included in Line 26 \$	YYY	YYY		
	32.2				
22	Total capital and surplus (Lines 25 to 31 minus Line 32)				
33.					
34.	Total Liabilities, capital and surplus (Lines 24 and 33)	X X X	X X X	195,037,965	212,184,230
		12.041.176		12.041.176	11.659.281
2302.	Unclaimed Property - Wells Fargo				
2303.					
	Summary of remaining write-ins for Line 23 from overflow page				44.0=0.004
2399. 2501.	TOTALS (Lines 2301 through 2303 plus 2398) (Line 23 above)	12,084,145	y y y	12,084,145	11,659,281
2501. 2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page	X X X	X X X		
2599.	TOTALS (Lines 2501 through 2503 plus 2598) (Line 25 above)				
3001.					
3002. 3003.					
3098.	Summary of remaining write-ins for Line 30 from overflow page				
	TOTALS (Lines 3001 through 3003 plus 3098) (Line 30 above)		XXX		

### STATEMENT OF REVENUE AND EXPENSES

	STATEMENT OF REVENUE	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX	1,218,670	1,228,379	2,459,155
2.	Net premium income (including \$0 non-health premium income)	xxx	451,413,597	450,213,407	904,880,116
3.	Change in unearned premium reserves and reserves for rate credits	xxx	476,970		
4.	Fee-for-service (net of \$ 0 medical expenses)	xxx			
5.	Risk revenue	xxx			
6.	Aggregate write-ins for other health care related revenues	XXX			
7.	Aggregate write-ins for other non-health revenues	XXX			
8.	Total revenues (Lines 2 to 7)				
Hospit	al and Medical:				
9.	Hospital/medical benefits	 	286,084,683	286,585,637	583,235,023
10.	Other professional services	l .			
11.	Outside referrals				
12.	Emergency room and out-of-area	1			
13.	Prescription drugs				
14.	Aggregate write-ins for other hospital and medical	1			
15.	Incentive pool, withhold adjustments and bonus amounts				
16.	Subtotal (Lines 9 to 15)				
Less:	\\\\\		67 2,02 1,7 26		10,700,722
17.	Net reinsurance recoveries		(141 788)	(131.870)	(279 574)
18.	Total hospital and medical (Lines 16 minus 17)			·	
19.	Non-health claims (net)	1			
20.	Claims adjustment expenses, including \$10,167,361 cost containment expenses				
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts (including \$0 increase in		50,064,136	30,417,471	102,262,339
22.	reserves for life only)				
22	Total underwriting deductions (Lines 18 through 22)				
23. 24.	Net underwriting gain or (loss) (Lines 8 minus 23)				
	Net investment income earned				
25.		1			
26.	Net realized capital gains (losses) less capital gains tax of \$33,761				
27.	Net investment gains or (losses) (Lines 25 plus 26)				3,195,968
28.	Net gain or (loss) from agents' or premium balances charged off [(amount recovered				
	\$0) (amount charged off \$0)]		1		
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)		l .		1
31.	Federal and foreign income taxes incurred				-
32.	Net income (loss) (Lines 30 minus 31)	XXX	12,421,509	15,533,531	25,844,500
0601.		XXX			
0602.		1			
0603. 0698.	Summary of remaining write-ins for Line 6 from overflow page		l 1		
0699.	TOTALS (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX			
0701.					
0702. 0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page	XXX			
0799. 1401.	TOTALS (Lines 0701 through 0703 plus 0798) (Line 7 above)  DME, Home Health Care, Ambulance, Other LTSS				
1401.	DINE, Nome Realth Care, Ambulance, Other LTSS	1			
1403.					
1498. 1499.	Summary of remaining write-ins for Line 14 from overflow page				
2901.		,			
2902. 2903.					
2998.	Summary of remaining write-ins for Line 29 from overflow page	i i			I I
2999.	TOTALS (Lines 2901 through 2903 plus 2998) (Line 29 above)				

### **STATEMENT OF REVENUE AND EXPENSES (Continued)**

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

**CASH FLOW** 

		1 Current Year	2 Prior Year	3 Prior Year Ended
	0.150	To Date	To Date	December 31
1	Cash from Operations	4======		
,	Premiums collected net of reinsurance	1		
	Net investment income			1
,	Miscellaneous income			
	TOTAL (Lines 1 to 3)			
	Benefit and loss related payments			i
	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
	Commissions, expenses paid and aggregate write-ins for deductions			
	Dividends paid to policyholders			
	Federal and foreign income taxes paid (recovered) net of \$ 0 tax on capital gains		1	
	(losses)	6,654,581	3,469,323	8,362,2
).	TOTAL (Lines 5 through 9)			
۱.	Net cash from operations (Line 4 minus Line 10)	12,989,649	13,277,988	24,105,2
	Cash from Investments			
<u>2</u> .	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	29,819,642	34,336,002	68,214,0
	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)			
	Cost of investments acquired (long-term only):	20,010,000	04,000,111	
•		93 275 520	24 424 902	44 202 6
	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)	83,275,520	30,611,460	50,500,2
	Net increase (or decrease) in contract loans and premium notes			
	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(53,456,931)	3,724,317	17,714,5
	Cash from Financing and Miscellaneous Sources			
i.	Cash provided (applied):			
	16.1 Surplus notes, capital notes			
	16.2 Capital and paid in surplus, less treasury stock		••••	
	16.3 Borrowed funds			
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		.,,,,,,	
	16.5 Dividends to stockholders			
	16.6 Other cash provided (applied)	1		
	Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5	(1,101,922)	(12,121,1000)	(0) (0)
•	plus Line 16.6)	(31 101 522)	(77 127 330)	(68 A68 O3
	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS	(31,191,022)	(11,121,550)	(00,400,00
•	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and	(74.050.004)	(00.405.005)	(00.040.00
	17)	. [ (71,658,804)]	(60,125,025)	(26,648,20
	Cash, cash equivalents and short-term investments:			
	19.1 Beginning of year			
	19.2 End of period (Line 18 plus Line 19.1)			54,711,0
	Note: Supplemental Disclosures of Cash Flow Information	or Non-Cash Transact	ions:	

### **EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

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

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

STATEMENT AS OF June 30, 2013 OF THE AME	RIGROUP Tennessee, Inc.  CLAIMS UNPAID AND INCE		WITHHOLD AN		ported and U	nreported)	
	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						
	0399999 Aggregate Accounts Not Individually Listed - Covered	3,695,934	(75,198)	574	(3,744)	(61,814)	3,555,752
	0499999 Subtotals	3,695,934	(75,198)	574	(3,744)	(61,814)	3,555,752
	0599999 Unreported claims and other claim reserves						69,671,917
	0799999 Total Claims Unpaid						73,227,669
	0899999 Accrued Medical Incentive Pool And Bonus Amounts						38,050

### **UNDERWRITING AND INVESTMENT EXHIBIT**

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

		ALTOIS OF CLAIMS	,			5	6
				Liab	oility		
		Claims			d of		
		Paid Yea	r 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						
7.	Title XIX - Medicaid						
8.	Other health						
9.	Health subtotal (Lines 1 to 8)	59,697,067	312,625,315	3,769,381	69,458,288	63,466,448	72,842,721
10.	Healthcare receivables (a)	3,728,884	943,965			3,728,884	4,132,247
11.	Other non-health						
12.	Medical incentive pools and bonus amounts	89,687		(10,990)	49,040	78,697	127,952
13.	Totals (Lines 9 - 10 + 11 + 12)	56,057,870	311,681,350	3,758,391	69,507,328	59,816,261	68,838,426

<sup>(</sup>a) Excludes \$......18,000 loans or advances to providers not yet expensed.

#### 1. Summary of Significant Accounting Policies

#### A. Accounting Practices

The accompanying financial statements of AMERIGROUP Tennessee, Inc. (the "Company") have been prepared in conformity with the National Association of Insurance Commissioners' ("NAIC") *Annual Statement Instructions* and in accordance with accounting practices prescribed by the NAIC *Accounting Practice and Procedures Manual* ("NAIC SAP"), subject to any deviations prescribed or permitted by the Tennessee Department of Commerce and Insurance ("TDCI").

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

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

Preparation of financial statements requires management to make estimates and assumptions that affect the amount reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

#### C. Accounting Policy

Health premium revenues, based on membership records and premiums rates for each membership category within each county, are recognized as revenue during the period in which the Company is obligated to provide service to members. Premiums are reported net of excess loss reinsurance ceded and experience rating refunds. Premiums paid before the effective service month are recorded on the balance sheet as premiums received in advance and are subsequently credited to income as earned during the coverage period. Premium rates are subject to approval by CMS. Costs, such as premium taxes and other underwriting expenses are charged to operations as incurred.

In addition, the Company uses the following accounting policies.

- (1) Short-term investments with maturities of less than one year at the date of acquisition are reported at amortized cost.
- (2) Bonds are stated at amortized cost, with amortization calculated based on the scientific method, using lower of yield to call or yield to maturity.
- (3) Common stocks of unaffiliated companies are stated at fair value.
- (4) The Company has no preferred stock.
- (5) The Company has no mortgage loans.
- (6) Loan-backed securities are stated at amortized cost. Pre-payment assumptions for loan-backed securities and structured securities are obtained from broker-dealer survey values or internal estimates. These assumptions are consistent with the current interest rate and economic environment. The retrospective adjustment method is used to value all loan-backed securities.
- (7) The Company has no investment in subsidiaries, controlled and affiliated companies.
- (8) The Company has no investment in joint ventures, partnerships and limited liability companies.
- (9) The Company has no investment in derivatives.
- (10) The Company does not utilize anticipated investment income as a factor in the premium deficiency calculation.
- (11) Unpaid Claims and loss adjustment expenses include management's best estimate of amounts based on historical claim development patterns and certain individual case estimates. The established liability considers health benefit provisions, business frequency, and severity of claims. Reserves for unpaid claims and claim adjustment expenses are based on assumptions and estimates, and while management believes such estimates are reasonable, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and changes in estimates are incorporated into current period estimates.
- (12) The Company has not modified its capitalization policy from the prior period.
- (13) Pharmacy rebates receivable are recorded when earned based upon actual rebate receivables billed and an estimate of receivables based upon current utilization of specific pharmaceuticals and provider contract terms or as contract terms allow. All pharmaceutical rebate receivables are considered non-admitted due to their collectability beyond 90 days.

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

No significant change.

#### 3. Business Combinations and Goodwill

No significant change.

#### 4. Discontinued Operations

No significant change.

#### 5. Investments

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

No significant change.

#### B. Debt Restructuring

No significant change.

#### C. Reverse Mortgages

No significant change.

#### D. Loan-Backed Securities

- (1) Prepayment assumptions for mortgage-backed and structured securities were obtained from broker-dealer survey values or internal estimates. The Company used various third-party pricing sources in determining the market value of its loan-backed securities.
- (2) The Company did not recognize other-than-temporary impairments on its loan-backed securities for the six month period ended June 30, 2013.
- (3) The Company did not hold other-than-temporarily impaired loan-backed securities at June 30, 2013.
- (4) The Company had no impaired securities for which an other-than-temporary impairment had not been recognized in earnings as a realized loss at June 30, 2013.
- (5) The Company had no impaired loan-backed securities at June 30, 2013.

#### E. Repurchase Agreements

No significant change.

#### F. Real Estate

No significant change.

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

No significant change.

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

No significant change.

#### 7. Investment Income

No significant change.

#### 8. Derivative Instruments

No significant change.

#### 9. Income Taxes

No significant change.

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

#### A. Nature of the relationship

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

#### B. Significant transactions for each period

No significant change.

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

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

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

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

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

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

#### D. Amounts due to or from Related Parties

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

#### E. Guarantees or Contingencies for Related Parties

The Company did not enter into guarantees or undertakings for the benefit of an affiliate which would result in a material contingent exposure of the Company's or any affiliated insurer's assets or liabilities.

#### F. Management, Service Contracts, Cost Sharing Arrangements

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

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

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

#### H. Amount deducted for Investment in Upstream Company

No significant change.

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

No significant change.

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

No significant change.

#### K. Investment in a Foreign Insurance Subsidiary

No significant change.

#### L. Investment in Downstream Non-insurance Holding Companies

No significant change.

#### 11. Debt

No significant change.

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

The Company does not participate in a defined benefit program.

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

No significant change.

#### 14. Contingencies

No significant change.

#### 15. Leases

No significant change.

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

No significant change.

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

#### A. Transfers of Receivables Reported as Sales

None

#### B. Transfer and Servicing of Financial Assets

None

#### C. Wash Sales

- (1) In the course of the Company's asset management, securities may be sold and reacquired within 30 days of the sale date to enhance the yield on the investments.
- (2) At June 30, 2013 and December 31, 2012, there were no wash sales involving securities with an NAIC designation of 3 or below or unrated.

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

No significant change.

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

No significant change.

#### 20. Fair Value

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

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

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

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

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

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

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

#### A. Fair Value Measurements

(1) Fair Value Measurements at June 30, 2013

Description for each class of asset or liability		(Level 1)	 (Level 2)	 (Level 3)		Total
a. Assets at fair value						
Perpetual Preferred Stock						
Industrial and Misc	\$	MANAGAR M	\$ *****	\$ -	\$	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the
Parents, Subsidiaries and Affiliates			 	 w-w		
Total Preferred Perpetual Stocks	\$	*****	\$ -	\$ -	\$	
Bonds						
U.S. Government	\$	_	\$ _	\$ _	\$	
Industrial and Misc		_	_	_		_
Hybrid Securities			_	_		_
Parents, Subsidiaries and Affiliates			 	 THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1		
Total Bonds	\$	-	\$ -	\$ -	\$	-
Common Stock						
Industrial and Misc	\$	12,671,097	\$ 4,725,651	\$ 	\$	17,396,748
Parents, Subsidiaries and Affiliates			 	 		
Total Common Stocks	\$	12,671,097	\$ 4,725,651	\$ p	\$	17,396,748
Derivative assets						
Interest rate contracts	\$	******	\$ ********	\$ _	\$	_
Foreign exchange contracts			-	_		_
Credit contracts		_	_			
Commodity future contracts		_	_	_		
Commodity forward contracts		Service Management of the Control of		 		
Total Derivatives	\$		\$ 	\$ _	\$ .	
Separate account assets	\$ _	Market Commence	\$	\$ 	\$	
Total assets at fair value	\$ =	12,671,097	\$ 4,725,651	\$	\$ :	17,396,748
b. Liabilities at fair value						
Derivative Liabilites	\$		\$ 	\$ 	\$	
Total liabilities at fair value	\$ =		\$	\$	\$ :	

- (2) As of June 30, 2013, there were no investments in Level 3 carried at fair value.
- (3) The Company's policy is to recognize transfers between Levels, if any, at the beginning of the reporting period. There were no assets measured at fair value that were transferred between levels as of the six months ended June 30, 2013.
- (4) Fair values of fixed maturity securities are based on quoted market prices, where available. These fair values are obtained primarily from third party pricing services, which generally use Level 1 or

Level 2 inputs, for the determination of fair value to facilitate fair value measurements and disclosures. United States Government securities represent Level 1 securities, while Level 2 securities primarily include corporate securities, securities from states, municipalities and political subdivisions and residential mortgage-backed securities. For securities not actively traded, which would be classified as Level 3, the third party pricing services may use quoted market prices of comparable instruments or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include, but are not limited to, broker quotes, benchmark yields, credit spreads, default rates and prepayment speeds. Fair values of equity securities are generally designated as Level 1 and are based on quoted market prices. For certain equity securities, quoted market prices for the identical security are not always available and the fair value is estimated by reference to similar securities for which quoted prices are available. These securities are designated Level 2. There have been no significant changes in the valuation techniques during the current period. The Company's Level 2 securities consist of corporate bonds, debt securities of government sponsored entities, municipal bonds, mortgage-backed securities, ETF bond funds, and collateralized mortgage obligations.

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

#### B. SSAP No. 100 with Other Accounting Pronouncements

No significant change.

#### C. Aggregate Fair Value

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

#### D. Not Practicable to Estimate Fair Value

No significant change.

#### 21. Other Items

No significant change.

#### 22. Events Subsequent

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

#### 23. Reinsurance

No significant change.

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

No significant change.

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

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

#### 26. Intercompany Pooling Arrangements

No significant change.

#### 27. Structured Settlements

No significant change.

#### 28. Health Care Receivables

No significant change.

#### 29. Participating Policies

No significant change.

#### 30. Premium Deficiency Reserves

No significant change.

#### 31. Anticipated Salvage and Subrogation

No significant change.

### **GENERAL INTERROGATORIES**

# PART 1 - COMMON INTERROGATORIES GENERAL Detions requiring the filing of Displayure of Material Transcations as

	Domicile, as required	ty experience any material transact I by the Model Act? been filed with the domiciliary stat	, ,	isciosure ot iviai	eriai Transaction	is with the State	OT	Yes[ ] No[X] Yes[ ] No[ ] N/A[X]
	reporting entity?	3 ,	ement in the charter, by-laws	s, articles of inco	orporation, or dee	ed of settlement of	of the	Yes[] No[X]
3.1 3.2	Have there been an If the response to 3.1	y substantial changes in the orgar is ves, provide a brief description	izational chart since the prio of those changes:	or quarter end?				Yes[] No[X]
4.1	Has the reporting ent If yes, provide the na	ity been a party to a merger or cor me of entity, NAIC Company Code	solidation during the period	covered by this two letter state a	statement? abbreviation) for	any entity that ha	as ceased	Yes[] No[X]
		1 Name of E	intity	NAIC C	2 ompany Code	State	3 of Domicile	7
	<u>.</u>						······	···
5.	or similar agreement,	have there been any significant c	ment, including third-party a hanges regarding the terms	dministrator(s), of the agreemer	managing genera at or principals in	al agent(s), attorr volved?	ney-in-fact,	Yes[] No[X] N/A[]
6.1 6.2	State as of what date	the latest financial examination of	the reporting entity was man	de or is being m	ade. te of domicile or	the reporting ent	itv. This	12/31/2012
	date should be the da State as of what date	ate of the examined balance sheet the latest financial examination re	and not the date the report vectors and not the date the report vectors.	was completed on the ner states or the	or released. public from eithe	r the state of do	micile or	12/31/2010
6.4	date).	·	on date of the examination r	eport and not the	e date of the exa	mination (balanc	e sheet	11/09/2011
2.2 If yes, clade of charge:  3. Here there bear any substantial changes in the organizational chart since the prior quarter end?  3. If the response 0.3 Is yes, provide a crid description of those changes:  4. Has the propriet partly bear again, or a purpor or consolidation, and sales of dominie (use the letter state address).  4. Has the propriet gridly bear again, or a purpor or consolidation chins; the surd coveral by this statement?  4. If the reporting entity is subject to a management greeners, including this department of the propriet gridly and sales of dominie (use the letter state address), and the propriet gridly is subject to a management agreement, including third-party administratoris), managing general agent(s), attorney-in-fact, or smaller agreement, have been any significant changes regarding the terms of the agreement in principals into verif.  5. If the reporting entity is subject to a management agreement, including third-party administratoris), managing general agent(s), attorney-in-fact, or smaller agreement, have been any significant changes regarding the terms of the agreement in principals into verif.  5. If the reporting entity is subject to a management agreement, including third-party administratoris), managing general agent(s), attorney-in-fact, or smaller agreement, have been any significant changes regarding the terms of the agent and the scale of consider of management or spectral party and the scale of the scale of consider of the scale o					Yes[] No[] N/A[X] Yes[X] No[] N/A[]			
2.2 If the exporting entity? 2.2 If the exporting entity? 2.3 If the exporting entity is a year, provide a hirtel description of those changes: 2.4 If the exporting entity tean party in a merger or consolidation during the certain covered by this statement? 2.4 If the exporting entity tean party in a merger or consolidation during the certain covered by this statement? 2.4 If these provide far entire description (Company Code, and state of domicle (use two later state absence) for any entity that has desced to excell as a nest, of the nerger or consolidation.  2. If the reporting entity is subject to a management agreement, including third party administratority, managing general agent's), attemption or consolidation thanges regarding entity administratority, managing general agent's), attorney-in-fact, or similar agreement, have there been any significant changes regarding entity was made or in being made. 2. State as or chart data the least financial examination of the reporting entity was made or in being made. 2. State as or chart data the least financial examination of the exporting entity was made or in being made. 2. State the set of data the financial examination of the exporting entity was made or in being made. 2. State the set of data the financial examination of the exporting entity was made or in being made. 2. State the set of data the financial examination of the exporting entity was made or in being made. 2. State the set of data the financial examination of the exporting entity was made or in the financial examination of the examination (putance sheet). 2. State the set of data the financial examination of the examination report been accounted for in a sussequent financial statement of the reporting entity. This is the relies and error composition also of the examination report been accounted for in a sussequent financial statement of the part department. 2. Financial Reserve Board? 2. Financial Reserve Board? 2. Financial Reserve Board? 3. Financial Reserve Board? 3. Financial Reserve Board? 4					Yes[] No[X]			
8.2 8.3	If response to 8.1 is y Is the company affilia If response to 8.3 is y regulatory services a	ves, please identify the name of the ted with one or more banks, thrifts ves, please provide below the nam gency [i.e. the Federal Reserve Bo	e bank holding company. or securities firms? es and location (city and sta pard (FRB), the Office of the	te of the main of Comptroller of the	he Currency (OC	C), the Federal I	<i>ı</i> a federal Deposit	Yes[] No[X] Yes[] No[X]
		1 Affiliate Name	_			_	_	
				. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	. Yes[] No[X]	
9.1 <sup>-</sup> 9.2 9.2	similar functions) of the control of	he reporting entity subject to a coccal conduct, including the ethical hate, timely and understandable discapplicable governmental laws, rulinal reporting of violations to an apuradherence to the code.  1 is No, please explain: ics for senior managers been ame 2 is Yes, provide information relations.	e of ethics, which includes the andling of actual or apparent losure in the periodic reports es and regulations; propriate person or persons and actual person or persons actual person or pers	he following star t conflicts of inte required to be t identified in the	ndards? rest between per filed by the repor	sonal and profes		Yes[X] No[]  Yes[] No[X]  Yes[] No[X]
9.3	1 If the response to 9.	3 is Yes, provide the nature of any	waiver(s).	ogia:				100[]110[/]
10. <sup>2</sup>	1 Does the reporting of 2 If yes, indicate any a	entity report any amounts due from amounts recelvable from parent in	parent, subsidiaries or affilia	ates on Page 2	of this statement	?		Yes[X] No[ ] \$672,910
, ,	4 101 50	also bonds as all access to 50			00F00m=-1 1	onuico	collable for	
	use by another pers	on? (Exclude securities under sec	urities lending agreements.)	ea under option	agreement, or ot	nerwise made av	raliable tor	Yes[] No[X]
12.	Amount of real esta	te and mortgages held in other inv	ested assets in Schedule BA	A:				\$
								\$
14.1 14.2	1 Does the reporting of 2 If yes, please complete.	entity have any investments in pardete the following:	ent, subsidiaries and affiliate	s?				Yes[] No[X]

### **GENERAL INTERROGATORIES (Continued)**

		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21	Bonds		
14.22	Preferred Stock		
14.23	Common Stock		.,
14.24	Short-Term Investments		
14.25	Mortgages Loans on Real Estate		
14.26	All Other		<u>,</u>
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	<u></u>	

14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	es[] No[X] ] No[] N/A[X]
	es[] No[X]
<ul> <li>15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB?</li> <li>15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?</li> <li>15.2 If no, attach a description with this statement.</li> </ul>	] MO[] MA[A]
16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:  16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  16.2 Total book/adjusted carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2  16.3 Total payable for securities lending reported on the liability page  \$	
7. 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? Ye 7.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:	es[X] No[ ]
1 2	
Name of Custodian(s) Custodian Address	
Bank of New York Mellon Corporation	
7.2 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:	

Yes[X] No[]

3

Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter?
17.4 If yes, give full and complete information relating thereto:

Name(s)

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

2

Location(s)

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

1	2	3
Central Registration		
Depository	Name(s)	Address
		345 Park Ave, New York, New York 10154

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

Yes[X] No[]

### **GENERAL INTERROGATORIES**

#### PART 2 - HEALTH

<ol> <li>Operating Percentages:</li> <li>1.1 A&amp;H loss percent</li> <li>1.2 A&amp;H cost containment percent</li> <li>1.3 A&amp;H expense percent excluding cost containment expenses</li> </ol>	84.608% 2.250% 11.676%
<ul> <li>2.1 Do you act as a custodian for health savings accounts?</li> <li>2.2 If yes, please provide the amount of custodial funds held as of the reporting date.</li> <li>2.3 Do you act as an administrator for health savings accounts?</li> <li>2.4 If yes, please provide the balance of the funds administered as of the reporting date.</li> </ul>	Yes[] No[X] \$

STATEMENT AS OF June 30, 2013 OF THE AMERIGROUP Tennessee, Inc.

### **SCHEDULE S - CEDED REINSURANCE**

**Showing All New Reinsurance Treaties - Current Year to Date** 

Onlowing An New Kemsulance Heatles - Outlent Teat 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)							
			NONE										

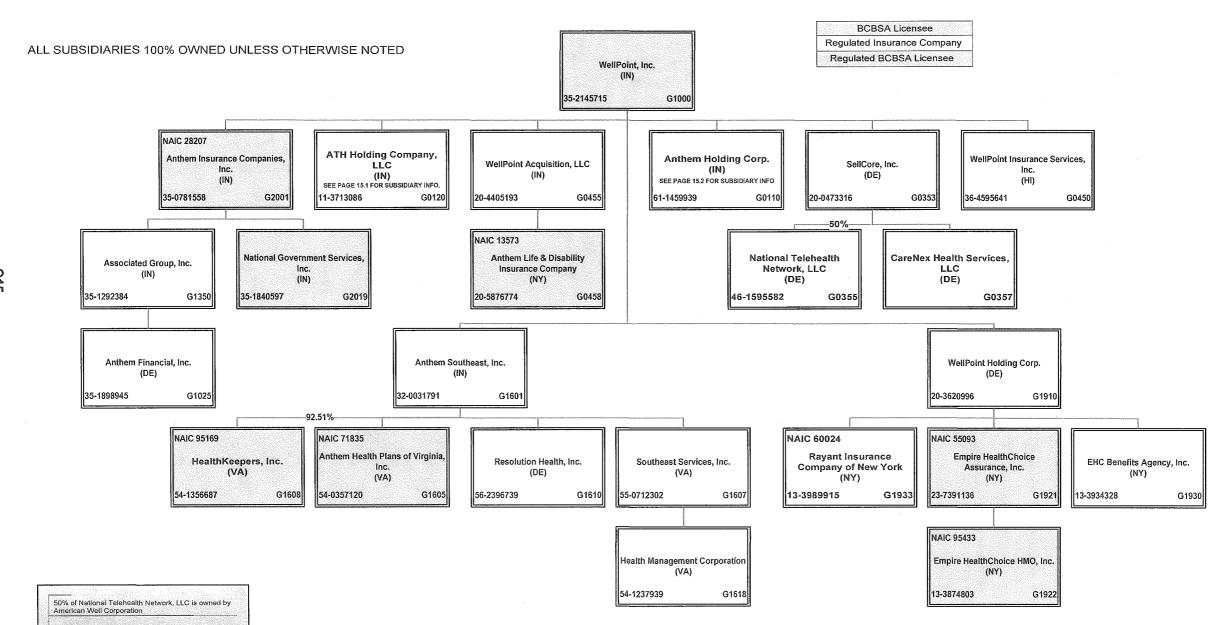
### SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

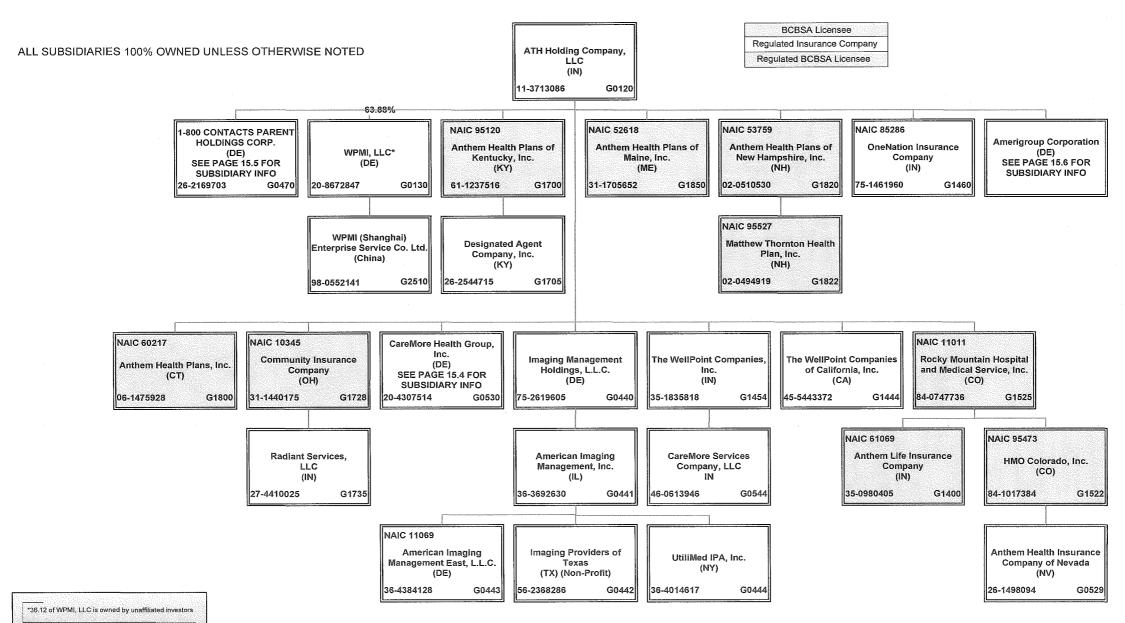
		T 2111 9111	10010	P 0160 1.1111	oodtod Ny	States allu						
		1	2	3	4	Direct Bus 5	ness Only	7	8	9		
		'		J 3	7	Federal	Life and Annuity	1		9		
			Accident and			Employees Health		Property/	Total			
		Active	Health	Medicare	Medicaid	Benefits Program	and Other	Casualty	Columns	Deposit-Type		
	State, Etc.	Status	Premiums	Title XVIII	Title XIX	Premiums	Considerations	Premiums	2 Through 7	Contracts		
1.	Alabama (AL)		Tomano	TIGO XVIII	TIUC XIX	1 Termiums		1 tomano	2 11110dg11 7			
2.	Alaska (AK)	l .	1	1								
3.	Arizona (AZ)											
4.	Arkansas (AR)	N							,,,,			
5.	California (CA)						l .					
6.	Colorado (CO)											
7.	Connecticut (CT)											
8.	Delaware (DE)											
9.	District of Columbia (DC)											
10.	Florida (FL)											
11.	Georgia (GA)									.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
12.	Hawaii (HI)											
13.	Idaho (ID)				1							
14.	Illinois (IL)				1							
15.	Indiana (IN)	N										
16.	lowa (IA)											
17.	Kansas (KS)											
18.	Kentucky (KY)	N										
19.	Louisiana (LA)	N										
20.	Maine (ME)	N										
21.	Maryland (MD)	N										
22.	Massachusetts (MA)	N										
23.	Michigan (MI)											
24.	Minnesota (MN)	N			,,							
25.	Mississippi (MS)											
26.	Missouri (MO)	N										
27.	Montana (MT)											
28.	Nebraska (NE)											
29.	Nevada (NV)											
30.	New Hampshire (NH)											
31.	New Jersey (NJ)											
32.	New Mexico (NM)											
33.	New York (NY)	N										
34.	North Carolina (NC)	N										
35.	North Dakota (ND)	N										
36.	Ohio (OH)	N										
37.	Oklahoma (OK)											
38.	Oregon (OR)											
39.	Pennsylvania (PA)											
40.	Rhode Island (RI)						l .	į .				
41.	South Carolina (SC)						l .					
42.	South Dakota (SD)	N										
43.	Tennessee (TN)				l .		1	1	. 451,413,597			
44.	Texas (TX)						1					
45.	Utah (UT)											
46.	Vermont (VT)											
47.	Virginia (VA)							1				
48.	Washington (WA)							1				
49.	West Virginia (WV)				,,		1					
50.	Wisconsin (WI)											
51.	Wyoming (WY)											
52.	American Samoa (AS)	NI		,						***************************************		
53.	Puerto Rico (PR)						i .	l .				
54. 55.	U.S. Virgin Islands (VI)							II.				
56.	Northern Mariana Islands (MP)						1	1				
57.	Canada (CAN)						1					
58.	Aggregate other alien (OT)				1							
56. 59.	Subtotal			24 509 265	426 815 322				. 451,413,597			
60.	Reporting entity contributions for			27,030,200	20,010,002				51, 110,007			
00.	Employee Benefit Plans	XXX										
61.	Total (Direct Business)											
	LS OF WRITE-INS	_ (ω) Ι	1	1 27,000,200	1. 120,010,002		1	1/	1	1		
5801.	F2 OL MAKILE-11/42	XXX.			1				Ī			
5801.		XXX.										
5802.		XXX.					1			[		
5898.	Summary of remaining write-ins for	^^^.										
0090.	Line 58 from overflow page	x x x .										
5899.	TOTALS (Lines 5801 through 5803									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
0033.	plus 5898) (Line 58 above)	xxx.										
	pius 5030) (Lille 50 above)	1 ^ ^ ^				Oc. (O) Ovelified (						

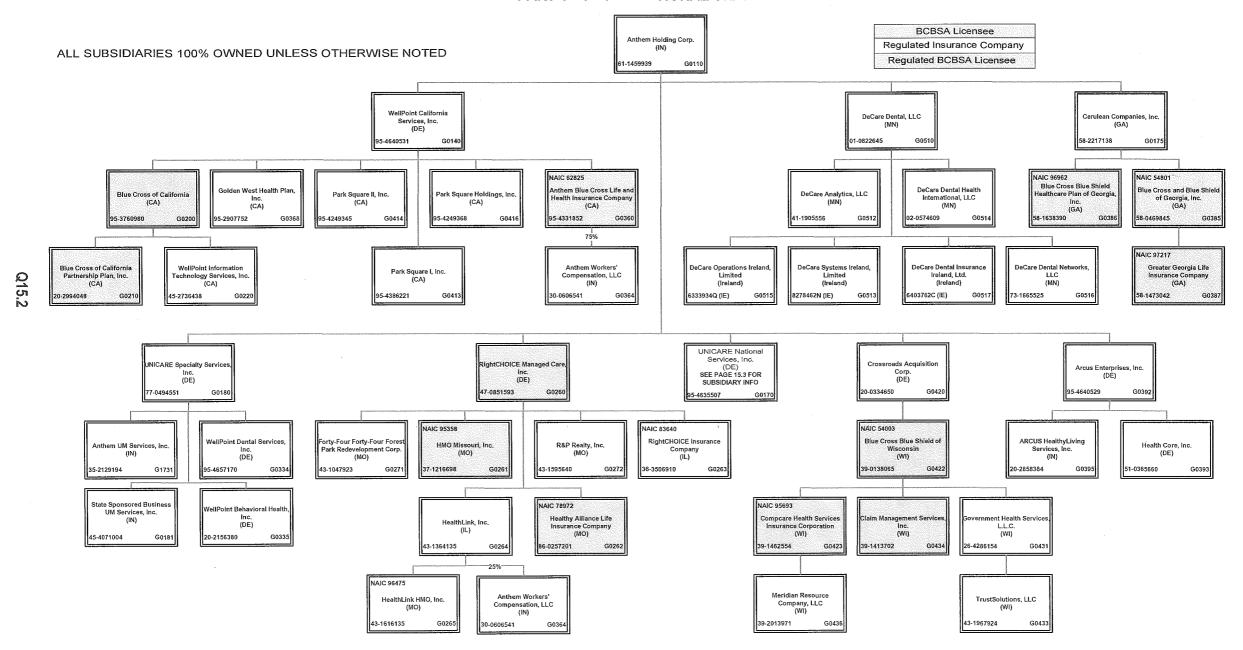
<sup>(</sup>L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to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

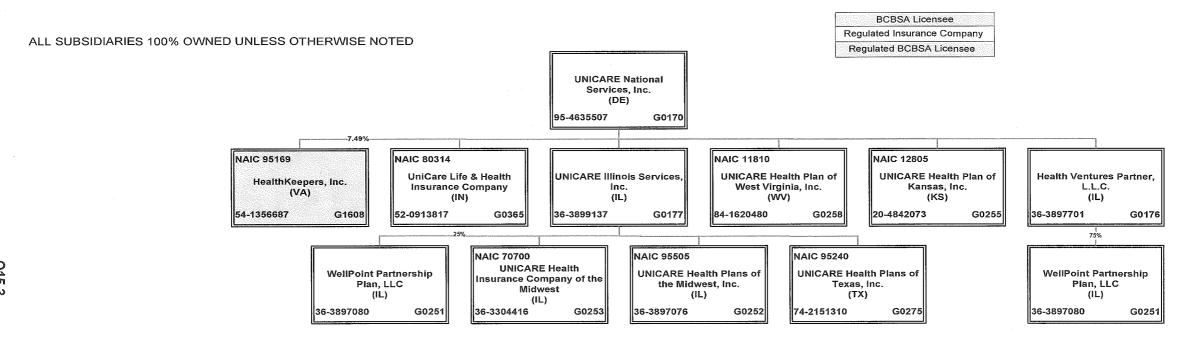
<sup>(</sup>a) Insert the number of L responses except for Canada and Other Alien.

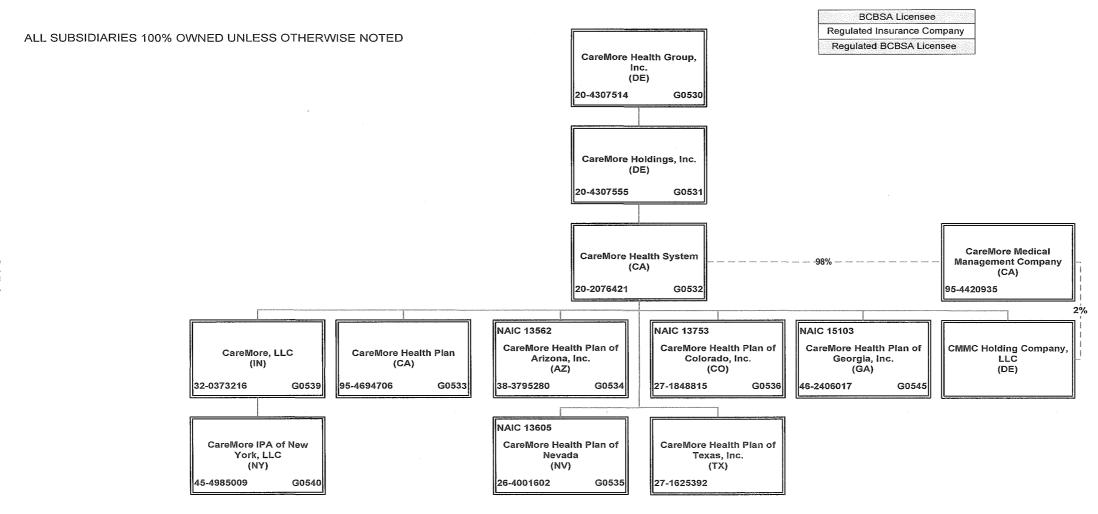


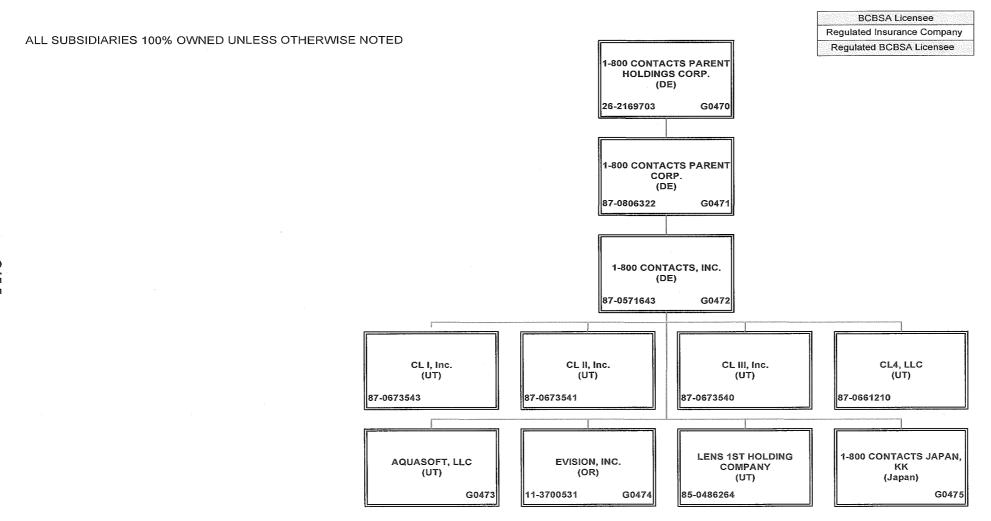
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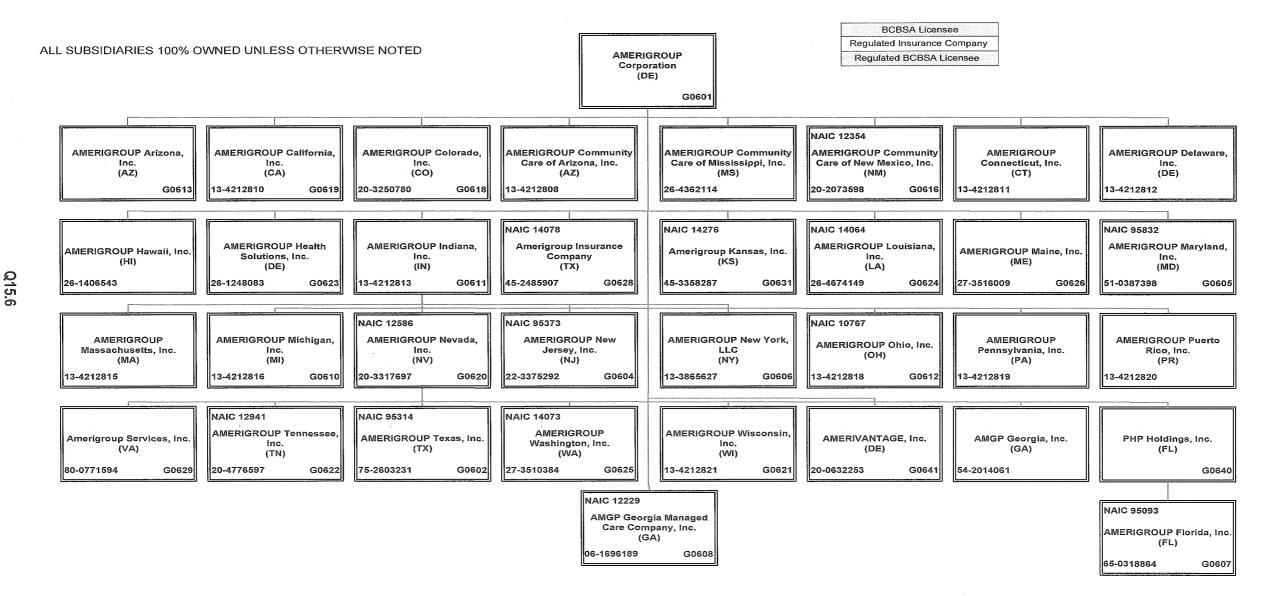












# SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

The Company		PART IA - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM													
Marcol   Marcol   Marcol   Scientific   Sc	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Securities   Part   P							Name of				Directly	Type of Central		, ,	"
Exchange   Parett   Corp.   Foliar   Parett							1				,	7.			
Company   Comp							Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
Company			NAIC				Exchange	Parent,	Domic-	ship to	by	Board.	is	Ultimate	1 1
Series   Control   Contr			Comp-	Federal			if Publicly	Subsidiaries	1	Report-	· ·	Management	i		1 1
Code	0						,				V	,		1	
Section   Sect			1 1	·-	1 1		,		Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
February   February	Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
February   February													i		
Control   Cont	0671	WellPoint, Inc	00000	87-0571643 .		,	·	1-800 CONTACTS, INC	DE .	NIA	1-800 CONTACTS PARENT				
Control   Cont											CORP.	Ownership	100.0	WellPoint Inc	
Order   Veliporal, Inc.   Order   Or	0671	WellPoint, Inc.	.   000000		l l			1-800 CONTACTS JAPAN.						Trom only mos	
Welford, Inc.		,							.IPN	NIA	1-800 CONTACTS INC	Ownership	100.0	WellPoint Inc	
CORP   Verificat   Corp   Co	0671	WellPoint Inc	100000	87-0806322				1-800 CONTACTS PARENT	01 11			Cwitothip	100.0	vvoiii oiiit, iiio	
WelFord, Inc.	100, ,	Trom one, mo.	100000	07 0000022 .	1				DE I	NHA		Ownorchin	100.0	MaliDaint Inc	1 1
Decoration   1009   35-4584178     New Point, Inc.   1009   35-4584178   New Point, Inc.   Decoration   1000   New Point, Inc.   Decoration   10	0671	WellPoint Inc	Innonol	26-2160703					DL .	NIA	TIOLDINGS CORF	Ownership		vvenrount, inc	
	0071	Well offic, fro	100000	20-2103703.			***************************************		DE	NIIA	ATU Ualdina Campany II C	Ournemble	4000	NAC-NED-1-1-1-1	1 1
Management East, LUC   DE   A Management Fast, LUC   DE   A Management fine.   Ownership   100.0   WelForth, Inc.	0674	WollDoint Inc	11000	26 4204420					DE .	NIA		Ownership		wellPoint, inc	
Corr   WeiPosit, Inc.   Coco   Company   Corr   WeiPosit, Inc.   Coco   Company   Corr   WeiPosit, Inc.   Coco	00/1	WYGNFUHL, IIIG	11009	JU-4J04 IZO .					pr	14		Our suchia	1000	NAC-DE LA LA	
Management, Inc.   0.0000	0674	WellDeint Inc	00000	26 2600020					₽E .	IA		Ownersnip	100.0	vveliPoint, Inc.	[
Well-Point, Inc.	06/1	vveiiPoint, inc	.   00000	30-3092630			•••••			<b>.</b>					
Memplerit, Inc.	0.07.4										Holdings, L.L.C.				
Dept.   Well-Point, Inc.   Dood   20-259780   Dept.   Dept.									AZ .	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
WellPoint, Inc.   CO0000   23-2507369   AMERIGROUP Colorado, Inc.   CO   NIA   AMERIGROUP Comparation   Owneship   100.0   WellPoint, Inc.   Core of Ancons, Inc.   AMERIGROUP Comparation   Owneship   100.0   WellPoint, Inc.   Core of Ancons, Inc.   AMERIGROUP Comparation   Owneship   100.0   WellPoint, Inc.   Core of Markins   AMERIGROUP Comparation   Owneship   100.0   WellPoint, Inc.   Core of Markins   Core of Markins	0671	WellPoint, Inc	00000	13-4212810 .				The state of the s							1 1
0.671   WellPoint, Inc.   0.00000   28-256788   Care of Antana, Inc.   AMERIGROUP Colorado, Inc.   Co.   N.A.   AMERIGROUP Corporation   Ownership   0.000   WellPoint, Inc.   0.0000   28-458-2114   Care of Antana, Inc.   AMERIGROUP Community   AZ   AMERIGROUP Community   AMERIGROUP Community   Care of New Meach, Inc.   0.0000   28-458-2114   Care of New Meach, Inc.   0.00000   0.0000   0.0000   0.0000   0.0000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.000000   0.0000000   0.00000000								Inc		NIA		Ownership	100.0	WellPoint, Inc.	1
Affection   Affe	0671	WellPoint, Inc	.   00000	20-3250780 .				AMERIGROUP Colorado, Inc.	. co.	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	1
Caro of Arthographic   Caro of Arthographic	0671	WellPoint, Inc	00000	13-4212808 .				AMERIGROUP Community			•	·		,	
AMERICAND   Care of Mississon, Inc.   MS   NIA   AMERICAND Community   Care of Mississon, Inc.   MS   NIA   AMERICAND Comparation   Care of Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon, Inc.   NIM   NIA   AMERICAND Comparation   Care of New Mississon	ł							Care of Arizona, Inc.	AZ .	l NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
Card of MeliPoint, Inc.   1235   20-2073598   AldERIGNOUP Community   Card of New Maxico, inc.   MN   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   NIA   AMERIGROUP Compression   Ownership   100.0   WellPoint, Inc.   NIA   AMERIGROUP Compression   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   Ownership   100	0671	WellPoint, Inc.	.   00000	26-4362114 .		<i></i>					,				1
AMERIGACUP Community   Care of New Membroit, Inc.   1234 (2)-0275598   Care of New Membroit, Inc.   NM   NIA   AMERIGACUP Corporation   Ownership   100.0   WellPoint, Inc.   O0000   13-4212811   Care of New Membroit, Inc.   NM   NIA   AMERIGACUP Corporation   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   Owners	)	,	J		j <b>j</b>				MS .	l nia	AMERIGROUP Comporation	Ownership	100.0	WellPoint Inc	] ]
Care of New Mexico, Inc.   NM   NA   AMERIGROUP Corporation   Mark   NA   AMERIGROUP Corporation   Members   Membe	0671	WellPoint, Inc.	12354	20-2073598									100.0	Trom only mo.	
MetPoint, Inc.	"	Trom only more	1200	20,0000				Care of New Mexico Inc	NM	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint Inc	1
Inc.	0671	WellPoint Inc	00000	13-4212811					. 13171 .	١٧,,	TAMERAGINEOU COIPOIAGON	Owneronip	100.0	Went ont, inc.	
AMERIGROUP Corporation   DE   UDP   ATH Holding Company, LLC   Ownership   100.0   WellPoint, Inc.   00000   34-21/2812   AMERIGROUP Delivers   Inc.   AMERIGROUP Delivers   Inc.   Ownership   100.0   WellPoint, Inc.   00000   34-21/2813   AMERIGROUP Pelivers   Inc.   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   WellPoin	0071	VVCiii Ciitt, iiio.	100000	10 12 12011.					СТ	NIIA	AMERICACI ID Corporation	Ownership	100.0	WallDaint Inc	
	0671	WellPoint Inc	nnnnn					AMERICACI ID Corporation							
10   10   10   10   10   10   10   10			00000	13 4212812		l			DL .	UDF .	ATT Holding Company, LLC	Ownership	100.0	weirom, mc	
MelPoint, Inc.   95033 65-0318864   AMERIGROUP Florida, Inc.   FL   IA   PFIP Ploldings, Inc.   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   Ownershi	10071	WellFollit, Inc.	.   00000	10-4212012.			***************************************		DE	NIIA	AMEDICACIA Corporation	Ouranhia	400.0	10/- HD - '- / L	
AMERIGROUP Healting   Composition   Compos	0671	MoliDoint Inc	05003	GE 0240064	1 1		1						100.0	wellPoint, Inc.	
AMERIGROUP Health   Solutions, Inc.   DE   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   DE   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   DE   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   WellPoint, Inc.			00000	00-0010004 .											
Solutions, Inc.   DE   NIA   AMERIGROUP Corporation   Ownership   10.0   WellPoint, Inc.   Ownership   10.0   Owners		WellPoint Inc.	100000	20-1400043		I			HI	NIA	AWERIGROUP Corporation	Ownersnip	100.0	wellPoint, Inc.	
MERIGROUP Indiana, Inc.   INC.   MERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   Ownership   100.0	ו/סטן	vveiiPoint, inc		ZO-1Z48U83 .						N 11 A	AMEDIODOUD O "				
0671   WellPoint, Inc.   14078   45-2485907   Amerigroup Insurance   Company   TX   IA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   14276   45-3358287   Amerigroup Kansas, Inc.   KS   IA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   14064   26-4674149   AMERIGROUP Louisiana,   Inc.   Inc.	0074	IM-UD-C-C-L-	00000	40 4040040			1	Solutions, Inc.							
		vveiiPoint, Inc.				• • • • • • • • • • • • • • • • • • • •	I		IN	[ NIA	AIVIERIGROUP Corporation	Ownership	100.0	WellPoint, Inc	
	0671	wellPoint, Inc	.   14078	45-2485907 .											]
0671   WellPoint, Inc.   14064   26-4674149     AMERIGROUP Louisiana, Inc.   LA   IA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   0000   07-3516009   AMERIGROUP Maryland, Inc.   ME   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   0000   07-3516009   AMERIGROUP Maryland, Inc.   MID   IA   AMERIGROUP Corporation   Ownership   00000   00000   0000   00000   0000   00000   00000   00000   00000   000	1	J	J I		J i	]									
No.   No.		WellPoint, Inc.			<i></i> [				KS .	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671   WellPoint, Inc.   00000   27.3516009   AMERIGROUP Maine, Inc.   ME   NIA   AMERIGROUP Corporation   Ownership   00000   00000   00000   000000   000000	0671	WellPoint, Inc	.   14064	26-4674149 .											
0671   WellPoint, Inc.   00000   27.3516009   AMERIGROUP Maine, Inc.   ME   NIA   AMERIGROUP Corporation   Ownership   00000   00000   00000   000000   000000		•					1	Inc		IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	1
0671   WellPoint, Inc.   95832   51-0387398   AMERIGROUP Maryland, Inc.   MD   IA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   Ownership   100.0   Ownership   100	0671							AMERIGROUP Maine, Inc	. ME .	NIA				WellPoint, Inc.	1
0671   WellPoint, Inc.   00000   13-4212815	0671	WellPoint, Inc	95832	51-0387398 .			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AMERIGROUP Maryland, Inc.	. MD .	IA					
Massachusetts, Inc.   MA   NIA   AMERIGROUP Corporation   Ownership   100.0   WellPoint, Inc.   00000   13-4212816   AMERIGROUP Michigan, Inc.   MI   NIA   AMERIGROUP Corporation   Ownership   00000   000000000000000000000000000	0671		.   00000	13-4212815 .			1				,				
Name								Massachusetts, Inc.	. MA .	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671   WellPoint, Inc.   12586   20-3317697   AMERIGROUP Nevada, Inc.   NV   IA   AMERIGROUP Corporation   Ownership   Owner	0671	WellPoint, Inc.	.   00000	13-4212816		.,,,,,,,,,,,,	1				AMERIGROUP Corporation				
Note			12586	20-3317697			1				AMERIGROUP Corporation		100.0	WellPoint Inc	
Note			95373	22-3375292	1		1			" *	l		100.0	Tom One, mo.	
0671   WellPoint, Inc.   00000   13-3865627   AMERIGROUP New York,   LLC   NY   IA   AMERIGROUP Corporation   000001   1000001   1000001   1000001   1000001   10000001   10000001   100000000	""		1				1		N.I	Δ!	AMERIGROUP Corporation	Ownership	100 O	WellPoint Inc	
0671   WellPoint, Inc.   10767   13-4212818     LLC   NY   IA   AMERIGROUP Corporation   Ownership   000001   AMERIGROUP Corporation   Ownership   000001   Ownership   Owne	0671	WellPoint Inc	00000	13-3865627				AMERICA OIL New York	140 .	ייי	Milliand   Colporation	Ownorship	100.0	VVCIITOIRI, IIIG.	
0671   WellPoint, Inc.   10767   13-4212818     AMERIGROUP Ohio, Inc.   OH   IA   AMERIGROUP Corporation   Ownership     Ownership     Ownership     Ownership     AMERIGROUP Ohio, Inc.   Ownership     O	00/1	Treatment of the treatm	.   00000	10 0000021 .		* * * * * * * * * * * * * * * * * * * *			NIV	1 14	AMERICACINA Composition	Ownorship	400.0	WallDaint Inc	0000004
0671   WellPoint, Inc.   00000   13-4212819     AMERIGROUP	0671	WellPoint Inc	10767	13 /212819			1	AMEDICPOLID Objection			AMEDICACID Corporation				
								AMEDICACID	. Vn.	IA	AWENGROUP Corporation	Ownership	100.0	weilPoint, inc.	
Perinsylvania, IIIC	100/1	vvenronn, mo	טטטטטן.	13-42 120 19 .	[ ····· ]				D4	NII A	AMERICA OUR Comments	Ournambia	400.0	W-IID 1 1	
	L	<u> </u>					<u> </u>	remisylvania, mc	PA .	NIA	AMENIGROUP Colporation	Ownership	100.0	vveiiPoint, inc.	

### **SCHEDULE Y**

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

1	2	3	4	5	6	7			1	Γ				
	1				U	/	8	9	10	11	12	13	14	15
		1 1		1		Name of	ľ			Directly	Type of Control			"
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board.	is	l Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,			
Group		any	ID	I I FEDERAL I		Traded (U.S.	Or			<b>1</b>	,	Ownership	Controlling	1 1
Code		1 1			CIK	,	= :	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
	- 1000	Code	Number	RSSD		or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
0671 .	WellPoint, Inc	00000	13-4212820 .	.,			AMERIGROUP Puerto Rico,							
0074	MaliDaint Inc.	00000	00 0774504				Inc	. PRI .	NIA	AMERIGROUP Corporation	Ownership		WellPoint, Inc	
0671 . 0671 .	WellPoint, Inc.	12041	80-0771594 . 20-4776597 .				Amerigroup Services, Inc  AMERIGROUP Tennessee.	VA .	NIA	AMERIGROUP Corporation	Ownership	100,0	WellPoint, Inc.	
0011,	vvein ont, mo	12341	20-4110001 .					TN .		AMERIGROUP Corporation	Ownombin	400.0	WellPoint, Inc.	
0671.	. WellPoint, Inc	95314	75-2603231 .				Inc	TX .	IA	AMERIGROUP Corporation	Ownership Ownership	100.0	WellPoint, Inc.	
0671.	. WellPoint, Inc	14073	27-3510384 .				AMERIGROUP Washington,	17(.	"	Trivillation Corporation	Ownership	100.0	weill oith, mo	
							Inc	. WA .	IA	AMERIGROUP Corporation	Ownership	100.0 l	WellPoint, Inc	[
0671 .	. WellPoint, Inc	00000	13-4212821 .				AMERIGROUP Wisconsin,			•	,		,	
0074	187-187-1-4-1	00000	00 0000000				Inc	WI .	NIA	AMERIGROUP Corporation	Ownership		WellPoint, Inc	
0671 . 0671 .	WellPoint, Inc.	00000	20-0632253 . 54-2014061 .				AMERIVANTAGE, Inc.	DE .	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671. 0671.	WellPoint, Inc.	12220	06-1696189				AMGP Georgia, Inc	. GA .	NIA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0071.	. Well-olit, Illo	12223	00-1090109.				Care Company, Inc.	. GA .	IA	AMERIGROUP Corporation	Ownership	100.0	WellPoint, Inc.	
0671.	. WellPoint, Inc	62825	95-4331852 .		*****		Anthem Blue Cross Life and	. OA.	га	WellPoint California Services.	Ownership	100.0	vveiiPoint, inc	
	, , , , , , , , , , , , , , , , , , , ,						Health Insurance Company	CA .	IA	Inc.	Ownership	100.0	WellPoint, Inc.	
0671.	. WellPoint, Inc	00000	35-1898945 .				Anthem Financial, Inc	DE .	NIA	Associated Group, Inc.	Ownership	100.0	WellPoint, Inc.	
0671 .	.   WellPoint, Inc	00000	26-1498094 .				Anthem Health Insurance			.,	·		Trom only morning	
00=1							Company of Nevada	NV .	NIA	HMO Colorado, Inc	Ownership	100.0	WellPoint, Inc	
0671 .	. WellPoint, Inc	95120	61-1237516 .				Anthem Health Plans of						· ·	
0671 .	. WellPoint, Inc	E0040	31-1705652 .				Kentucky, Inc	KY .	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0011.	. WeilFoint, Ric	32010	31-1700002.					. ME.	IA	ATH Holding Company, LLC	Ownership	400.0	Marin I	
0671.	WellPoint, Inc.	53759	02-0510530 .		, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Maine, Inc	. IVI⊏ .	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
	Trom only mo	00,00	02 00 10000 .		,		Hampshire, Inc.	. NH .	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671.	WellPoint, Inc	71835	54-0357120 .	40003317			Anthem Health Plans of		,, ,, ,, ,,	Transferring Company, 220	O'Morsing	100.0	West Offic, mo.	
		1 1					Virginia, Inc	VA .	IA	Anthem Southeast, Inc	Ownership	100.0	WellPoint, Inc.	Íi
0671.	. WellPoint, Inc.	60217	06-1475928 .				Anthem Health Plans, Inc	CT .	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671.	WellPoint, Inc.	000000	61-1459939 .				Anthem Holding Corp	IN	NIA	WellPoint, Inc	Ownership	100.0	WellPoint, Inc.	
0671 .	WellPoint, Inc	28207	35-0781558				Anthem Insurance	IN	1.0	144 HP : 4 1				1
0671.	. WellPoint, Inc	13573	20-5876774 .				Companies, Inc	IN	IA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
JU11.	. , 110m ont, 1110,	100/3	20-3010114.				Insurance Company	NY .	IA	WellPoint Acquisition, LLC	Ownership	100.0	WellPoint, Inc.	i I
0671.	WellPoint, Inc	61069	35-0980405.		,		Anthem Life Insurance	141 .	1/1	Rocky Mountain Hospital and	Ownership	100.0	weiiroint, inc	
							Company	IN	IA	Medical Service, Inc.	Ownership	100.0	WellPoint, Inc.	
0671 .	WellPoint, Inc	00000	32-0031791.				Anthem Southeast, Inc	in	NIA	WellPoint, Inc.	Ownership		WellPoint, Inc.	
0671 .	.   WellPoint, Inc	00000	35-2129194 .				Anthem UM Services, Inc	IN	NIA	UNICARE Specialty Services,				
0074	MANUE CONTRACTOR	00000	00 0000544							Inc	Ownership	100.0	WellPoint, Inc.	[ ]
0671 .	WellPoint, Inc	00000	30-0606541 .		,		Anthem Workers'			Anthem Blue Cross Life and				1
0671	WellPoint, Inc.		30-0606541.				Compensation, LLC	IN	NIA	Health Insurance Company	Ownership	75.0	WellPoint, Inc.	
JU1 1 .		00000	JU-UUUUJ4 I ,				Compensation, LLC	IN	NIA	HealthLink, Inc.	Ownership	25.0	WallDaint Inc	1 1
0671.	WellPoint, Inc	00000		,	******		AQUASOFT, LLC	UT .	NIA	1-800 CONTACTS, INC.	Ownership		WellPoint, Inc.	
0671.	WellPoint, Inc	00000	95-4640529.				Arcus Enterprises, Inc.	DE .	NIA	Anthem Holding Corp	Ownership		WellPoint, Inc.	
0671.	WellPoint, Inc	00000	20-2858384 .				ARCUS HealthLiving					100.0	TTOM OHIL HIO	
		1					Services, Inc	IN	NIA	Arcus Enterprises, Inc	Ownership	100.0	WellPoint, Inc.	1
0671 .	WellPoint, Inc	00000	35-1292384 .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Associated Group, Inc	IN	NIA	Anthem Insurance Companies,			,,	
0074	MaliDaint In a	00000	44 0740000				ATULIA 6			lnc.	Ownership	100.0	WellPoint, Inc	
0671 .	WellPoint, Inc.	100000	11-3713086 .				ATH Holding Company, LLC	IN	UIP	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	

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### **SCHEDULE Y**

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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of				Directly	Type of Control			
						Securities	Names of		Relation-	Controlled	(Ownership.	If Control		
		NAIC				Exchange	Parent.	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	· · · · · · · · · · · · · · · · · · ·	Management,			
C		100	1	LEDEDAL		,			1 ''	(Name of	,	Ownership	Controlling	
Grou	1	any	ID.	FEDERAL		Traded (U.S.	Or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code		Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
0671	. WellPoint, Inc	54801	58-0469845 .				Blue Cross and Blue Shield							
							of Georgia, Inc.	. GA .	IA	Cerulean Companies, Inc	Ownership	100.0	WellPoint, Inc.	
0671	. WellPoint, Inc	96962	58-1638390 .				Blue Cross Blue Shield				'			
							Healthcare Plan of Georgia,						1	
0074	1.44 (17)						Inc	. GA .	IA	Cerulean Companies, Inc	Ownership	100.0	WellPoint, Inc	
0671	. WellPoint, Inc	54003	39-0138065 .				Blue Cross Blue Shield of	140						
0671	WollDoint Inc	00000	95-3760980 .				Wisconsin	WI .	IA	Crossroads Acquisition Corp	Ownership	100.0	WellPoint, Inc	
0071	. WellPoint, Inc	100000	95-3760980 .		*************		Blue Cross of California	CA .	IA	WellPoint California Services,	Oumanahin	400.0	M/- ND : 4 1	0000000
0671	. WellPoint, Inc.	loonno	20-2994048 .				Blue Cross of California			Inc	Ownership	100.0	WellPoint, Inc.	0000002
10071	. Troil Ollit, IIIo	00000	20-2004040 .				Partnership Plan, Inc.	CA .	l <sub>IA</sub>	Blue Cross of California	Ownership	100.0	WellPoint, Inc.	0000003
0671	. WellPoint, Inc.	looooo	20-4307514 .				CareMore Health Group, Inc.	DE .	NIA	ATH Holding Company, LLC	Ownership		WellPoint, Inc.	0000003
0671	WellPoint, Inc.		95-4694706				CareMore Health Plan	CA .	IA	CareMore Health System	Ownership			0000004
0671	. WellPoint, Inc.	13562	38-3795280				CareMore Health Plan of			January House System Hills		1	Trem ont, mo.	0000004
							Arizona, Inc	AZ .	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	l
0671	. WellPoint, Inc	13753	27-1848815 .				CareMore Health Plan of			,			,	
				İ			Colorado, Inc	. CO.	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	46-2406017 .				CareMore Health Plan of							
0074	144 115 1144	40005	00 1001000	1			Georgia, Inc.	. GA .	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	. WellPoint, Inc	13605	26-4001602 .				CareMore Health Plan of	L		034 11 111 0 1		,,,,		( I
0671	. WellPoint, Inc	00000	27-1625392 .				Nevada CareMore Health Plan of	NV .	IA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0071	. WeilPoint, Inc	00000	27-1020392.				Texas, Inc	TX .	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	1
0671	. WellPoint, Inc	looooo	20-4307555 .				CareMore Holdings, Inc.	DE .	NIA	CareMore Health Group, Inc	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	00000	45-4985009				CareMore IPA of New York,	DL .	111/4	Careiviole Health Gloup, Inc	Ownership		weironit, inc	·····
"	<u>'</u>						LLC	NY .	NIA	CareMore, LLC	Ownership	100.0	WellPoint, Inc.	
0671	. WellPoint, Inc.	00000	32-0373216 .				CareMore, LLC	IN	NIA	CareMore Health System	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	100000	20-2076421		,		CareMore Health System	CA .	NIA	CareMore Holdings, Inc	Ownership		WellPoint. Inc.	
0671	.   WellPoint, Inc	00000	95-4420935			,,	CareMore Medical				, ,		,	
	İ						Management Company	CA .	NIA	CareMore Health System	Ownership	98.0	WellPoint, Inc.	
0671	.   WellPoint, Inc	00000	95-4420935 .				CareMore Medical							1
0074	MA HE CALL	00000					Management Company	CA .	NIA	CMMC Holding Company, LLC	Ownership	2.0	WellPoint, Inc.	
0671	WellPoint, Inc	00000	ار ا		,,		CareNex Health Services,	DE	) NIIA	CallCaus In-	Our such in	400.0		
0671	WellPoint, Inc.	00000	58-2217138 .				LLC Cerulean Companies, Inc	DE . . GA .	NIA NIA	SellCore, Inc. Anthem Holding Corp.	Ownership Ownership	100.0	WellPoint, Inc.	, ······· [
0671	.   WellPoint, Inc	00000	87-0673543				CL I. Inc.	UT .	I NIA	1-800 Contacts, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	. WellPoint, Inc.	100000	87-0673543				CL II, Inc.	UT .	NIA	1-800 Contacts, Inc	Ownership	100.0	WellPoint Inc	
0671	WellPoint, Inc.	00000	87-0673540 .				CL III, Inc.	UT .	NIA	1-800 Contacts, Inc	Ownership		WellPoint, Inc.	
0671	WellPoint Inc.	100000	87-0661210				CL4, Inc.	UT .	NIA	1-800 Contacts, Inc	Ownership		WellPoint Inc.	
0671	WellPoint, Inc	00000	39-1413702				Claim Management Services,			Blue Cross Blue Shield of	·		Only mor	
1	1	ļ			l	1	Inc	WI.	NIA	Wisconsin	Ownership	100.0	WellPoint, Inc.	i
0671	. WellPoint, Inc	00000					CMMC Holding Company,						,	
	l						LLC	DE .	NIA	CareMore Health System	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc	10345	31-1440175 .				Community Insurance		ļ ,.	 				,
0074	WollDaint Inc	05000	20 4400554				Company	. OH .	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc	195693	39-1462554 .				Compcare Health Services	1 14/1		Blue Cross Blue Shield of	Our such in	400.0	 	, [
0671	WellPoint, Inc.	00000	20-0334650 .				Insurance Corporation	WI .	IA NIA	Wisconsin	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	100000	41-1905556 .				Crossroads Acquisition Corp. DeCare Analytics, LLC	DE .	I NIA	Anthem Holding Corp DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0071	VYGII OHIL HIO.	00000	7 1-1300000 .				Decale Alialytics, LLC	. IVIIVI .	NIA	Decale Delital, LLC	Ownership	100.0	WellPoint, Inc.	

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### **SCHEDULE Y**

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

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM														
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of		į		Directly	Type of Control			
İ						Securities	Names of		Relation-	Controlled	(Ownership.	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board.	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	,	1	
Group		1	ID	FEDERAL		Traded (U.S.	Or	, ,	, , ,	,	,	Ownership	Controlling	
		any	_	RSSD	Olly			Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number		CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
0671	WellPoint, Inc.	00000	02-0574609				DeCare Dental Health	1						
0074	NA 115 1 4 1	20000					International, LLC	. MN .	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000					DeCare Dental Insurance	. IRL .	NIA	D-0 D- (-1110	Ownership	100.0		
0671	WellPoint, Inc.	00000	73-1665525				Ireland, Ltd	. IKL.	NIA	DeCare Dental, LLC	Ownersnip	100.0	WellPoint, Inc	
[00/1	Weiir Oilit, Illo.	00000	73-1003323			***************************************	LLC	. MN .	[ NIA [	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	01-0822645				DeCare Dental, LLC	. MN	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint Inc	
0671	WellPoint, Inc.	00000					DeCare Operations Ireland,			ranaram ranamg darpr			TYGIII GIIIC, IIIC.	
		1					Limited	. IRL .	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000					DeCare Systems Ireland,				·		,	
0074	Malipaint Inc	00000	00 05 4 7 4 7				Limited	. IRL .	NIA	DeCare Dental, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc	100000	26-2544715			•••••	Designated Agent Company,	100		Anthem Health Plans of				1 1
0671	WellPoint, Inc.	00000	13-3934328				Inc EHC Benefits Agency, Inc	KY .	NIA NIA	Kentucky, Inc	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	55093	23-7391136				Empire HealthChoice	IN 1 .	NIA	WellFoilt Holding Corp	Ownership	100.0	WellPoint, Inc	
007 7	Tom only more	100000	20 1001100				Assurance, Inc.	NY .	l IA l	WellPoint Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95433	13-3874803				Empire HealthChoice HMO,			Empire HealthChoice		100.0	Wolf offit, Itio.	
							Inc	NY .	IA	Assurance, Inc	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	00000	11-3700531	.			EVISION, INC	OR.	] NIA ]	1-800 CONTACTS, INC	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000	43-1047923				Forty-Four Forty-Four Forest			RightCHOICE Managed Care,				
0671	WellPoint, Inc.	00000	95-2907752				Park Redevelopment Corp Golden West Health Plan, Inc.	. MO .		Inc.	Ownership	100.0	WellPoint, Inc	
100/1	WellPolitt, Inc.	100000	95-2907752				Golden West Health Plan, Inc	CA .	IA	WellPoint California Services,	Ownership	400.0	WellPoint Inc.	000000
0671	WellPoint, Inc.	100000	26-4286154				Government Health Services,			IncBlue Cross Blue Shield of	Ownership	1,, 100.0	vveiiPoint, inc	0000005
"			20 1200101				LLC	l w.		Wisconsin	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	97217	58-1473042				Greater Georgia Life			Blue Cross and Blue Shield of			· ·	
		1 1		1	İ		Insurance Company	. GA .	IA	Georgia, Inc.	Ownership	100.0	WellPoint, Inc	
0671		00000	51-0365660				Health Core, Inc.	DE .	NIA	Arcus Enterprises, Inc.	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	100000	54-1237939				Health Management	.,,						
0671	WellPoint, Inc	00000	36-3897701	İ			Corporation	VA .	NIA	Southeast Services, Inc UNICARE National Services,	Ownership	100.0	WellPoint, Inc.	
0071	WellPolitt, the	.   00000	30-309//01			***************************************	L.L.C.	IL	NIA	Inc	Ownership	100.0	MaliDaint Inc	
0671	WellPoint, Inc.	95169	54-1356687				HealthKeepers, Inc.	VA .	IA	Anthem Southeast, Inc.	Ownership	0.00.0	WellPoint, Inc.	
0671	WellPoint, Inc.						HealthKeepers, Inc.	VA .	iA	UNICARE National Services,		1	•	1 1
							, , ,			Inc	Ownership	7.5	WellPoint, Inc.	
0671	WellPoint, Inc.		43-1616135			***************************************	HealthLink HMO, Inc	. MO .	IA	HealthLink, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	43-1364135				HealthLink, Inc.	IL	NIA	RightCHOICE Managed Care,				
0671	WellPoint, Inc.	70072	86-0257201				Healthy Alliance Life			Inc	Ownership	100.0	WellPoint, Inc	
100/1	.   WeilPoint, Inc	18912	80-0257201				Insurance Company	l. mo.	IA		Ownership	400.0	W-mp : CI	
0671	WellPoint, Inc	95473	84-1017384				HMO Colorado, Inc.	. CO.		Inc	Ownership	100.0	WellPoint, Inc.	
[ 007 1	Trom one, me.	100 110	01 1011001		.,,,,,,,		,	. 00.		Medical Service, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95358	37-1216698				HMO Missouri, Inc.	. MO .		RightCHOICE Managed Care,	<del></del>		***•••• OIII., III.O	
					, i					Inc	Ownership	100.0	WellPoint, Inc.	[ [
0671	. WellPoint, Inc	.   00000	75-2619605			,	Imaging Management				,		,	
0074	WellDeink lee	00000	EC 0000000				Holdings, L.L.C.	DE .	UIP	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	.   000000	56-2368286				Imaging Providers of Texas	TX .	,,,	American Imaging	Ownership	400.0	111 1175 1 4 1	
0671	WellPoint, Inc.	lannon	85-0486264	1			(non-profit) LENS 1ST HOLDING	X .	NIA	Management, Inc	Ownership	100.0	WellPoint, Inc.	
100/1	Trront Ont, inc	00000	00-0400Z04				COMPANY	UT .	NIA	1-800 CONTACTS, INC	Ownership	100 0	WellPoint, Inc.	
	<u> </u>						OOM / 441	01 .	131/7	TOO CONTACTO, INC	Ownoranip	1	vveiiFUIIII, IIIC	

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### SCHEDULE Y

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

		, ,		·		I AIN I IA	PEINIE VI INVOI		¥	DING COMPANY S				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of				Directly	Type of Control			
1						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group	l	any	. ID	FEDERAL		Traded (U.S.	Or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	1
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	1 ''' '	*
0671	WellPoint, Inc.		02-0494919 .	TOOD	Oil	of international)	Matthew Thornton Health	UOII	Lituty	Anthem Health Plans of New	miliderice, Otrier)	Percentage	/ Person(s)	
10071	VYCIII OIII, IIIO.	33321	02-0404010 .				Plan. Inc.	l <sub>NH</sub>	IA	Hampshire. Inc.	Our ambia	4000	W 11D : 4 1	
0671	WellPoint, Inc.	nonno	39-2013971 .				Meridian Resource	. INFT .	IA	Compositive, the Compositive Health Services	Ownership	100.0	WellPoint, Inc.	
100/1	Trom one, mo						Company, LLC	l w.	l NIA	Insurance Corporation	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc	00000	35-1840597.				National Government			Anthem Insurance Companies,			TVO III ONTE, THO.	
							Services, Inc	IN	NIA	Inc	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000	46-1595582 .	********			National Telehealth Network,						·	
0671	WellPoint, Inc	05206	75-1461960 .				LLC	DE .	NIA	Sellcore, Inc	Ownership	50.0	WellPoint, Inc.	0000006
00/1	vveiiPoint, inc	00200	75-146 1960 .			***************************************	OneNation Insurance Company	IN	IA	ATH Holding Company, LLC	Ownership	400.0	WellPoint, Inc.	
0671	WellPoint, Inc.	100000	95-4249368 .				Park Square Holdings, Inc	CA .	NIA	WellPoint California Services.	Ownership	100.0	wellPoint, Inc	
] ***	, voin out, mo						i an oquare Holangs, ms	0/(.	180/3	Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc	00000	95-4386221.	,,			Park Square I, Inc	CA .	NIA	WellPoint California Services,		1	Trom only mo.	
							•			Inc	Ownership	100.0	WellPoint, Inc.	,
0671	WellPoint, Inc.	00000	95-4249345 .	,			Park Square II, Inc	CA .	NIA	WellPoint California Services,				1
0671	WellPoint, Inc.	00000					DUD Haldiana Ina		A.11.A	Inc.	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.		43-1595640 .				PHP Holdings, Inc	FL . . MO .	NIA NIA	AMERIGROUP Corporation RightCHOICE Managed Care,	Ownership	100.0	WellPoint, Inc.	
0071	Weilfourt, Mc.	00000	43-1333040 .				K & P Realty, IIIC	. IVIO .	NIA	Inc	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	56-2396739 .				Resolution Health, Inc.	DE .	NIA	Anthem Southeast, Inc.	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc		27-4410025 .				Radiant Services, LLC	IN	NIA	Community Insurance Company	Ownership		WellPoint, Inc.	
0671	WellPoint, Inc.	60024	13-3989915 .	,,,,,,,			Rayant Insurance Company			, , ,				
0074	144 115 4 4 4		00.0500010				of New York	NY .	IA	WellPoint Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	83640	36-3506910 .				RightCHOICE Insurance			RightCHOICE Managed Care,		400.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
0671	WellPoint, Inc.	nnnnn	47-0851593 .				Company	IL	IA	Inc	Ownership	100.0	WellPoint, Inc.	
10071	vveni onti, mo	00000	47-0001000 ,				Care, Inc.	DE .	NIA	Anthem Holding Corp.	Ownership	100.0	WellPoint, Inc.	1
0671	WellPoint, Inc	11011	84-0747736 .				Rocky Mountain Hospital and		1057	Antilem Holding Colp	Ownording	100.0	Wear ont, mc	1
	,						Medical Service, Inc	. co.	IA	ATH Holding Company, LLC	Ownership	100.0	WellPoint Inc.	1
0671	WellPoint, Inc.		20-0473316 .				SellCore, Inc	DE .	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.		55-0712302 .				Southeast Services, Inc.	VA .	NIA	Anthem Southeast, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	100000	45-4071004 .				State Sponsored Business UM Services, Inc.	l IN	NIA	UNICARE Specialty Services,	Ownorship	400.0	WellPoint, Inc.	1
0671	WellPoint, Inc.	Loonon	35-1835818 .	1	.,		The WellPoint Companies.	· · · · ·	INIA	Inc	Ownership	100.0	vveiiPoint, inc	l
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Inc.	IN	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	l .
0671	WellPoint, Inc.	00000	45-5443372 .	.,,,,			The WellPoint Companies of						The same and the s	1
l							California, Inc	CA .	NIA	ATH Holding Company, LLC	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	000000	43-1967924 .				TrustSolutions, LLC	WI .	NIA	Government Health Services,				l .
0671	WellPoint, Inc.	70700	36-3304416 .				LINICADE Hoolth Inquire			LLC	Ownership	100.0	WellPoint, Inc	
100/1	would only inc.	10,00	JU-JJU44 IO .	l			UNICARE Health Insurance Company of the Midwest	l IL	IA	UNICARE Illinois Services, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	12805	20-4842073 .				UNICARE Health Plan of	·· 'L ··	/A	UNICARE National Services, Inc.	Ownership	00.0	vvenroni, inc	
1					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Kansas, Inc.	KS .	IA	Inc.	Ownership	100.0	WellPoint, Inc.	,
0671	WellPoint, Inc.	11810	84-1620480.		,		UNICARE Health Plan of			UNICARE National Services,			sing mor	1
				1			West Virginia, Inc	. WV .	IA	Inc	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	95420	74-2151310 .				UNICARE Health Plans of	T)(						i
0671	WellPoint, Inc.	DEEVE	36-3897076 .				Texas, Inc	TX .	IA	UNICARE Illinois Services, Inc.	Ownership	100.0	WellPoint, Inc.	
100/1	i vvenroint, inc	90000	. d1U160c-oc	1			the Midwest, Inc.	   L	ĮΛ	UNICARE Illinois Services, Inc.	Ownership	100.0	WollDaint Inc	, 1
	1				L		are manyest into	IL	iA	ONIOANE IIIIIOIS SEIVICES, IIIC.	Омнегонф	100.0	vvenromi, mc	,

Q16.4

### **SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
						Name of				Directly	Type of Control			
						Securities	Names of		Relation-	Controlled	(Ownership,	If Control		
		NAIC				Exchange	Parent,	Domic-	ship to	by	Board,	is	Ultimate	
		Comp-	Federal			if Publicly	Subsidiaries	iliary	Report-	(Name of	Management,	Ownership	Controlling	
Group	1	anv	ID	FEDERAL		Traded (U.S.	Or	Loca-	ing	Entity /	Attorney-in-Fact,	Provide	Entity(ies)	
Code	Group Name	Code	Number	RSSD	CIK	or International)	Affiliates	tion	Entity	Person)	Influence, Other)	Percentage	/ Person(s)	*
	WellPoint, Inc.		36-3899137 .			,	UNICARE Illinois Services.		,	UNICARE National Services,		J		1
							Inc	1L	1 :	Inc	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	80314	52-0913817.	.,,,,,			UNICARE Life & Health	,		UNICARE National Services,	]			
					!		Insurance Company	IN	IA	Inc	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc	00000	95-4635507 .				UNICARE National Services,	<sub>5</sub> _				400.0	AAC UD 1 C A	
0671	WellPoint, Inc.	00000	77-0494551 .				UNICARE Specialty	DE .	NIA	Anthem Holding Corp	Ownership	100.0	wellPoint, Inc	
0071	WeilFoilit, Illo.	00000	11-0484001.				Services, Inc.	DE .	NIA	Anthem Holding Corp	Ownership	100.0	WellPoint Inc	
0671	WellPoint, Inc.	00000	36-4014617 .		l		UtiliMED IPA. Inc.	NY .		American Imaging				
							,			Management, Inc	Ownership			,
	WellPoint, Inc.	00000	20-4405193 .				WellPoint Acquisition, LLC	IN	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000	20-2156380 .				WellPoint Behavioral Health,	 	AUA	UNICARE Specialty Services,	Our and in	1000	MailDaint La	}
0671	WellPoint, Inc.	00000	95-4640531				Inc	DE .	NIA	Inc	Ownership	100.0	WellPoint, Inc.	
0071	Well-out, no	00000	33-4040331.				Inc	DE .	NIA	Anthem Holding Corp	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc.	00000	95-4657170 .			1	WellPoint Dental Services,			UNICARE Specialty Services,			ont, mor	
							Inc	DE .	NIA	Inc	Ownership		WellPoint, Inc	
0671	WellPoint, Inc.	00000	20-3620996 .				WellPoint Holding Corp	DE .	NIA	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc	
0671	WellPoint, Inc.	00000	45-2736438 .				WellPoint Information	CA .	NIA	Blue Cross of California	Ourambia	100.0	MaliDaint In a	
0671	WellPoint, Inc.	00000	36-4595641 .				Technology Services, Inc WelPoint Insurance Services.	UA .	NIA	Dide Closs of Calliothia	Ownership	1	WERFORK, IIIC	4
10071	YYOM ONE, INO.	00000	00-4000041.				Inc.	l HI	l NIA 1	WellPoint, Inc.	Ownership	100.0	WellPoint, Inc.	
0671	WellPoint, Inc	00000	36-3897080 .				WellPoint Partnership Plan,		, ,,	,		,,,,,,	<b>van</b> , mo	
							LLC	IL	NIA	Health Ventures Partner, L.L.C.	Ownership	75.0	WellPoint, Inc	,
0671	WellPoint, Inc.	00000	36-3897080 .			,	WellPoint Partnership Plan,		A 11.0	LINIOADE BE1- O1-1-1	O	ا م	1A/-11D : ( )	
0671	WellPoint, Inc.	00000	35-2145715 .		6324	New York Stock Exchange	LLC	IL	NIA	UNICARE IIIINOIS Services, Inc.	Ownership	25.0	vveiiPoint, Inc.	
100/1	Wenrollit, IIIC.	00000	00-2140710 .		0024	(NYSE)	WellPoint, Inc.	l in	UIP				WellPoint, Inc.	
0671	WellPoint, Inc.	00000	98-0552141 .			(NTOL)	WPMI (Shanghai) Enterprise	""	011				Trom only mo	
	,						Service Co. Ltd	. CHN	NIA		Ownership			.
0671	WellPoint, Inc.	00000	20-8672847 .				WPMI, LLC	DE .	NIA	ATH Holding Company, LLC	Ownership	63.9	WellPoint, Inc.	. 0000007
										~				.

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

STATEMENT AS OF June 30, 2013 OF THE AMERIGROUP Tennessee, Inc.

### SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

RESPONSE

No

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

Explanations:

Bar Codes:

Medicare Part D Coverage Supplement

12941201336500002

2013

Document Code: 365

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



STATEMENT AS OF June 30, 2013 OF THE AMERIGROUP Tennessee, Inc.

### **SCHEDULE A - VERIFICATION**

Real Estate

Keal Estate		
	1	2
		Prior Year Ended
	Year To Date	December 31
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		
Total gain (loss) on disposals		
6. Total foreign exchange change in book/adjusted carrying		
7. Deduct current year's other than temporary impairment recognized		
8. Deduct current year's depreciation		
9. Book/adjusted carrying value at the end of current period (Lines 1 + 2 + 3 + 4 - 5 + 6 - 7 - 8)		
10. Deduct total nonadmitted amounts		
Statement value at end of current period (Line 9 minus Line 10)		
The Statement value at one of current period (Eine of Finites Eine 10)	1	

#### **SCHEDULE B - VERIFICATION**

Mortgage Loans

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

### **SCHEDULE BA - VERIFICATION**

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

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

Showing the Acquisitions, Dispositions and Non-Trading Activity

During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	Paring the O	diiciit ataait	CI IOI UII DO	IIAS AIIA I IC	ICIICA OLOGI	by Rulling	71433		
		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
BOND	3								
1.	Class 1 (a)	185,704,974	67,825,331	73,821,499	(6,730,049)	185,704,974	172,978,757		166,135,844
2.	Class 2 (a)	9,236,421	2,443,165	2,922,346	6,161,065	9,236,421	14,918,305		10,600,362
3.	Class 3 (a)			-				***************************************	
4.	Class 4 (a)		,					***************************************	
5.	Class 5 (a)								
6.	Class 6 (a)								
7.	Total Bonds	194,941,395	70,268,496	76,743,845	(568,984)	194,941,395	187,897,062		176,736,206
PREF	RRED STOCK								
8.	Class 1								
9.	Class 2								
10.	Class 3								,
11.	Class 4								
12.	Class 5								
13.	Class 6								
14.	Total Preferred Stock			,,					
15.	Total Bonds & Preferred Stock						187,897,062		176,736,206
` -					1 1 1 1				

### **SCHEDULE DA - PART 1**

### Short - Term Investments

	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	7,132,202	X X X	7,132,202	2,852	

### **SCHEDULE DA - Verification**

#### Short-Term Investments

	0.1010 101111		
		1	2
			Prior Year Ended
		Year To Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year	47,760,197	77,816,583
2.	Cost of short-term investments acquired	212,551,453	1,009,605,284
3.	Accrual of discount		2,787
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals	(1,053)	574
6.	Deduct consideration received on disposals	253,139,130	1,039,535,871
7.	Deduct amortization of premium	39,265	129,160
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1 + 2 + 3		
	+ 4 + 5 - 6 - 7 + 8 - 9)	7,132,202	47,760,197
11.	Deduct total nonadmitted amounts		.,
12.	Statement value at end of current period (Line 10 minus Line 11)	7,132,202	47,760,197

SI04	Schedule DB - Part A VerificationNONE
SI04	Schedule DB - Part B Verification
SI05	Schedule DB Part C Section 1NONE
SI06	Schedule DB Part C Section 2
SI07	Schedule DB - Verification NONE

### **SCHEDULE E - Verification**

(Cash Equivalents)

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

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

## **SCHEDULE D - PART 3**

		Show	All Long-Term Bon	ds and Stock Acquired During the Curren	it 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
	Description	Faraian	Data Assuired	1	I	A atual Coat	Dor Value		
Identification	Description	Foreign	Date Acquired	Vendor	Shares of Stock	Actual Cost	Par Value	Dividends	Indicator (a)
Bonds - U.S. Govern	nments								
36180JV68	GNMA Pool AD6937		04/08/2013	Brean Murray & Co	xxx	1,849,914	1,709,914	2,826	1
***************************************	nds - U.S. Governments			1		1.849.914	1,709,914	2.826	XXX
				I	۸۸۸	1,043,314		2,020	۸۸۸
Bonds - U.S. States	Territories and Possessions								
880541SN8	Tennessee St		05/23/2013	Goldman Sachs & Co	XXX	2,513,680	2,000,000	32,778	1FE
1799999 Subtotal - Bor	nds - U.S. States, Territories and Possessions				XXX	2,513,680	2,000,000	32,778	X X X
	I Revenue, Special Assessment								
bollus - o.s. specia	n Nevenue, Special Assessment								
3136AD3F4	FNMA Series 2013-45 Class CB		04/10/2013	Citigroup		2,028,025	1,840,000	5,929	1
3137B0XC3	FHLMC Multifamily Structured Series 4182		05/01/2013	Goldman Sachs & Co		1,908,780	1,763,561	857	[1
3138E1HX8	FNMA Pool AJ8345		04/01/2013	Stephens Inc		(109,897)	(102,737)	(114)	
3138E1HX8	FNMA Pool AJ8345		04/01/2013	Stephens Inc		35,344		37	
3138EBHW8	FNMA Pool AK6544		04/08/2013	Stephens Inc		1,801,913 1,683,962	1,696,168		
3138EGHT4 3138EKNK7	FNMA Pool AL0241 FNMA Pool AL3093		04/08/2013	Wachovia Securities		1,683,962 1, (17,565)		(16)	1
3138EKNK7	FNMA Pool AL3093		04/01/2013	Goldman Sachs & Co	XXX	13,475			1
3138EKU94	FNMA Pool AL3307		06/25/2013	Stephens Inc		2,373,910	2,282,263	6.847	1
31402Q2V2	FNMA Pool 735288		04/01/2013	R.W. Pressprich	X X X	(171,108)	(157,567)	(219)	1
31402Q2V2	FNMA Pool 735288		04/01/2013	R.W. Pressprich		112,861		144	1
31403DDX4	FNMA Pool 745418		06/12/2013	Stephens Inc	X X X	1,465,838	1,347,122	3,293	1
31416CD37	FNMA Pool 995722		04/01/2013	BNP Capital Markets	XXX	(277,469)	(255,658)	(355)	
31416CD37	FNMA Pool 995722		04/01/2013	BNP Capital Markets	X X X	194,034		248	1
31417GCE4	FNMA Pool AB9068		04/04/2013	PNC Capital Market		1,719,258	1,618,303	1,573	1
31417GCF1	FNMA Pool AB9069		04/04/2013	Barclays		1,818,174	1,707,832	1,660	
31418AJL3	FNMA Pool MA1166		04/01/2013	Nomura Securities		(84,678)	(79,838)	(78)	1
31418AJL3	FNMA Pool MA1166		04/01/2013 04/03/2013	Nomura Securities  Bank of New York					1
31419D4K4 53945CBH2	FNMA Pool AE3525		04/03/2013 06/05/2013	National Financial Services	xxx	739,290	640,000		1FE
	nds - U.S. Special Revenue, Special Assessment					16,467,980	15,327,230	24.947	XXX
			· · · · · · · · · · · · · · · · · · ·		^ ^ ^	10,407,900	10,327,230	24,947	^ ^ ^
Bonds - Industrial a	nd Miscellaneous (Unaffiliated)								
00846UAJ0	Agilent Technologies Inc		06/18/2013	Bank of America	xxx	1,194,528	1.200.000		2FF
037833AJ9	Apple Computer Inc		04/30/2013	Goldman Sachs & Co		1,813,284			1FE
05531FAN3	BB&T Corporation		06/14/2013	Goldman Sachs & Co	XXX	459,328			1FE
06051GEQ8	Bank of America Corp		05/22/2013	SG Americas Securities LLC	X X X	1,889,248	1,750,000	12,432	1FE
097023BE4	Boeing Co		04/30/2013	Morgan Stanley		123,624	125,000		1FE
166764AE0	ChevronTexaco Corp			Bony/Barclays Capital Inc	XXX	1,030,000	1,030,000		1FE
26441CAK1	Duke Energy Corp		06/10/2013	Goldman Sachs & Co		1,248,638	1,250,000		2FE
278642AG8	Ebay Inc		06/07/2013	First Tennessee Capital		1,399,216	1,400,000	7,718	1FE
37331NAD3	Georgia Pacific Series 144A		06/18/2013	J P Morgan Stanley		1,199,964	1,200,000	19,861	2FE
38144LAB6	Goldman Sach Group Inc Ishares Intermediate Credit		05/23/2013 05/22/2013	Morgan Stanley		1,523,392 4,990,402	44,900	19,001	5FE
46625HJA9	JP Morgan Chase & Co		05/23/2013	J P Morgan		1,481,326	1,400,000		1FE
46625YNE9	JP Morgan Chase Commerical Mtg Series		05/02/2013	Bank of America		1,279,808	1,190,000	948	1FM
59217GAZ2	Met Life Glob Funding   Series 144A		06/17/2013	US Bancorp		858,822			1FE
717081DD2	Pfizer Inc		05/28/2013	Citigroup Global Markets	XXX	1,697,280	1,700,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1FE
74005PBH6	Praxair Inc		04/29/2013	Chase	X X X	379,840	380,000		1FE
74153WBZ1	Pricoa Global Fund Series 144A		05/21/2013	CS First Boston		644,503	645,000		1FE
882508AV6	Texas Instruments Inc		05/01/2013	J P Morgan		1,089,770	1,100,000		1FE
89236TAL9	Toyota Motot Credit Corp		05/14/2013	Citigroup Global Markets		619,746	620,000		1FE
92206C870	IShares Vanguard Group Interm		05/22/2013	Direct	X X X	5,000,373	56,700		5FE

### **SCHEDULE D - PART 3**

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

Show All Long-Term bonds and Stock Acquired During the Current 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)	
	Wisconsin Electric Power		06/10/2013	J P Morgan		1,500,000	1,500,000		1FE	
	Thomson Corporation		05/16/2013	Chase	XXX	1,027,240	1,030,000		1FE	
	Rio Tinto Fin USA		06/14/2013	J P Morgan	XXX	564,790	570,000		1FE	
3899999 Subtotal - Bond	ds - Industrial and Miscellaneous (Unaffiliated)				X X X	33,015,122	22,631,600	58,599	X X X	
	ds - Part 3				X X X	53,846,696	41,668,744	119,150	X X X	
8399999 Subtotal - Bond	ds		XXX	53,846,696	41,668,744	119,150	X X X			
9899999 Subtotal - Prefe	erred and Common Stocks	X X X		X X X		X X X				
9999999 Total - Bonds,	Preferred and Common Stocks				X X X	53,846,696	XXX	119,150	XXX	

## SCHEDULE D - PART 4

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

	During the Current Quarter																				
1	2	3	4	5	6	7	8	9	10		Change in Bo	ok/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	Foreign	Adjusted	Foreign			Stock	Stated	NAIC
		ľil			Number				Adjusted	Valuation	Current Year's	Temporary	Change in	Exchange	Carrying Value	Exchange	Realized	Total	Dividends	Contractual	Designation
CUSIP		g   l	Disposal	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	9	Date	Purchaser	of Stock	Consideration	Value	Cost	Value	(Decrease)	Accretion	Recognized	(11 + 12 - 13)	B./A.C.V.	Date	on Disposal	on Disposal	on Disposal	During Year	Date	Indicator (a)
			Date	r ulchasei	OI STOCK	Consideration	Value	COST	Value	(Decrease)	Accietion	recognized	(11 1 12 - 10)	D.JA.O.V.	Date	On Disposar	On Disposal	On Disposal	During I car	Date	indicator (a)
1	.S. Governments																	1			
	GNMA Pool AD6937		06/01/2013	Paydown	XXX	6,004 7,181	6,004 7.181	6,496 7.733			(492)		(492)		7.181				26	03/20/2043 03/15/2043	1
36180KB26 . 3620ACZ31 .	GNMA Pool 726262		06/01/2013	Paydown		63,975	63,975	70,372			(6,397)		(6,397)		63,975				500	09/15/2039	1
	al - Bonds - U.S. Governments				XXX	77,160	77,160	84,601			(7,441)		(7,441)		77,160				564	XXX.	XXX.
	.S. Special Revenue, Specia					·							, , ,								
	FHLMC Gold Pool G07213				VVV	27 004	07.004	20 505			(4.744)		(1.714)		27.881				164	11/01/00/0	
3128M9K27 . 3134G1VX9 .	FHLMC Gold Pool G07213		06/01/2013 04/19/2013		xxx	27,881	27,881	29,595	2.000.000		(1,/14)		(1,/14)		2,000,000				8,000	11/01/2042 04/19/2013	1
3136AD3F4 .	FNMA Series 2013-45 Class CB	O	06/01/2013	Paydown	xxx	19,910		21,945			(2,035)		(2,035)		19,910					12/25/2042	[1
3137B0XC3	FHLMC Multifamily Structured Series 4182 FNMA Pool AJ6091	]   Q	06/01/2013 06/01/2013	Paydown	xxx	8,996	8,996 99,135	106,113			(741)		(741)		8,996					05/15/2041 12/01/2041	[]
3138E1HX8 .	FNMA Pool AJ8345	C	06/01/2013	Paydown	XXX	33,041	33,041	35,344			(2,303)		(2,303)		33,041				122	12/01/2041	1
3138EBHW8	FNMA Pool AK6544	C	06/01/2013	Paydown	xxx	47,598	47,598	50,566			(2,967)		(2,967)		47,598				189	04/01/2027	[1
3138EGHT4 . 3138EKNK7 .	FNMA Pool AL0241 FNMA Pool AL3093		06/01/2013	Paydown	xxx	57,703	57,703 12,719	61,986 13.475			(4,283) (755)		(4,283)		57,703					04/01/2041 02/01/2043	I
31402Q2V2 .	FNMA Pool 735288	C	06/01/2013	Paydown	xxx	103,930	103,930	112,861			(8,931)		(8,931)		103,930				641	03/01/2035	1
31416CD37 .	FNMA Pool 995722			Paydown	XXX	178,781	178,781	194,034			(15,252)		(15,252)		178,781 4,947				1,136	05/01/2038 04/01/2043	1
31417GCE4	FNMA Pool AB9069			Paydown	XXX	5,166	5,166	5,255			(309)		(334)		4,947					04/01/2043	
31418AJL3	FNMA Pool MA1166	c	06/01/2013	Paydown	xxx	62,786	62,786	66,593			(3,806)		(3,806)		62,786				297	09/01/2032	1
31419D4K4 .	FNMA Pool AE3525			Paydown	XXX	41,643	41,643	44,779			(3,136)		(3,136)		41,643				220	03/01/2041	1
3199999 Subtot	tal - Bonds - U.S. Special Revenue, Special	Assessm	nent		XXX	2,704,236	2,704,236	2,757,783	2,000,000		(53,544)		(53,544)	************	2,704,236				11,994	XXX.	XXX.
	ndustrial and Miscellaneous	1.		,											İ						
05531FAE3 .	BB&T Corporation			Merrill Lynch	xxx	1,210,068	1,200,000	1,247,278	1,216,945		(10,388)		(10,388)		1,206,557		3,511 975	3,511	29,025	09/25/2013	1FE
134429AS8 . 14912L4L2	Campbell Soup Co			McDonald & Co	XXX	961,790	950,000	1,025,656	978,599		(17,785)		(17,785)		30,000		9/5	9/5	300	10/01/2013 04/05/2013	2FE 1FE
14912L4Q1 .	Caterpillar Finance	1 10	06/25/2013	Merrill Lynch	xxx	608,455	605,000	606,278	605,440		(222)		(222)		605,218		3,236	3,236	4,897	12/20/2013	1FE
172967EQ0 .	Citigroup Inc	g	04/11/2013 06/11/2013	Maturity	XXX	900,000	900,000	962,289	907,645		(24,446)	,	(7,645)		900,000 1,000,302		(462)	(169)	24,750	04/11/2013 06/15/2013	1FE
20029PAN9 . 20825RAB7 .	Comcast Cable		04/15/2013	Maturity	l	550,000	550,000	583.428	557.357		(24,446)		(24,440)		550,000		(102)	(102)	15,125	04/15/2013	1FE
209111EC3 .	Consolidated Edison Co of NY	0	06/15/2013	Maturity	XXX	350,000	350,000	364,422	354,446		(4,446)		(4,446)		350,000				6,738	06/15/2013	1FE
26441CAA3 . 278642AA1 .	Duke Energy Corp		06/10/2013 06/07/2013	Bank of America Citigroup Global Markets	XXX	300,066	300,000	322,506	305,908		(5,836)		(5,836)	,	1.398.393		(6)	(6)	8,381	06/15/2013 10/15/2013	2FE 1FE
36962G4Q4 .	Ebay Inc		06/12/2013	Bear Stearns	xxx	1,505,850	1,500,000	1,508,570	1,502,211		(1,437)		(1,437)		1,500,774		5,076	5,076	21,172	09/16/2013	1FE
38143UAB7 .	Goldman Sachs Group Inc		05/23/2013	Goldman Sachs & Co	XXX	1,542,540	1,500,000	1,619,418	1,540,831		(16,048)		(16,048)		1,524,783		17,757	17,757	67,379	01/15/2014	1FE
459200GT2 . 46623EJD2 .	IBM Corp		06/12/2013 05/23/2013	Paribas	XXX	700,686	700,000	698,523	699,631		(1,208)		286		699,917 1,500,992		769		6,067	08/05/2013 09/30/2013	1FE
59018YSU6 .	Merrill Lynch & Co Ser MTNC	1 0	05/22/2013	J P Morgan	XXX	1,492,572	1,450,000	1,505,318	1,469,823		(7,348)		(7,348)		1,462,475		30,097	30,097	59,410	02/03/2014	1FE
61747WAD1 . 637432MM4 .	Morgan Stanley		05/23/2013 06/25/2013	HSBC Securities Stifel Nicolaus & Co	XXX	506,740	500,000	500,605	500,223		(85)				500,138		6,602 2,641	6,602 2,641	12,179	01/24/2014 11/01/2013	2FE 1FE
665859AJ3	Northern Trust Corp	(	06/17/2013	Bear Stearns	XXX	251,960	250,000	266,256	256,169		(4,653)		(4,653)		251,516		444	444	11,649	08/15/2013	1FE
717081AR4 .	Pfizer Inc	[	05/28/2013	CS First Boston	XXX	772,425	750,000	816,728	773,940		(3,848)		(8,848)		765,092		7,333	7,333	26,813	02/15/2014	1FE
74005PAX2 . 89233P4H6 .	Praxair Inc		06/14/2013 05/14/2013	Maturity	xxx	783,000	783,000 250,000	798,864	785,915 250.879		(2,915)		(2,915) (540)		783,000 250,338		297		8,319 2.626	06/14/2013 08/12/2013	1FE
91159HGZ7 .	US Bancorp	1 [0	06/26/2013	US Bancorp	XXX	1,602,848	1,600,000	1,594,498	1,598,404		944		1		1,599,348		3,500	1 3,500	11,900	10/30/2013	1FE
92343VAN4 .	Verizon Communications		04/15/2013 05/01/2013	Maturity	xxx	1,400,000	1,400,000	1,505,560	1,417,163		(17,163)		(17,163)		1,400,000				36,750	04/15/2013 05/01/2013	1FE
92976WBJ4 . 983024AE0 .	Wachovia Corp MTN		05/01/2013 05/28/2013	Maturity	XXX	1,500,000	290,000	306,603	305,910		(6,111)		(6,111)		299,799		107	107	13,292	02/01/2014	1FE
984121BV4 .	Xerox Corp	1 1	05/15/2013	Maturity	XXX	700,000	700,000	751,716	711,010		(11,010)		(11,010)		700,000			1	19,775	05/15/2013	2FE
067901AE8 . 2254C0TC1 .	Barrick Gold Corp		05/31/2013	HSBC Securities	xxx	402,968	400,000	403,238	401,887		(567)		(567)		401,320		1,648	1,648	3,597	05/30/2014 05/15/2013	2FE 1FE
90261XGF3 .	UBS AG Stamford Series BKNT			CS First Boston	XXX	1,504,005	1,500,000	1,509,780	1,502,459		(1,891)		(1,891)		1,500,568		3,437	3,437	28,969	08/12/2013	1FE
	tal - Bonds - Industrial and Miscellaneous (U				XXX	26,539,456	26,358,000	27,410,494	26,629,274		(187,332)		(187,332)		26,441,941		97,514	97,514	589,388	XXX.	XXX.
	tal - Bonds - Part 4				XXX	29,320,852	29,139,396	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX.	XXX.
8399999 Subto					XXX	29,320,852	29,139,396	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX.	XXX.
***************************************					XXX		XXX													XXX.	XXX.
9999999 Total	- Bonds, Preferred and Common Stocks				XXX	29,320,852	XXX	30,252,878	28,629,274		(248,317)		(248,317)		29,223,337		97,514	97,514	601,946	XXX.	XXX.

<sup>(</sup>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
E07	Schedule DB Part B Section 1
E08	Schedule DB Part D Section 1NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged By Reporting Entity NONE
E09	Schedule DB Part D Section 2 - Collateral Pledged To Reporting Entity NONE
E10	Schedule DL - Part 1 - Securities Lending Collateral Assets NONE
E11	Schedule DL - Part 2 - Securities Lending Collateral Assets NONE

STATEMENT AS OF  $June~30,~2013~\mbox{of}$  the  $AMERIGROUP~\mbox{Tennessee, Inc.}$ 

# SCHEDULE E - PART 1 - CASH Month End Depository Balances

Month End Depository Balances											
1	2	3	4	5	Book Bala	nce at End of E	ach Month	9			
			Amount	Amount of	Dur	ing Current Qua	arter				
			of Interest	Interest	6	7	8				
			Received	Accrued							
			During	at Current							
		Rate of	Current	Statement	First	Second	Third				
Depository	Code	Interest	Quarter	Date	Month	Month	Month	*			
open depositories											
Wells Fargo Cash					965.589	(3.079.865)	(4,130,544)	xxx			
JP Morgan Cash Bank of America Cash					125.519	18.953	50.603	IXXXI			
Bank of America Cash					10,000,000	4,400,000	. (20,000,000)	XXX			
0199998 Deposits in0 depositories that do not exceed the											
allowable limit in any one depository (see Instructions) - open depositories .	XXX	X X X						XXX			
0199999 Totals - Open Depositories	XXX	X X X			11,091,108	1,339,088	. (24,079,941)	XXX			
0299998 Deposits in0 depositories that do not exceed the											
allowable limit in any one depository (see Instructions) - suspended											
depositories	XXX	X X X						XXX			
0299999 Totals - Suspended Depositories	XXX	X X X						XXX			
0399999 Total Cash On Deposit	XXX	X X X			11,091,108	1,339,088	. (24,079,941)	XXX			
0499999 Cash in Company's Office	XXX	X X X	. XXX.	X X X				XXX			
0599999 Total Cash	XXX	X X X			11,091,108	1,339,088	. (24,079,941)	XXX			

STATEMENT AS OF June 30, 2013 OF THE AMERIGROUP Tennessee, Inc.

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investi	ments Owne	d End of Current C	Quarter				
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	Amount Received During Year
	V O	NE					
8699999 Total - Cash Equivalents							



## MEDICARE PART D COVERAGE SUPPLEMENT

**Net of Reinsurance** 

NAIC Group Code: 0671		NAIC Company (	Code: 12941
	Individual Coverage	Croup Coverage	

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

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

### **Amended Statement Cover**

NONE

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Unaumonzea, Qo, Q

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### QUARTERLY DISKETTE TRANSMITTAL FORM AND CERTIFICATION (HEALTH)

Name of	of Insure	ľ
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#### AMERIGROUP Tennessee, Inc.

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

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

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

B. Additional comments if necessary for clarification:

C. Diskette Contact Person: Bette Lou Gronseth

Phone:

Address: 4425 Corporation Lane, Virginia Beach, VA

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

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

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

(version number): 11.0.7300.1294

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

### **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

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	570,333	76,971	264,402	878,350		1,790,056
0499999 Premium due and unpaid from Medicaid entities	6,660,470					6,660,470
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .	7,230,803	76,971	264,402	878,350		8,450,526

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

1	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					y and a decision	
Caremark	293,474	160,506	133,214	667,988	1,255,182	
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	711411141111111111111111111111111111111				*************	***************************************
0199999 Subtotal - Pharmaceutical Rebate Receivables	293,474	160,506	133,214	667,988	1,255,182	
0299998 Claim Overpayment Receivables - Not Individually Listed	1,563,372	89,895	12,029	29,354	1,694,650	
0299999 Subtotal - Claim Overpayment Receivables	1,563,372	89,895	12,029	29,354	1,694,650	415154541415.4.41.555
0399998 Loans and Advances to Providers - Not Individually Listed				18,000	18,000	
0399999 Subtotal - Loans and Advances to Providers		.,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18,000	18,000	
0499998 Capitation Arrangements Receivables - Not Individually Listed						
0499999 Subtotal - Capitation Arrangements Receivables		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			*****************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0599998 Risk Sharing Receivables - Not Individually Listed			,	,,.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
0599999 Subtotal - Risk Sharing Receivables		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Other Receivables						
TennCare Oversight	815,056		***************************************	907,961	******************	1,723,017
0699998 Other Receivables - Not Individually Listed			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
0699999 Subtotal - Other Receivables	815,056			907,961		1,723,017
0799999 Gross health care receivables	2,671,902	250,401	145,243	1,623,303	2,967,832	1,723,017

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

1	2	3	4	5	6	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							
					!		
AMERIGROUP Corporation	672,910					672,910	
0199999 Total - Individually listed receivables	672,910					672,910	
0299999 Receivables not individually listed			.,				
0399999 Total gross amounts receivable	672,910					672,910	

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

Unreconciled difference

TOTAL REVENUES					
	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Net premium income 2013 Net premium income 2012 Net premium income 2011 Net premium income 2010 Net premium income 2010 Net premium income 2009 Net premium income 2008 Net premium income 2007	426,338,362 863,517,958 896,910,241 871,851,131 612,724,592 598,983,073 382,864,891	25,075,235 41,362,158 23,222,262 16,750,528 13,401,387 8,112,101		451,413,597 904,880,116 920,132,503 886,601,659 626,125,979 607,095,174 382,864,891	4, C2, L2 4, C2, L2 4, C2, L2 4, C2, L2 4, C2, L3 4, C3, L2-2008 4, C3, L2-2009
TOTAL MLR Report	4,653,190,248 4,653,667,218	127,923,672	-		
Difference	(476,971)				
Change in uneamed premium reserves and reserves for rate credits 2013 - AMERIVANTAGE Rounding Unreconciled difference	476,970 1 (0)				
UNPAID CLAIMS	Middle Tennessee	AMERIVANTAGE	West Tennessee	NAIC Filing	Page, Col, Line
Claims unpaid (less reinsurance ceded) Accrued medical incentive pool and bonus amounts Unpaid claims adjustment expenses	68,462,960 38,050 1,980,261	4,76 <b>4,</b> 709 - 128,891		73,227,669 38,050 2,109,152	3, C3, L1 3, C3, L2 3, C3, L3
TOTAL	70,481,271	4,893,600		75,374,871	
Middle Tennessee Unpaid Claims Total IBNR on MLR report			-	70,481,271 62,796,649	
Difference				7,684,622	
Checks issued, but not released - After the check is issued, the amount Thus, these amounts were excluded in the reserve for financial reporting Medical - Unapplied Cash - These amounts are bastedly for recoveries	from the reserve in the MLR Re because not yet released. that have not been attached to	eport but included a specific claim.		7,065,777 618,845	
The actuaries include all recoveries it Thus, this is an offset to a received p.			the MLR Report,		
Unreconciled difference				(0)	
HOSPITAL AND MEDICAL Total expenses on MLR report		_	3,770,712,997		
Total hospital and medical 97 Dec 31 Total hospital and medical 98 Dec 31 Total hospital and medical 98 Dec 31 Total hospital and medical 90 Dec 31 Total hospital and medical 10 Dec 31 Total hospital and medical 11 Dec 31 Total hospital and medical 12 Dec 31 Total hospital and medical 12 Dec 31 Total hospital and medical 13 Jun 30 Total from NAIC filing			-	360,775,300 535,851,712 516,193,087 653,302,266 695,948,802 741,069,296 372,166,513 3,875,306,977	4, C4, L18-2007 4, C4, L18-2008 4, C3, L18 4, C2, L18 4, C2, L18 4, C2, L18 4, C2, L18
Less Medicare expenses			_	104,593,980	
NAIC net of Medicare expenses			3,770,712,997		

0

#### Medical Loss Ratio Report - Total Grand Region

Premium Tax Paid (Quarterly)

MCO
AMERIGROUP, Tennessee, Inc.

Reporting Month	Ir	2007 curred Month		For the Year Ended			Incurred		······································				Incurred	Month			For the Year Ended			Іпсште	1 Month		ĺ			Incurred 1	ionth		
	April	Миу	June	6/30/2007	July	August	September	October		December	January	February	Merch	April	Млу	lune	6/30/2008	July	August	September	October	November			l'ebroary	Morch	April	Mav	June
lment	186,416	186,037	182,879	555,332	183.226	184.352	185.408	186,126	186.331	186,318	186,042	186.584	187,293	187.102	186.165	185.840	2,230,786	185,087	184,940	185,04	186,028	187_076	187.358	186.756	188,192	190,142	191.838	192,882	194.486
	200000000000000000000000000000000000000		3.4334.343					**** *** ***				040.000.000	# 10 che 050			21/ 220 222		# 40 000 130	*********		110 707 070	share Mark made	210.026.262	£40.764.100	0.10.076.050		*********	000 241 245	CO CCD 244
ation Revenue ium Tax	\$48,938,744	\$48.838.217 \$976.764	\$47,895,955			\$48.228.287	\$48,453,013	4 ( (	\$48,516.420		4	\$48,550,055	4	4.10.701.2111	\$930.180	\$46,388,877 \$927,778	\$575,707,744 \$11,514,155	\$48,887,130								\$50.392,708 \$ \$1,007,854			
tation Revenue Net of Premium Tax		\$47,861,452	\$957,919 \$46,938,036	\$2,913,458 \$142,759,457	\$959,649 \$47,022,815	\$47,263,721	\$969,060 \$47,483,953	\$973,172 \$47,685,407	\$970,328 \$47,546,092		\$970,470	\$971,001 \$47,579,054	\$47,630,899	\$934,143 \$45,773,001	\$45,578,839	\$45,461,099	\$564,193,589						\$996,725 \$48,839,538			\$19,381,851			
MOON AND LOUIS THE WALL AND A MAN	377,535,535	017,001,102	010,000,000	\$142,737,137	311,022,013	317203(121	317,105,555	#1740CO. 101	017.11.10.072	011,010,000	277,333.032	011.312,021	217.05.1(055			0.12(,	42012(12000)	4.117.9349113	W 11 (0 (10)	o tota tota	110,571.117			0.000011200					
yments for Covered Services for the Month												ļ																	
cal Services																													
CMS 1450/UB 92 Payments by the Claims Processing Sy Inputient - Maternity		\$1.264.823	\$1 347 430	\$3,847,280	\$1,330,553	\$1,769,128	\$1,286,142	\$1,495,079	\$1,314,707	\$1.433.153	\$1,637,648	04 (57 4)	\$1,364,069	## 025 001	01.000.000	\$1,491,487	\$17.666.545	\$1.511.746	\$1,602,018	\$1,451.26	\$1.540.657	\$1.303.190	61.7(81.030)	\$1 471 298	\$1,379,660	\$1,496,051	61 102 577	\$1.566.067	41 420 075
Inputient - Newborn	\$1,235,027	\$2,026,773	\$2,747,430	\$6,676,374			\$1,280,142	\$2,793,660	\$1,514,707	\$2,299,760	27,027,000	\$2,285,286		\$1,683,397	\$1.032,229	\$2,131,724	\$25,515,357	\$3,255,233	\$1,002,018 \$1,913,374			\$3,464,797		\$2,236,955		\$2,324,926	4	definition.	ax, 120,070
Inpatient - Medical	\$4,344,569	53 735 903	an, inicio	\$11,203,836	42,015,115	4.,,	\$4,738,638	\$3,402,761	S3 298 777	\$4,299,760	\$4,462,663		\$3,999.478	\$3,760,345	\$3,707,389	\$3,571,563	\$45,916.161	\$4,138.763	\$4,186,733	\$3,939,38	\$3.274.010	\$4,098,911	\$4,657,900	\$3,635,595	\$5,164,609		\$4,442.230		\$4.752,410
Inpatient - Surgery	\$2,079,710	\$2,212,167	\$1,966,666				\$2,392,819	\$2,624,370	\$2,164,175	\$2,166,678		\$2.571.783	52 498 807	\$2,575,533	\$2,328,208	\$2,455,557	S29,238,881	\$2,361,485	52,578,394			\$2,828.566	\$2.561.851	\$2,766,476	\$2,385,113		\$2,606,965	\$3,135.829	
Invatient Other	S114.359	\$124,419	\$145,565				\$153,591	\$118,176	\$58,393	\$86,462	\$106,732			\$351,296	\$77,329	\$123,243	\$1,354,950	\$90,967	\$130.969		1	\$48,691	\$37,150	\$62,801	\$52,273	\$91,817	S58.188	\$42,483	\$77.007
Outpatient - Emergency Room	\$1,100,289	\$1.182.526	\$1,762,444		\$1.894.726	\$2,028,715	\$2,078,116	\$2,093,766	\$2,152,001	\$2 312 458	\$2,398,008		\$2,294,502	\$2,176,332	\$2,331,025	\$2,162,748	\$26,418,136	\$2,197,859	\$2,370,301	\$2,354,94		\$2,355,101	\$2,396,266	\$2,404,928	\$2,471,860		\$2,606,824	\$2,710,551	\$2,471,860
Outpatient - Laboratory	\$466,565	\$535,238	\$373,281	\$1,375,084		\$399,811	\$358,545	\$409,531	\$391,691	5371.160	\$473,759			\$423,710	\$401,292	\$413,974	\$4,924.393	\$436,377	\$434,565	\$447.89	\$477,278	\$422,355	\$432,128	\$527,122	\$507.125	S576.808	\$514,800	\$501,949	\$499,598
Outpatient - Radiology	\$1,057,286	51,177,733	51,009,124	\$3,244,143	5947,427	\$1,133,356	\$972,893	\$1,081,784	51,015,313	\$901,511	\$1,079,579	\$994,863		\$1,156,041	\$1,026,013	\$1,072,504	\$12,525,492	\$1,128,718	\$1,138,244		S1.250.015	\$1,131,755	\$1.098,275	\$1,275,987	\$1,217,018	\$1,344,397	\$1,379,856	\$1,219,995	\$1,265,202
Outpatient - Surgery	\$1,001.167	\$1.133,946	51,134,385		\$1.143,536	\$1,241,465	\$1,132,620	\$1,354,110	\$1,295,849	\$1.092.164	\$1,425,071	\$1,276,260	\$1,321,207	\$1,422.281	\$1,445,838	\$1,377,548	\$15,528,250	\$1,488,084	\$1,403,085	\$1,331,94	\$1,552,396	\$1,393,421	\$1,429,239	\$1,511,951	\$1,616,384	\$1.764,197	\$1,834,380	\$1,710,540	\$1,909,467
Outpatient - Other	\$181.538	\$202,426	\$218.764	\$602,727	5210,745	\$236,659	\$251,910	\$254,995	\$233,379	\$248.274	\$238,618	\$237,726	\$235,722	\$252,153	\$269,115	\$268,606	\$2,937,902	\$291,337	\$261,921	\$120,72	\$388,687	\$101,053	\$151,898	\$177,295	\$170,749	\$188,712	5193,879	\$205,585	\$205,528
Hospice	\$840,024	\$835,440	\$838,560	\$2,514,024	\$867,971	\$822,923	\$740,424	\$747,313	\$682,790	\$661.177	\$669,796	\$602,477	\$715,782	\$680,926	\$757,929	\$708,584	\$8,658,092	\$679,633	\$728,561	\$666,54	\$697,374	\$617,517	\$638,649	\$652,997	\$607,478	\$679,452	5715,881	8811,176	\$779,126
Long-Term Care Payments																				T									
Level I Facility	\$0	SO	\$0	\$0	\$0	\$0	\$0	\$0	St)	\$0	\$0	\$0	SO	\$0	\$0	\$150	\$150	\$1,501	\$2,852	S	\$0	20	\$0	\$0	\$1,950	\$0	· S0	\$0	S/
Level II Facility	\$57,860	\$70,837	\$47,426	\$176,123	\$26,836	\$24,520	\$49,482	\$59,851	\$18,011	\$34,954	\$47,128	\$25,040	\$11,507	\$9,256	\$73,219	\$73,895	\$453,699	\$54,659	\$12,257	10,062	\$47.194	\$15,259	\$24,865	\$23,750	\$54,625	\$23,135	\$18,750	\$18,500	\$41,500
Home and Community Based Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$Đ	\$0	\$0	\$0	\$0	SU	\$0	\$0	\$0	\$0	\$0	F S	\$0	50	\$0	50	\$0	\$0	50	\$0	\$1
CMS 1500 Payments by the Claims Processing System																		i											
Prof - E&M	\$6,271,826	\$6,675,167		\$19,243,380	\$6,024,866	\$7,182,893		\$7,168,820		\$6,196,345	\$7,441,003	\$7,203,037	\$6,782,346	\$7,150,756	\$6,671,918		\$81,351,619				\$8,076,396	\$6,759,166		\$7,765,702	\$7,931,412		\$8,262,122	\$7.756.699	4.4.4.41.4.
Prof - Home Health	\$5,648,895	\$6,493,507	\$6,271,650	\$18,414,052	\$6,421,299	\$6,571,770	\$6,137,687	\$6,714,885	\$6,555,413	\$6,571,512	\$6,713,394	\$6,126,700	\$6,650,821	\$6,603,485	\$6,789,803	\$6,549,748	\$78,406,516	\$6,646,026	\$6,033,832			\$3,022,889	\$2,848,529	52,701,255	\$2,596,453		\$2,610,461		\$2,468,080
Prof - Maternity	\$835,663	\$887,977	\$980,033	3-11-3	\$969,549	\$1,087,761			\$911,821	\$924,701	\$1,141,290	\$1,135,042	\$1,069,778	\$1,073,697	\$1,065,721		\$12,346,426		\$1,045,509			\$932,577		\$1,081,387	\$957,930	\$1,078,546			\$1,083,129
Prof - Surgery	\$448,304	\$561,253	\$552,941		\$528,013	\$578,664				\$457,511	\$621,056	\$517,913		\$638,433	\$623.269		\$6,869,721	\$598,803				\$595,843	\$517,906	\$681,264	\$697,531	\$716.239	\$696,684	\$639,981	\$765,311
Prof - DME	\$274,993	\$333,228	\$329,712	\$937,932	\$257,856		\$330,077			\$381,484	\$399,331	\$376,742		\$398,256	\$422.227		S4,294,812	\$361,566			\$430,917	\$333,272	\$415,581	\$396,700	\$498,637	\$443,774	\$466,169	\$406,059	\$379,581
Prof - Lab	\$600,620	\$626,942	\$611,150		\$508,663		\$513,624			\$454,397	\$628,947	\$640,888		3716,549	\$653,309		\$7,072,862	\$699,720				\$668,101	\$675,758	\$818,725	\$826,003	\$930,767	\$908,485	\$814,273	\$879,979
Prof - Radiology	\$878,150	\$996,991	\$891,218		\$763,040					\$705,444	\$882,374	\$784,341		\$877,816	\$833,197		S9,846,644				\$909,935	\$795,545	\$829,100			\$1,044,726		\$977,796	\$1,022,218
Prof - Transportation	\$1,050,072	\$1,299,108	\$1,241,857	\$3,591,036	\$1,237,953			\$1,427,082		\$1,240,681	\$1,485,916	\$1,382,440		\$1,470,466	\$1,480,278		\$16,523,445	\$1,516,911	\$1,330,670		\$253,998	\$226.754	\$195,713	\$230,532	\$217,433		\$262,583	\$239,926	\$251,344
Prof - Other	\$1,628,238	\$1,739,095	\$1,572,681	4 - 11 - 1 - 1	\$1,579,512	4.11		\$1,813,399		\$1,582,658	\$1,894,920	\$1,797,714	,	\$1,824,792	\$1,782,976		\$20,741,021	\$1,803,744		,,.		\$1,798.018				\$1,916,341		\$1,824,972	\$1,790,833
Capitation Payments	\$442,529	\$433,167	\$442,387	\$1,318,084	\$226,826	OKEDIT IT			\$204,209	\$211,333	\$208,509	\$227,088		\$186,343	\$182,779	\$183,026	\$2,478,730	\$184,296	\$186,182			\$1,079.378	\$1,080,148	\$1,078,331	\$1,148,746		\$1,083,834	\$1,084,563	\$1,083,397
Subcontractor Payments for Medical Services	\$96,057	\$97,717	\$97,222	\$290,996					\$115,935	\$96,741	\$126,734	S117,941	\$125,893	\$116,922	\$97,793	\$94,110	\$1,457,579	S148,835	\$168,971	\$149,30	\$168,301	\$142,635	\$134,561	\$151,691	\$153,469	\$176,019	\$151,136	\$129,014	\$138,853 \$0
Other Medical (provide description)	\$0	50	\$0	\$0	\$0	\$0	\$0	S0	\$0	\$10	\$0	\$10	\$0	3/0	- 20	50:	\$U	30	\$U	3 8	30	20	30	\$0	. 50	30	20	301	20
ioral Health	E1 407 020	M1 <01 0<1	#1 ccc coc	W. 224.422	63 77 3 103 3	#1 U. c = 200	#1 DOT 415	#1 Opg 023	01 770 700	81.042.043	63 405 403	#1 0co 703	C1 007 133	\$1,933,304	\$1,986,693	\$1.713.268	\$23,407,933	51 205 201	\$1.784.929	\$1,640.79	S1.267.952	\$1,520,521	\$1,544,438	63 107 600	\$1,252,343	\$1,323,229	\$1,199,519	\$1,198,150	\$969.503
Inpatient Payments by the Claims Processing System	\$1,481,858	\$1,601,864	\$1,652,695	\$4,736,417	\$1,753,932		971	\$1,822,031	\$1,718,707	\$1,942,843	\$1,897,487	- 1 1	\$1,807,123						2-1	2 1 7 2 1 2 7 1				_			\$1.165,334	0 2320 0,200	\$1,184,473
Outpatient Payments by the Claims Processing System Supported Housing Payments by the Claims Processing 5	\$1,226,232 vs \$165,415	\$1,162,660	\$1,299,700 \$181.880		\$1,016,742			\$613,953 \$225,668		\$451,246 \$240,717	\$581,274 \$241,737		\$508,116 \$244,983	\$578,187 \$240.553	\$526,218 \$255,550	\$556,101 \$244,832	\$7,988,218 \$2,703,932			\$752,15 \$232.29		\$832,632 \$247,649	\$936,736 \$294.683	\$298,008	\$1,045,883 5288,523	\$1,159,124 \$316,935	5250.684		\$239,062
Intensive Outpatient Payments by the Claims Processing		\$81,970	\$79,391	\$214,565			\$73,223			\$61,461	\$79,725		\$79,867	\$100,580	\$92,205	\$79,812	\$2,703,932					\$84,704	\$87,083	\$74,747	\$67,566	\$83,170	\$76,823	\$77,643	\$81,57
Partial Hospitalization Payments by the Claims Processing		\$6,126	\$4,108							\$6,764			\$57.066	\$64,015	\$64,001	\$77,526	\$312.022	\$43,672				\$46,393	\$64,910	\$62,792	\$33,033	\$47,541	\$84,212	5108,429	\$98.023
In Home Payments by the Claims Processing System	\$0	\$0,120	.j-1,10a \$()	912,380 \$0	<del> </del>	<del></del>			\$2,103	30,754	\$13,720		1	\$0	100,4001	377,320	3312,022 \$0					50	\$04.710	502,772	\$0.000	\$0	50	\$0	370,02
Transportation Payments by the Claims Processing System		\$15,720	\$9,380	\$37,791	1				\$13,316	\$11,448				\$11,345	\$15,366	\$16,965	\$165,861	- 4-				\$11,143	\$6.851	\$6,976	\$9,325	\$13,202	\$13,115	\$13,197	\$10.029
Twenty-Three Hour Payments by the Claims Processing		\$1,733	\$12,235	\$13,969										\$3,202	\$8,580	\$299	\$42,004					\$1,066	\$1,315	\$800	\$160	\$3,644	50		\$1,543
CMHA Capitation Payments	\$313,648	\$331.291	\$302,878	\$947.818				\$319,690			\$319,958			\$327.487	\$315,166	\$325,099	\$3.848,213					\$315.027	\$321,975	\$320,295	\$323,059	\$329,484	\$328,842	\$331,942	\$331,278
Other Capitation Payments	\$0	50	20	\$0							\$0			\$0	\$0	\$0	SO				50	5.0	SG	\$0	\$0	\$0	50	\$0	\$0
Grant Payments	\$0	50	50			SC	\$:0	50	\$0	\$0	SO		+	\$0	\$0	\$0			SO	5	SO SO	\$0	SO	50	\$0	\$0	\$0	\$0	\$0
Non-FFS Inpatient	\$0	50	SO			30	\$0	\$0	\$0	\$0	\$0	\$0	SO	80	\$0	\$0			SO	5	50	\$0	\$0	\$0	\$0	\$0	\$0	50	\$0
Subcontractor Payments for Mental Health and Substance	A \$2,400.055	\$2,465,445	\$2,523,534	\$7,389,034	\$2,403,671	\$2,370,881	\$2,474,297	\$3,104,597	\$3,205,906	\$3,183,674	\$3,235,072	\$3,189,338	\$3,297,381	\$3,434,440	\$3,437.453	\$3,318,377	\$36,655,087	\$3,219,059	\$2,958,900	\$3,245,34	\$3,318,808	52,939,525	52,242,947	\$2,099,301	\$2,151,696	\$2,244.745	\$2,299,368	\$2,236,270	\$2,194,73
Crisis Services Team Pass Through	\$0	50	SO	\$0	SO	SC	\$0	\$0	\$0	\$0	SO	\$0	S0	S0	\$0	\$0	\$0	\$0	SC	5.	\$0	\$0:	\$0	\$0	\$u	\$0	\$0	\$1)	\$0
Recoveries not Reflected in Claims Payments	1	j.		380				ļ				}		J			50	l			1								
ayments	\$38,216.901	\$40,480,311	\$40,062,343	\$118,759,555	\$39,760,328	\$42,276,736	\$40,442,836	\$43,589,126	\$40,134,365	\$40,698,353	\$45,481,529	\$43,371,797	542,801,764	\$43,576,934	\$43,170.761	\$42,293.766	\$507,598,296	\$44,916.300	\$43,150,876	541,846,61	\$40,433,619	\$40,132,854	\$39,293,610	\$39,465,670	\$40,138,969	\$43,330,552	341,696,603	\$41,429,960	\$42,013,98
BNR	\$0	50	So	\$0	SO	3.0	\$0	5.0	20	\$0	S0	\$0	50	50	\$0	\$0	50	5.0	\$6	\$	3:0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	S
sional IBNR	\$0	50	so	350	SO	5.0	\$0	5.0	\$0	\$0	SO.	\$0	50	\$0	\$0	\$0	\$0	\$0	\$10	) \$	98.	\$0	\$0	\$0	\$0	\$D	\$0	\$0	\$0
NR.	\$0	50	SO	\$0	50	5.0	\$0	\$0	\$0	\$0	S0	\$0	\$0	50	\$0	\$0	\$0	\$0	\$0	) *	30 \$0	\$0	\$0	\$0	\$0	\$D	\$0	\$0	Ş
BNR	\$0	50	so	\$0	- 00	, ,,,	\$0	\$0	\$0	\$0	so	\$0	50	50	\$0	\$0	\$0	\$0	\$0	\$	3 \$0	\$0	\$0	\$0	S0	\$0	\$0	\$0	\$0
ents and Remaining IBNR	\$38,216,901			\$118,759,555									\$42.801,764	\$43.576,934	543.170,761	\$42,293,766	\$507,598.296					\$40,132,854						\$41,429,960	
al Loss Ratio, Gross Premium	78.09%	82.89%	83.64%				83.47%							93.30%	92.82%		88.17%	91.88%						79.95%			82.30%		82.44%
al Loss Ratio, Net Premium	79.68%	84.58%	85.35%	83.19%		89.45%	85.17%	91.41%			95.64%			95.20%	94,72%	93,03%	89.97%	93.75%					80.45%	81.58%		87.74%	83.98%		84.12%
Member Expense	\$205.01	\$217.59	5219.07	\$213.85	\$217.00	\$229.33	5218.13	S234.19	\$215.39	5218.43	\$244.47	\$232,45	\$228.53	\$232.91	\$231.90	\$227.58	\$227.54	\$242.68	5233.32	\$226.1	\$217.35	\$234.53	\$209,72	\$211,32	\$213.39	\$227,89	\$217.35	\$214,79	\$216.0

- - - - 2,291,637 - - 2,542,392 - 2,651,693 - - 2,450,920 - 9,936,643 - 2,861,035 - - 3,794,315 - - 2,845,665 - - 2,573,881 - 12,077,896

Medical Loss Ratio Report - Total Grand Region AMERIGROUP, Tennessee, Inc.
Reporting Month For the Year Ended 6/30/2010 2.333,818 | 2009 | 2010 | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurred Month | Incurre Enrollment

Capitation Revenue	\$56,699,901 \$55,549.7		7.7.4.7.50.3.B3	51.450.040	\$54.529.104	#45 MIC 110	1000 (00 000	400 0 T 1 100	553 553 455	\$73,229,500	272 027 700	\$734,671,792	S72,999,675	\$73.531.537	********	\$74.314.550	474 (7) 774	694 697 510	\$75,175,608	\$75,128,153	\$75.401.993	077 711 201	\$75.896.151	\$76,145,209	\$897,400,779
Premium Tax	\$3,118,495 \$3,055.2			\$2,996.397	\$2,999,101	\$3,066,054	\$55,628,096 \$3,059,545	\$72.851.170	\$72,953,405		\$4,060,304	\$40,406,949	\$4,014,982	\$4,044,235		\$4,087,360		\$4.104.513	\$4.134,658	\$4,132,048	\$4,147,110	\$4,165,768	\$4,174.288	\$4,187,986	\$49,357,043
Capitation Revenue Net of Premium Tax	\$53,581,407 \$52,494.5			51,483,543		\$52,680,386	\$52,568,551	\$4,006,814 \$68,844,356	\$4,012,437 \$68,940,968	\$4,027,622 \$69,201,877	\$69.763.405	\$694,264,843	568.984.692	\$69,487,303		\$70,227,250						\$71.575.466	\$71,721,863		\$848.043.737
Capitation Revenue Aet of Freinfull 12x	237,261,407 352,494.3	29 351,616,514 2	\$31,339,323 33	31,483,343	351,530,003	352,080,580	\$24,208,231	358,844.306	308,940,908	269,201,877	309,703,403	3024.204.843	308,964,092	\$09,487,505	309,804,676	3/0,227.250	\$70,470,520	370,323,000	3713740/320	\$70,990,104	3/1.254,884	3/12/2/2/1001	3/1,/21,003	\$/1,937,222	\$0+0.U+3,737
Payments for Covered Services for the Month					- 1		!			,			l I								ĺ				
Medical Services					- 1			i					l I							i					
CMS 1450/UB 92 Payments by the Claims Processing Syst												· · · · · · · · · · · · · · · · · · ·								-					
Inpatient - Maternity	\$1,512,412 \$1,465,0	02 S1.611.423	\$1,690,687	\$1,535,506	\$2,042.829	\$1,451,632	\$1,431,696	\$1,461,528	\$1,398,459	\$1,473,809	\$1,420,122	\$18,495,104	\$1.511.786	\$1,607,428	#1 671 770	\$1,785,117	\$1,546,814	\$1,711,702	\$1,592,718	\$1,607,070	\$1,611,651	\$1,325,417	\$1,435,706	\$1,534.831	\$18,941,570
Inpatient - Newborn	\$3,205,392 \$2,381,7	11 \$2,464,199		\$2,568,087	\$2,879,410	\$2,265,701	\$2,028,522	\$2,596,554	\$2,304,856	\$2,243,504	\$2,780,065	\$30,595,932	\$3,369,972	\$3.547.573	\$2,460,611	\$3,262,486	\$2,324,879	\$2,716,736	\$3,496,216	\$2,163,371	\$3.604.840	\$3,441,574	\$3,495,986	\$2,377,080	\$36,261,324
Inestient -Medical	\$5,293,516 \$3,598.9			\$4,949,285	\$4,097,648	\$2,808,536	\$2,814,093	\$3,323,319	\$2,996,206	\$2,476,087	\$3,251,504	\$45,654,317	\$2,997,140						\$3,071,397	\$2,994,100	\$3 136 983	\$3,700,542	\$3,120,908	\$3,296,086	\$38,526,392
Inpatient - Surgery	\$3,078.586 \$3,101.2				\$2,656,426	\$3,632,825	\$4.054.765	53,716,128	\$3,580,607	\$2,810,257	\$3,891,635	\$38,581,502	\$4,176,001	\$5,465,142			\$2,901,273		\$4,502,238	\$3,002,546	\$4,348.534		\$4,113,540	\$4,527,431	\$46,804,030
Inpatient Other	\$131,581 \$96.9		\$80,456	\$72,154	\$170,506	\$1,694,254		52,216,480	\$1,001,296	\$937.815	\$1,036,602	\$8,911,202	\$1,286.216	\$461,159		\$431,181	\$246,825	\$208,886	\$233,745	\$454,279	\$310.124	\$416,397	\$166,574	\$199,730	\$4,644,504
Oulpatient - Emergency Room	\$2,474,012 \$2,895,6				\$1,901,078	\$1,922,149	\$1,741,752	52,144,039	\$2,062,925	\$2,191,576	\$2,074,487	\$27,561,367	\$2,056,011	\$2,096,580			\$2,119,697		\$2,315,017	\$2,107,205		\$2,150,685	\$2,265,688	\$2,094,081	\$25,518,277
Outpatient - Laboratory	\$457,510 \$485,2		\$427.152	\$442.561	\$458.140	\$450,668	5433,086	\$508,261	\$459,129	\$411,378	\$455,818	\$5,512,654	\$426,293	\$495,109	\$467,509		\$480,984	\$482,097	\$533,749	\$511,064		S491,195	\$497,551	\$478,058	\$5.868,470
Outpatient - Radiology	\$1,306,601 \$1,272,0		\$1,092,253		\$1.020.773	\$986,889	5929,003	\$1,192,852	\$1,195,462	\$1,050,014		\$13,225,410	\$1,078,626	\$1,172,703		\$1,194,656	\$1,249,473	\$1.050.083	\$981,223	3999.241		\$1,115,751	\$1,131,837	\$1,106,697	\$13,485,522
Outpatient - Surgery	\$1,800,626 \$1,876.3			\$1.538.863		\$1,679,008	\$1.665,746	\$2,200,412	\$2,040,063	\$1,821,281		521,973,951	\$1,985,467	\$2,110,638			\$1.817.675	\$1,726,151	\$1,667,746	\$1.877.819	\$2,148,193	\$2,110,920	51,915,197	\$2,157,283	\$23,349,095
Outpatient - Other	\$206,206 \$215.1		\$213,702	S219.688	5233.026	\$213,558	\$213,733	\$256,184	\$219.829	\$210,921	\$230,761	\$2,656,968	\$231,847	\$240,321	\$250,321	\$269.592	\$260,995	\$227.963	\$219,789	\$225,046	\$255,979	\$243,401	\$242,994	\$247,918	\$2,916.165
Hospice	\$789,864 \$757.9				\$707,040	\$655,286	\$595,370	\$669,651	\$653,345	\$724,233	\$806,195	\$8,516,207	\$772,052	\$784,756	\$787,931	\$788,735	\$704,737	\$810,908	\$791,413	\$743,746	5825,797	\$801,251	\$885,101	\$846,341	\$9.542.769
Long-Term Care Payments	4/07,004 3/3/,9	3 \$720,026	داغرادام	5062,324	3707,440	3033,280	407000111	\$003,001	au23,343	3124,233	3000,193	90.010,2(1)	2002110	<u></u>	3/6/,931	3:00,133	3/04,/3/	00314,2410	9/21/413	\$143,140	3623,797	3001.431	90000101	.00-10,.341	\$5,344,705
Level 1 Facility	\$0 \$6	VI 60	SO		\$n	\$1,050	\$1,050	\$10,571,365	S10.244.617	\$10,724,806	\$10,295,623	\$41,839,110	\$]],553,844	\$11 674 834	S11,401,523	\$11.970.245	\$11,484,934	\$11,815,443	\$11,690,509	\$10,227,558	\$11.488.242	\$11,135,230	\$11.566.151	\$11,230,623	\$137,148,155
Level II Facility	\$48,800 \$70.5		S70.625	\$78.250	\$29.075	\$38.875	\$47,125	\$1,343,272	\$1,429,348		\$1,404,725	\$6,133,633	\$1,545,272	\$1,561,454	,	\$1.395.728	\$1,484,934	\$1,815,445	\$1,360,396	\$1,235,457	\$1,488,242	\$1,403,376	\$1,425,882	\$1,336,458	\$16,885,644
Home and Community Based Services	41040	50 S0	S/0,025	50	\$29,075	#10,072 #n	- PPT 2,1 23	\$874,133	\$935,003	\$1,015,046	\$1,404,725	\$3,958,562	\$1,258,975		\$1,414,463	\$1,393.728	\$1,597,495	\$1,747,629	\$1,696,993	\$1,709,727	\$2,004,835	\$1,403,376	\$2,129,081	\$2,156,429	\$20,447,233
CMS 1500 Payments by the Claims Processing System	201	30		J0)	90	3/U	30	367+,133	2933,003	81,013,040	03,134,380	33,700,302	\$140,572	139 الدورات	200,810	#3434393	31,380	91,147,0529	41,020,223	31,102,121	32,004,630	31,702,432	.pz,123,Uhl	€2,130,+29	a20.4+7,233
Prof - E&M	\$8,255,329 \$8,166,2	96 \$8,249,099	S8,027,023	\$7,414,921	\$7,399,183	\$7,171,060	\$7,233,892	\$8,671,333	\$8,079,448	\$7,033,504	\$7,558,097	\$93,259,186	\$7,487,511	\$8.091,281	\$8,192,294	\$7,842,00I	\$7,984,925	\$7.779.247	\$7,547,275	\$8,083,887	S8.590.804	\$7,784,201	\$7,931,707	\$7,653,871	\$94,519,000
Prof - Home Health	\$2,595,493 \$2,589,9			\$2,381,650	\$2,417,699		\$2,358,076	\$2,789,391		\$2,675,555	\$2,652,198	\$30,691,751		\$2.584.307			\$2,425,073	\$2,460,671	\$2,342,684		\$8,390,804 \$2,377,543	\$2,249,100	\$2,287,381	\$2,161,449	\$28,537,564
Prof - Maternity	\$1,227,581 \$1,151.9			\$1,076,190	\$1,204,186		\$1,148,976	\$1,268,403	\$2,711,381	\$1,110,479	\$1,050,506	\$13,929,128		\$1,266,644			\$1,183,182		\$1 133 805	\$1,102,967		\$1,138,231	\$1,131,528		\$14.208,264
Prof - Surgery	\$888,695 \$764.2	,,		\$636.312	\$577.985	\$628,628	\$592,168	\$776,723	\$1,120,567 \$683,042	\$613.854	\$696,216	\$8,314,976	\$679,600				\$659,272	\$654,004	\$745,833	\$653,720	\$722.517	\$785,054	\$811,702		S8,722,061
Prof - DME	\$394,632 \$470.5				\$403,665	\$371,485	\$354,001	\$438,736	5413,368	\$386,301	\$421.885	\$4,794,449	\$375,751		\$384,929	\$465,842	\$428,246	\$482,543	\$431,101	\$347,421	\$429,855	\$433,250	\$443,505	4 /	\$5,128,543
Prof - Lab				\$396,261 \$794,961	\$794,415	\$787,370	\$800,360	\$960,355	\$844.595	\$707,441	\$760,314	\$10,141,215	\$717,536		\$384.929	\$736,850	\$713,695	\$675,180	\$763.832	\$811.338	\$861,732	\$733,510	\$754,109		\$9,166,860
Prof - Radiology	\$879,861 \$917,4 \$1,009,138 \$957.9			\$926,766	\$940,808	\$912,799	\$894,626	\$900,355 \$1,074,061	\$1,005,353	\$890,578	\$966,832	\$11,541,203	\$942,395		\$985,876		\$920,011	\$843,626	\$867.281	\$843,584		\$927,077	\$946.845		\$11,158,795
Prof - Transportation	\$248,179 \$272.4		\$277,059	\$248,020	\$260,580	\$276,483	\$240,988	\$277,739	\$278,565	\$276,160	\$294,112	\$3,237,757	\$293,647		\$292.166		\$265,994	\$294,752	\$323,870	\$275,571	\$319,838	\$316,189	\$311,163		\$3,594,660
Prof - Other	\$1,900,117 \$2,016.2			\$1,931,466	\$1.845.880	\$1.840.848	\$1.759.665	52.074.894	\$1,930,060	\$1,835,074	\$1,919,414	\$23,392,162		\$2,145,338			\$2,043,728	\$1,891,390	\$1,997,633	SL940.718		\$2,012,285		\$1.978,878	\$24,392,865
Capitation Payments	\$973,786 \$967.0			\$1,130,271	\$1,124,790	\$1,305,854	\$1,339,116	51.323.622	\$1,355,163	\$1,383,954	\$1,370,952	\$14,331,761	\$1,417,587		\$1,408,747		\$1,423,963	\$1,671,390	\$1,337,033	\$1,340,718	\$1,476,705	\$1,429,700		\$1,410,641	\$16,540,467
Subcontractor Payments for Medical Services	\$174,750 \$218.3		\$3,032	\$3.081	\$1,583	\$155,032	\$1,339,110 \$151,097	\$198,262	\$173,387	\$119,270	\$143,999	\$1,344,581	\$1,417,587	\$232,637	\$184.060	\$185,734	\$169,172	\$145,165	\$171.898	\$157,781	\$214.820	\$1,429,700	\$150,339		\$2,137,264
Other Medical (provide description)	\$0 \$0	77 32,088	\$5,052	\$0,1761	\$1,283	\$133,052	S0	3198,202	\$175.587	3119,270	3145,999	\$1,544,561	3193,323	\$232.037	\$164,000	\$183,734	\$109,172	\$143,103	\$1/1,098	\$1,7,761	\$214,820	\$170,223	3130,339	3133,909	\$2.137.204 SD
Behavioral Health	311	30	40	4u]		30	30	- 40	49.1	317	30	40	30	30	•••			307	\$0	30	1001	30	30	30	30
Invotient Payments by the Claims Processing System	\$914,477 \$895.8	35 S822.985	\$772,797	\$920,543	\$852,768	\$967,211	\$960,121	\$946.047	\$805,749	\$897.495	\$864,760	\$10,620,839	\$1,105,761	\$1.065.065	\$1.069.623	\$1.170.875	\$1,020,909	\$1,010,332	\$1,035,277	\$1,113,546	\$1,259,083	\$1,364,044	\$1,306,062	\$1,353,364	\$13.873.940
Outpatient Payments by the Claims Processing System	\$1,901,935 \$1,960.7	15 S2 054 362		\$1,890,556	\$1,933,142	\$1.897.818	\$1,868,820	\$1,970,135	\$1,990,178	\$1,805,935	\$1.837.452	\$23,196,148	\$1,651,739	\$1,000,000	\$2,019,023	\$2,010,357	\$2,033,336	\$1,838,692	\$1,844,144		52 242 464	\$2,131,499	\$2,073,535	\$1,974,075	\$23,669,108
Supported Housing Payments by the Claims Processing Sys	\$331.257 \$333.6			\$347,827	\$373,150	\$390.982	\$303.865	\$318.810	\$335,818	\$353,965	\$356,450	\$4,127,732	\$331.591	\$364,749		\$388,268	\$370,419	\$380,849	S382.246		\$344,993	\$359,262	\$365,564	\$382,194	\$4,368,656
Intensive Outpatient Payments by the Claims Processing Sy	\$71,666 \$82.2		\$84,222	\$66,498	\$72,742	\$62,286	\$55,863	S79,980	\$62,238	\$66,417	\$86,925	\$868,248	\$68,062		\$65,927	\$64,039	\$61,541	\$66,313	\$51,178		\$70,171	\$66,500	\$65,186	\$65,515	\$774.167
Partial Hospitalization Payments by the Claims Processing	\$97,270 \$96.8		\$73.150	\$59,620	\$105,265	\$70,740	\$82,000	\$103,115	\$104,780	\$95,135	\$77,660	\$1,042,769	\$53,972			\$65,860	\$5,595	\$5,435	\$7,090		\$6,215	\$8,175	\$15,760	35,385	\$415.117
In Home Payments by the Claims Processing System	\$0 50,8	72 3/7/192 to #o	3/3,130	\$39,620 \$0	3103,203 \$6	\$70,740	\$82,000	\$103,115 S0	\$104,780	873,133	\$77,000	31,042,709	\$35,972		\$121,800	503,800		#0.	37,090		30,213 \$0	38.173 \$0	\$12,700	25,583	\$415.317
Transportation Payments by the Claims Processing System	\$12,074 \$14.1	01 \$11.841	\$7,066	\$9,963	\$12,576	\$11.684	S8,177	\$9.908		\$13,293	\$10,666	\$134,573	\$10,097					\$12,136	\$11,760		\$12,198	\$12,565	\$15,988	\$12,779	\$134,198
Twenty-Three Hour Payments by the Claims Processing System  Twenty-Three Payments By the P	\$1.422 \$1.1	11 \$328	\$2,930	\$317	\$160	\$140	\$965	\$9,908 \$990	\$13,224		\$433	\$134,373	\$330	\$137	\$182			\$165	\$348		\$997	\$14,505 \$49I	\$843	S543	\$5,951
CMIIA Capitation Payments	\$331.357 \$323.4		\$327,513	\$327,926	\$328,829	\$327,172	\$348,813	S330.384			\$340,543	\$4,006,327	\$340.890		\$354,517				\$338,991			\$343,752	\$347.943		\$4,163,637
Other Capitation Payments	\$0.	n en	\$047,315	\$0.27,720	#n #n	4n	\$015,04C4 \$0	3330,384	#n	30713743	#270,243 #/\	\$4,000,327	\$3-10,890		50	3547,540	aprio (3/D)	SO SO	4000,771 40	\$333,479	#n	\$0	\$347,343		\$4,105,037
Grant Payments	\$0	20 40	\$0	\$0	40	\$0	40	50	\$0	\$0	807	\$0 \$0		\$0	\$0	\$0	30	SO	40	50	\$0	\$0	30		20
Non-FFS Inputient		so so	\$0°	\$0	\$0	*0	50	30	\$0	\$11	\$0	SO.		\$0	307 \$10	4	\$0	50	\$0	10	\$0	\$0	50		50
Subcontractor Payments for Mental Health and Substance A	\$1,114,892 \$1,126,9	,,,, e.,		4	\$1,133,493		\$1,156,357	\$1,246,511	\$1,229,594	\$1,213,527	\$1.185.838	\$13,926,787		207	- 40	-,	\$1,292,220	\$1,260,020	\$1,278,997	\$1,308,232	\$1,378,974			\$1,300,410	\$15,438,178
Crisis Services Team Pass Through	44114	0 31,111,036 30 \$0	\$6	SO	\$0	\$1,130,100	\$0	#n	#1.227,J74	\$0.213.327	\$1,160,636	413,920,74) SO			\$1,271,369		\$1,272,220	50	\$0	\$1,500,512	\$1,376.974	\$1,.14,5,202	\$1,575,728	\$1,300,410	\$0,170
Less:	40	50 - 401	30			40		- 30	30	3//	317	30			30	0.0		30	40	- 30	- 351	. 40	20	40	
Recoveries not Reffeeted in Claims Payments					1			l				50	Į l				]			1	j l				<b>t</b> n
	\$43,629,017 \$41,544.7	J7 S42.685.387 8	112 540 505 8	20 070 024	\$20.622.601	\$20 702 217	\$20,016,601	\$5T 027 570	\$54.005.167	\$51.425.506	\$54.433.616	\$516.530.196	\$56,835,845	\$50.220.03£	\$55 N77 #57	954 572 651	S54 454 177	\$56,100,520	\$56.742.024	\$52,678,540	SENTING DANS	\$57,379,255	\$58.182.400	956 020 211	\$681.288.444
UB92 IBNR		60 \$0 \$0	S0 S0	30,879,934	\$0,033,081	۱۱۱نبددایورد ۳۸	\$0	40 mg	\$34,000,107	1/18 1/18	4010,000,000	40. 40.	\$10,005,045 \$n	\$0.50,90,90	ψn Ψn	9/1	4044947177	4n	\$9,017	\$11,177	\$13.295	\$33,828	\$38,182,400	\$39,167	\$145.385
Professional IBNR		50 S0	S0	50	SO SO	\$0	\$0	30 \$0	\$U	30	20	\$0	\$0	50	\$0	50	\$0	\$0	\$9.017 \$9.017		\$13,259	\$50,828	338,901 \$406	\$39,1671 \$711	\$35,044
LTC IBNR		SO SO	SO	50	S0	\$0	\$0	- 30	\$0			\$0	\$0	50 S0	\$0		SO SO		\$9,017 \$0		\$13,239	\$314	3406 3475	\$460	\$1.859
Total IBNR		50 S0	S0 S0	50	S0 S0	\$0	\$0	\$0	\$U		20	30 en	\$0	50	\$0				\$18,035			\$34,648	\$39,782		\$182,287
Payments and Remaining IBNR	\$43,629,017; \$41,544,7		30 643,548,585 \$3		\$39.633.681		\$39,016,601	S57.933.579	\$54,005,167		\$54.433.616	\$546,529,186	\$56,835,845			\$56,573,654			S56.761.969			\$57,413,903	\$58,232,182		\$681,470,732
Medical Loss Ratio, Gross Premium	76.95% 74.79		79.82%	71.37%	72.68%	71.38%	70.14%	79.52%	74.03%	70.23%	73,73%	74.39%	77.86%		75.78%	76.13%	73.02%	75.17%	75.51%		79.72%	75.80%	76,71%	74,83%	75.94%
Medical Loss Ratio, Net Premium	81.43% 79.14		84.46%	75.52%	76,91%	75.54%	74.22%	79.52% 84,15%	74.03% 78.34%	70.25%	78.03%	78.72%	77.86% 82,39%		80.19%	1012210	77.27%	79,55%	79,90%			75.80% 80.21%	81.18%		75.94% 80.36%
Per Member Expense	\$225.49 \$215,		\$227.76	\$202.98	S206.40		\$199.31	\$294.31	\$273.39		\$273.43	\$234.18	\$286.29		\$277.41				\$280.51			S283.22	\$286.58		\$281.16
				#202.70	5200.40)	2007.79	#1225171	Q4-271-21	Q-40, F-4, -3, 2	1	22.7.2.43	02,74.10		9820.11	4-11-41	wa.15.30	#207.00	. 5211.38	#200.J1			444.7.22	2240.70	4500.75	201.10

For the Year Binded 6/30/2011 2.423.806

Premium Tax Paid (Quarterly) - 16,817,202 53,003,952 - 2,926,433 - - 8,850,835 - - 8,257,072 - - 9,074,913 29,109,253 - 15,097,357 -- 12,641,955 - - 8,447,437

#### Medical Loss Ratio Report - Total Grand Region

Premium Tax Paid (Quarterly)

- 16,646,654 - - 8,055,771 - -

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AMERIGROUP, Tennessee, Inc.				17.1					2020			т	F4-37 I			2412							112			For the Year
Reporting Month	<u> </u>		20	l] [ d Month					2012 Incurred IV				For the Year Ended			Incurred							13 1 Month			For the Year Ended
	July	August	September		November	December	Jamary	February	March		Mav	Липе	6/30/2012	July	August	September	October	November	December	January	February	March	April	May	June	6/30/2013
Enrollment	201.241	201,941	202,807		202,758	202,379	202,044	201.969	201,617		201,530	201.436	2,424.873	199,880	201.162		201,755	2(10),984	199,881	198.996	198,474	197.139	196,966	197.049	195,440	2,390,08
Capitation Revenue	\$70,460,349		871.367.413	\$71,786,436		\$71,819,742		\$71.533.769	\$71,737,512	\$71,926,195	\$72,031,079	\$72.177.772	S858.963.219	\$71,660,472	\$71,750,643		\$71,631,038	\$71,371.694	\$70,902,166	\$70,333.125	\$69.885,993		\$68,890,622	\$68,403,280		5843,307.28
Premium Tax	\$3,875,319		\$3,925,208	\$3,948,254	\$3,950,086	\$3,950,086	\$3,918,793	\$3,934,357	\$3,945,563	\$3,955,941	\$3,961,709	\$3,969,777	\$47,242,977	\$3,941,326	\$3,946,285	\$3,946,978	\$3,939,707	\$3,925,443	53,899,619	\$3,868.322	\$3,843,730	\$3,809,703	\$3,788,984	53,762,180	\$3,709,623	\$46,381,90
Capitation Revenue Net of Premium Tax	\$66,585,030	\$67,144,541	\$67,442.205	\$67,838,182	\$67,869,661	\$67,869,656	\$67,331,987	\$67,599,411	\$67,791,949	\$67.970,255	\$68,069,369	\$68,207,995	\$811.720,242	\$67,719.146	\$67,804,358	\$67,816,260	\$67,691,331	\$67,446,251	\$67,002,546	\$66,464,803	\$66,042,263	\$65,457.620	\$65,101,638	\$64,641,100	\$63,738,066	\$796,925,38
Payments for Covered Services for the Month Medical Services																										
CMS 1450/OB 92 Payments by the Claims Processing Syst									·																1	
Inpatient - Maternity	\$1,616,888		\$1,622,590		de la la lucia	\$1,662,427	\$1,530,584	\$1,575,120	\$1,608,352	\$1,575,956	\$1,608,363	\$1,460,921	\$19,009,041	\$1,837,997	\$1,588,512	\$1,565,901	\$1,790,688	\$1,694,208	\$1,510,548	\$1,723,290	\$1,540.213	\$1,785,396	\$1,533,202	\$1,555,190	\$655,478	\$18,780,62
Inpatient - Newborn	\$2,407,082	\$2,974.641	\$2,656,849			\$2,498,680	\$3,922,548	52,310,023	\$3,050,232	\$2,468,250	\$2,633,261	\$2,743,243	\$33,382,628	53,235,481	\$2,688,686	\$2,615,920	\$4,826,941	S3,111,480	\$3,128,753	\$2,744,143	S2,936,629	\$2,779,194	\$1,592,089	\$1,227,397 \$2,435,840	\$160,731 \$678,751	\$31,047,44 \$31.840.60
Inpatient -Medical Inpatient - Surgery	\$3,356,971	\$3,507.727 \$3,424,752	\$2,831,384 \$3,793,129	\$2,797,050 \$3,404,031	\$3,028,649 \$3,749,662	\$3,521,337 \$4,291,279	\$4,284,690 \$4,552,107	\$3,943,230 \$4,605,344	\$3,345,617 \$5,212,984	\$3,516,814 \$4,990,053	\$2,983,718 \$4,209,330	\$2,913,548 \$5,200,466	\$39,440,855 \$50,790,110	\$2,994,787 \$3,377,501	\$3,191,599 \$3,842,563	\$2,711,176 \$3,061,855	\$2,831,193 \$4,888,583	\$3,092,134 \$3,679.981	\$2,910,947 \$3,508,873	\$4,308.491	\$2,480,545 \$3,358,791	\$3,046,179 \$3,594,837	\$2,612,416 \$3,480,381	\$2,433,840	\$668,712	\$40,469,20
Impatient Other	\$220,351	\$184,368	\$224.170	\$373,337	4011.1140.00	\$263,513	\$212,585	\$151,563	\$146,668		\$288,375	5245,146	\$2,583,686	\$202,356	\$185,878	\$169,747	\$197,783	\$380,356	\$205,221	\$170,097	\$89,784	\$153,550	\$68,999	\$66,704	S3,017	\$1,893,49
Outpatient - Emergency Room	\$2,157,991	\$2,234,625	\$2,175,265	\$2,141,427		S2.019.060	\$2,184,712	\$2,532,018	\$2,783,272		\$2,748,517	\$2,606,851	\$28,305,518	\$2,683,982	\$2,900,060	\$2,850,958	\$2,833,896	\$2,475,167	\$2,701,315	\$2,667.747	\$2,296,953	\$2,435,606	\$2,415,112	\$2,434.506		\$30,133.02
Outpatient - Laboratory	\$435,228	\$522.862	\$481.969	\$484,670		\$416,622	\$459,217	\$371,075	\$382,178		S363.287	\$324,920	\$5,085,066	\$342,888	\$378,514	\$319,723	\$374,205	\$355,304	\$370.537	\$420.202	\$348,349	\$329,151	\$353,987	\$321,974	\$163,542	54,078.3
Outpatient - Radiology	\$974,574	\$1,155,386	\$1,143,205	\$1,089,952	\$1,037,042	\$940,886	\$1,072,203	\$1,019,789	\$1,026,869		\$1.055,536	\$924,631	\$12,509,503	\$1,007,879	\$1,107,011	\$1,004,722	\$1,111,444	\$981,334	\$929,207	\$1,052,231	\$986,379	\$981,745	\$1,014,819	S941,743	\$433,679	\$11,552.19
Outpetient - Surgery	\$1,883,861	\$2,248.642	\$1,990,701	\$1,913,578	\$2,020,615	\$1,847,453	\$2,327,111	\$2,365,144	\$2,284,065	\$2,371,166	\$2,333,054	52,232,754	\$25,818,144	\$2,452.187	\$2,648,741	\$2,068,257	\$2,579,828	\$2,463,665	\$1,903,735	\$2,583,709	\$2,470,856	\$2,362,860	\$2,475,716	\$2,222,127	\$1,203,217	\$27,434.89
Outpetient - Other	\$257,600	\$283,828	\$256,873	\$269,400	\$263,338	\$304.473	\$307.527	\$293,090	\$295,482	\$277,732	\$294,918	\$283.327	\$3,387,587	\$273,822	\$301,245	\$292,640	\$345,537	\$362,797	\$441,027	\$499,935	\$460,724	\$439,325	\$459,867	\$444,594	\$212,637	\$4,534,14
Hospice	\$907,278	\$863,301	\$830,646	\$817,147	\$783,072	\$803,332	\$706,447	\$765,410	\$857,178	\$761,621	\$806,744	\$797,040	\$9,699,216	\$859,396	\$857,969	\$850,179	\$896,536	\$821,872	\$824,140	\$855,464	\$710,420	\$806,710	\$704,459	\$613,077	\$132	\$8,800,35
Long-Term Care Payments																ı '									1	
Level J Facility	\$11,682,650		\$11,347,597	\$11,680,525	S11,175,161	\$11,602,538	\$11,259,653	\$10,371.280	\$11,347,807		\$11,551,820	\$11.182.546	\$135,953,257		\$12,689,308	\$12,323,766	\$12,791,768	\$12,157,157	\$12,402,727	\$12,221,458	\$10,554,449		\$11,192,240	\$11,276,086	\$1.631.042	\$133,667.72
Level II Facility	\$1,386,149		\$1,245,919	\$1,362,822	\$1,410,591	\$1,407,543	\$1,341,806	\$1,245,326	\$1,394,514	\$1,363,641	\$1,358,998	\$1,243,849	\$16,104,612	\$1,231,291		\$824,306	\$8]3,159	\$736,162	5727,245	5676,271	\$623,770	\$694,057	106,1804	\$678,181	\$57,904	\$8,768,43
Home and Community Based Services	\$2,183,584	\$2,487,517	\$2,474,806	\$2,645,040	\$2,717,943	\$2,831,327	\$2,862,642	\$2,873,462	\$3,114,378	\$3,074.382	\$3,365,724	\$3,237,536	\$33,868,340	\$3.261,550	\$3,487,436	\$3,251,427	\$3,591,026	\$3,488,736	\$3,362,063	\$3,575,199	\$3,248,851	\$3,415,262	\$3,432,317	\$3,406,080	\$1,499,337	\$39,019,28
CMS 1500 Payments by the Claims Processing System	4F 040 741						******			4			0.000.000.000				A	00.000.000	ATT 4TT 100	GD 5774	********		00.000.000	06.003.606	#0. 710 ETC	denot a un au
Prof - H&M Prof - Home Health	\$7,018,621 \$2,045,282		\$7,854,199 \$1,950,182	\$7,747,032 \$1,962,306	\$7,695,418 \$1,986,681	\$7,229,949 \$1,977,168	\$8,368,694 \$1,870,513	\$8,268,312 \$1,762,059	\$8,534,456 \$1,887,198	\$8.050,386	\$8,256,822 \$1,851,510	\$7,517,290 \$1,753,142	\$95,163,419 \$22,906,513	\$7,262,938 \$1,805,368	S8,176,701 S1,857,338	\$7,197.774 \$1,695,623	\$8,242,618 \$1,827,519	\$7,877,827	\$7,377,102 \$1,767,722	\$8,574,535 \$1,779.084	\$7,503,975	\$7,299,371 \$1,706,577	\$7,387,005 \$1,661,371	\$6,881,695 \$1,573,255	\$3,710,515 \$359,746	\$87,492,0; \$19,316,70
Prof - Maternity	\$2,045,282		\$1,255,689		\$1,986,681	\$1,977,168	\$1,870,513		\$1,887,198	\$1,806,900	\$1,317,602	\$1,755,142	\$15.266.436	\$1,805,368 \$1,426,587	\$1,857,338 \$1,396,042	\$1,095,625	\$1,827,519	\$1,720,691	S1.261.810	S1,779.084 S1,334.458	\$1,236,112	\$1,379,793	\$1,001,371	\$1,573,233 \$1,171,289	\$631,337	\$15,100,76
Prof - Surgery	\$1,177,913	\$815.521	\$1.255,089 \$800.973	\$691,233	\$670,990	\$639,601	3789,204	\$750.020	\$1,401,776 \$751,407	\$853,949	\$823,934	\$756,975	\$13,266,436	\$816.397	\$803,725	\$711,971	\$800.076	\$774,307	\$608.323	\$764,275	\$724,021	\$635,433	\$760,870	\$764,535	\$409,875	\$8,573.80
Prof - DME	\$447.970	\$429,844	5424.143	\$482,754	S487,121	\$533,791	\$481.869		\$485,474	\$569,993	\$543,490	\$539,234	\$5,956,824	\$485,499	\$518,656	\$460.836	\$571.524	\$605,493	\$654,044	\$535,617	\$310.960		\$178,118	\$209.050	\$113,435	\$4,903.04
Prof - Lab	\$655,857	\$816,424	5726,751	\$659,962	\$713,880	\$681,286	\$804,723	\$808,630	\$828,153	\$801,554	\$874,839	\$821,683	\$9,193,742	\$817.628	\$950,744	\$768,634	\$880,471	\$837,037	\$771.668	\$995,477	\$922,951		\$878.078	\$819,028	\$461,541	\$9,981,5
Prof - Radiology	<b>5</b> 79 <b>1</b> ,416	\$945,115	5927.385	\$910,307	\$888,76D	3852,818	\$928,221	\$967,066	\$951,562	\$952,863	\$952,254	\$887,328	\$10,955,096	\$877,360	\$967,377	\$858,709	\$983,146	\$859,493	\$771,202	\$933,827	3815.245	\$827.796	\$868.310	\$807,957	\$476,518	\$10,046,94
Prof - Transportation	\$304,317	\$281,152	\$296,450		\$258,886	\$247,289	\$287,719	\$267,697	\$286,574	\$294,791	\$309,954	\$306,918	\$3,422,177	\$286,219	\$298,841	\$260,669	\$286,410	\$250,865	\$288,110	\$267,289	\$251,405	\$257,252	\$270,986	5217,765	\$97,492	\$3,033,30
Prof - Other	\$1,927,282		\$2,101,382	\$2,099,924	\$1,995,389	\$1,917,844	\$2,097,492	\$2,054,968	\$2,173,482	\$2,152,144	\$2,245,574	\$2,021,481	\$25,047,216	\$2,084.536	\$2,347,227	\$2,116,705	\$2,412,069	\$2,206,198	\$2,095,823	\$2,409,781	\$2,081,840	\$2,090,717	\$2,118,061	\$1,981,047	\$936,207	\$24,880.2
Capitation Payments	\$1,404,222	\$1,427,557	\$1,403,625	\$1,391,077	\$1,479,697	\$1,370,833	\$1,289,657	51,294,855	\$1,305,268	\$1,266,578	\$1,317,442	\$1,344,569	\$16,295,381	\$1,297,330	\$1,356,515	\$1,344,256	\$1,380,854	\$1,388,445	\$1.382,483	\$1,335,288	\$1,696,404	\$1,676,432	\$1,749,567	\$1,753,886	\$1,776,225	\$18,137,6
Subcontractor Payments for Medical Services	\$207,076	\$255,891	\$186,157	\$207,223	\$209,297	\$189,384	\$211,649	\$231,329	\$228,804	\$199,549	\$177,311	\$171,211	\$2,474,882	\$257,449	\$262,803	\$216,501	\$235,550	\$206,253	\$189,229	\$226,293	\$234.718	\$233,301	\$209,223	\$153,190	\$99,330	\$2,523,8
Other Medical (provide description)	50	30	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$6	\$0	\$0	\$0	\$0	\$0	\$Ú	\$0	50	\$0	\$0	\$0	50	\$0	\$0	SO	
Behavioral Health		<u> </u>			ļ!					1																
Inpatient Payments by the Claims Processing System	\$1,305,424		\$1,196,922			\$1,127,153	\$1,244,699		S1,262,977		\$1,374,150	\$1,132,524	\$14,854,710	\$1,250,420	\$1,323,459	\$1,084,218	\$1,232,285	\$1,204,033	\$1,153,962	\$1,334,095	\$1,216,935	\$1,284,965	\$1,299,549	\$1,084,632	\$217.875	\$13,686,4
Outpatient Payments by the Claims Processing System	\$1,834,688		\$2,454.160			\$2,158,643	\$2,454,432 \$450,177		52,564,954		\$2,589,328	\$2,298,434 \$506.487	\$28,298,946 \$5,398,387		\$2,503,532	\$2,261,840	\$3,280,440	\$3,007,617	\$2,811,162 \$569,593	\$3,296,716 \$560,727	\$3,053,456	\$3,019,542	\$3,117,640 \$532,431	\$3,052,503 \$564,982	\$1,130,436 \$296,559	\$32,788,8 \$6,289,7
Supported Housing Payments by the Claims Processing Sys Intensive Outpatient Payments by the Claims Processing Sy	\$65,703	\$439,165 \$79,145	\$413.061 \$55,348	\$434,458 \$50,181	\$426,269 \$44,107	\$436,221 \$61,190	\$63.822		\$453,311		\$503,606 \$65,441	\$59.091	\$739.891		\$552,343 \$58,978	\$528,936 \$47,986	\$556,107 \$67,738		\$53,105	\$500,727 \$60,531	\$502,260 \$59,035	\$80.874		542.141	\$11.034	\$673.0
Partial Hospitalization Payments by the Claims Processing	S6,930		\$12.838	\$12,596		\$4,217	\$15.264		\$61,241 \$4,414		\$11,975	\$16,759	\$118,122		\$21,020	\$20,750	\$70,734	\$13,134	\$5.020	\$15,407	\$21,456		S18,295	\$17.042	\$4,618	\$193,1
In Home Payments by the Claims Processing System	50,750	\$17,367	\$12,000	\$12,5%		\$0	512.204	\$0,791	\$1.117		*n,,,,,,,	30113232	\$116,122	38,023	\$21,020	\$20,150	50	\$0	\$0	\$0.00	12 57.73	\$0	510,273	\$17,072	\$0	977457
Transportation Payments by the Claims Processing System	\$14,706	\$12.197	\$13,154	\$17.854	-	\$15,573	\$15,531	\$16,296	\$19,366	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$17,105	\$14,628	\$184.958	\$17,914	S13,104	\$15,076	\$11,499	\$12,639	\$15,304	\$20,861	\$12,553		\$14.641	\$11.476	\$6,969	\$165.4
Twenty-Three Hour Payments by the Claims Processing Sy	\$247	\$0	\$697	\$1,015		\$1.239	3615	<b>3</b> 165	\$82		\$0	\$450	\$6,674		\$568	\$163	\$498	\$400	\$693	\$369	\$772		\$82	\$257	\$165	\$4,3
CMHA Capitation Payments	\$337,898	\$355,022	\$345,043	\$347,901		\$342,066	\$347.039	\$354,286	5347,621		\$346,097	\$341,544	\$4,165.871		\$347.510	\$343,650	\$353,056	\$323.249	\$326,497		\$331,850		S333.338	\$329,936	\$330,686	\$4,026,0
Other Capitation Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	SO	\$0	\$0	SO	\$0	\$0	S0	So	.54	SO SO	\$0	\$0	.\$0	
Grant Payments	\$0	\$0	\$0	\$0	\$0	\$0	\$0	SO	SO	\$0	\$0	\$0	\$0	\$0	\$0	So	\$0	\$0	S0		\$1	0.2	\$0	\$0	\$0	
Non-FFS Impatient	\$0	\$0	\$0	\$0	80	\$0	50	SO	\$0		\$0	\$0	\$0	\$0	\$0	\$0	\$0	SO	50		\$1		30	\$0	SO	
Subcontractor Payments for Mental Health and Substance A		\$3,306,410	\$1,008,087	\$996,534	\$1,003,713	\$1,001,696	\$1,020,092	\$1.041.129	\$1,046,139	\$1,020,076	\$1,036,850	\$947,077	\$12,612,408	S924,028	\$992,102	\$991,596	\$156,760	\$150,600	\$149,525	\$161,180	\$163,315	\$140,525	\$159,225	\$0	\$0	\$3,988,8
Crisis Services Team Pass Through	\$0	\$0	<b>\$</b> D	<b>\$</b> 10	S0	\$0	\$0	\$0	\$0	\$0	30	\$0	\$0	\$0	\$0	\$10	\$0	50	\$0	.\$0	\$0	\$0	S0	\$0	.50	
Less:					1							l j								1 1			i i			
Recoveries not Reflected in Claims Payments							*						\$0													\$657.825.7
Total Psyments	\$54,090,774	457,001,501	\$56,501,350	\$56,373,783 \$33,094			\$61.025,411	\$58,361,496	\$61,443,854	\$59,389,565	\$60,216,929		S698,045,533	\$59,209,987	\$61,640,893	\$56,129,945	\$64,548,212	\$59,226,872	\$57,178,717	4. 11-2-12-2	\$54,808,401	\$57,287,510	\$54,864,763	\$51,757,858 \$4.082.168	\$19,876,464	\$657,825,7. \$26,522,3
UB92 IBNR Professional IBNR	\$35,379 \$4.751	836,652	\$35,955	455,054	S35,644	\$40,664 \$2,284	\$28,837 \$3,518	\$29,612	\$34,770	S34,280 S12,848	\$327,870 \$27,541	S87,179	\$759,937 \$107,102	\$25,002	\$368,289	\$24,174 \$110,838	S429.636 S104.042	\$198,383 \$102,600	\$582,678 \$131,206	\$461,894 \$196,853	\$1,401,535	51,129,202	\$1,976,530 \$1,359,360	\$4,082,168	\$15,842,869	S26,522,30 S18,325,4
LTC IBNR	34,731 \$478	\$1,507 \$1,609	\$3,030 \$1,532		\$1,619 \$5,565	\$6,272	\$6,676	\$6,543 \$6,800	\$8,977 \$11.663	\$12,848 \$12,162	\$14,427	\$31,086 \$15,381	\$84,982	\$96,988 -\$62,908	\$70,993 -\$58,092	-S59,384	-\$50,692	\$28,967	\$151,206	\$98,285		S598,237 S519,618	\$879,922	\$1,471,141	\$13,775.982	\$18,323,4 \$16,814.5
Total IBNR	\$40,607	\$39,769	\$40.518		\$42.828	\$49,220	\$39,031	\$42,955	\$55,410	\$59,290	\$369.837	\$133,646	\$952,022	\$59,081	-\$58,092 \$381,190	\$75,629	5482,986		\$756,029	\$757,032			\$4,215,812	\$8.703.956	\$41,736,175	561.662.3
Payments and Remaining IBNR	\$54,131,381	\$59,924,333		\$56,412,692		\$56,422,760		\$58,404,451	\$61,499,264		\$60,586,766	\$58.215.726	\$698,997,554			\$56,205,574			\$57,934,746	\$62,053,131	\$56,727,844		\$59.080.575	\$60.459.815	\$61,612,639	\$719,488,0
Medical Loss Ratio, Gross Premium	76,83%	84.34%	79.23%			78.56%	85.70%	81.65%	85.73%		84,11%	80.66%	81.38%		86.44%	78,32%	90,79%	83.45%	81.71%	88.23%	81.17%		85.76%	88.39%	91.35%	85.32
Medical Loss Ratio, Net Premium	81.30%	89.25%	83.84%			83.13%	90,69%	86.40%	90.72%		89.01%	85.35%	86,11%		91.47%	82.88%	96.07%	88,30%	86.47%	93.36%	85.90%		90.75%	93.53%	96.67%	90.28
Per Member Expense	\$268,99	\$296.74	\$278.80			\$278.80	\$302.23	\$289.18	\$305.03		\$300.63	\$289.00	\$288.26		\$308,32	\$277.76		\$296.33	\$289.85	\$311.83	\$285.82	\$301.99	\$299.95	\$306,83	\$315.25	\$301.

- 11.249,053

13,096,370

49.047,848

- 11,846,175 - - 12,244,444

- 12.078,101

- 11,436,037 - 47,604,757

Current Period Year-To-Date Total Previous Year Total

Member Months	597,089	1,194,337	2,419,282
Revenues: TennCare Capitation	214,932,953	426,338,362	863,517,958
Investment Other Revenues	961,157 0	1,580,843	3,049,879
Other Revenues	215,894,110	427,919,205	866,567,837
Estimated Expenses: Hospital and Medical (w/o Mental Health)			
Capitated Physician Services	- 20 442 026	79 474 449	450 000 445
Fee-for Service Physician Services Inpatient Hospital Services	39,443,026 35,088,103	78,474,412 70,118,336	159,203,445 140,446,415
Outpatient Hospital Services	8,102,002	16,539,667	33,825,842
Emergency Room Services Dental Services	7,188,739	13,974,509	29,998,796
Vision Services	617,058	1,308,106	2,882,010
Pharmacy Services Home Health Services	5,229,282	- 11,666,219	- 25,575,648
Chiropractic Services	· · · -	-	20,010,010
Radiology Services	5,665,825 3,615,245	11,353,637 7,134,421	23,307,609 14,323,914
Laboratory Services  Durable Medical Equipment Services	1,504,889	3,079,825	6,062,745
Transportation Services	4,141,634	8,237,792	16,913,897
Outside Referrals  Medical Incentive Pool and Withhold Adj	-	-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Medical and Hospital Services - Write-Ins Subtotal Medical and Hospital	110,595,803	221,886,924	452,540,321
sa-u4-112-144 and Cubatanan Shuga Samilasa			
Mental Health and Substance Abuse Services Inpatient Psychiatric Facility Services	2,198,475	4,359,161	9,431,205
Inpatient Substance Abuse Treatment and Detox	1,465,650	2,906,107	6,158,116
Outpatient Mental Health Services Outpatient Substance Abuse Treatment and Detox	2,493,419 1,719,767	4,728,189 3,410,790	7,641,538 6,104,985
Housing/Residential Treatment	1,580,148	2,896,904	5,318,328
Specialized Crisis Services Psychiatric Rehab and Support Services	1,006,151 982,252	2,014,029 1,951,296	4,230,573 3,655,368
Case Management	4,655,211	9,282,160	22,006,621
Forensics Other Judicial	-	-	-
Pharmacy	- -	-	-
Lab Services	-	-	-
Transportation  Medical Incentive Pool and Withhold Adjustments		-	-
Occupancy, Depreciation and Amortization	-	-	-
Other Mental Health and Substance Abuse Services PCP and Specialist Services	-	-	-
Other Mental Health Services - Write-Ins	45.454.070		
Subtotal MH&SAS	16,101,073	31,548,636	64,546,734
CHOICES			
Nursing Facility Care HCBS Services	38,226,313 10,512,620	76,477,387 19,209,137	157,381,410 31,737,665
Subtotal CHOICES	48,738,933	95,686,524	189,119,075
Subtotal Hospital, Medical, MH&SAS, CHOICES	175,435,809	349,122,084	706,206,130
LESS:	(22.2.42)	(100.000)	(220, 220)
Net Reinsurance Recoveries Incurred Copayments	(68,246) -	(139,890)	(276,078)
Subrogation and Coordination of Benefits	<del>-</del>		
Subtotal Reinsurance, Copay, Subrogation Total Hospital, Medical, MH&SAS	(68,246) 175,504,055	(139,890) 349,261,974	(276,078) 706,482,208
Administration:			
Compensation Direct and Allocated Admin expenses	6,168,327 11,198,162	12,097,685 22,445,188	22,359,835 45,544,603
Marketing	68,863	91,509	146,388
Interest Expense Premium Tax Expense	- 11,844,928	- 23,474,801	47,467,984
Occupancy, Depreciation, and Amortization	369,355	731,365	1,279,001
Other Administration - Write-Ins  Total Administration Expenses	733,139 30,382,774	2,009,767 60,850,315	6,945,149 123,742,960
Total Expenses	205,886,829	410,112,289	830,225,168
Extraordinary Item Provision for Income Tax	- 3,307,160		40.004.677
Net Income (Loss)	6,700,121	5,830,528 11,976,388	12,281,677 24,060,992
Write-Ins for Other Revenues			
Total Other Revenues	<del>-</del>	<u> </u>	
=			
Write-Ins for Other Medical and Hospital	-	-	-
Total Other Medical and Hospital			
Write-Ins for Other MH & SS			
Total Other MH & SS	-		-
Write-Ins for Other Administration	-	<del></del>	-
Purchased Services	135,609	272,761	687,859
Telephone Conference/Seminars/Meetings	168,685 26,600	320,788 33,850	609,026 32,512
Uncollected Provider Claim Recoveries	(159,171)	84,006	1,367,174
Postage and Delivery Printing and Reproduction	172,299 187,217	331,282 338,895	639,649 842,811
Supplies	46,681	75,717	154,724
Temporary Labor Travel and Entertainment	56,304 162,585	144,294	192,035
State Franchise & Excise Taxes	162,585 (124,281)	300,225 -	665,185 1,357,724
Other Administration < \$30,000 YTD	` 60,611 <sup>′</sup>	107,949	396,450
Total Other Administration	733,139	2,009,767	6,945,149

Month Received	Cash	Recorded	Rate cell before accrual	Withhold 2.5%	97.5% collected	Collected Withhold 2.5%	Quality Performance Incentive	Money Follows the Person (MFP) Incentive	Long-Term Care Overpayment Recoupment	Liquidated Damages	Premium Taxes	Premium Tax Offerential	Pharmacy Benefit : Payment	ASO Claims	ASO Premium Taxes	Cash difference	Premium receivable
	Cash P2, C3, 15 (A	Premium P4, C2, L2					Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported		Prem Rec P2, C3, L13.1
eginning Balance (Prem. Rec)																	\$ 7,288,244.89 Balar
anuary ebruary	71,628,953,60 71,018,103.88	71,576,508,63 69,587,856.08	73,177,282,0D 70,967,765.98	1,829,432.05 1,774,194.15	71,347,849.95 69,193,571.83	1,838,244.91 1,829,432.05	72,800.37		(1,629,841.63)	(100.00) (4,900.00)						(0.00) (0.00) 0.01	(8,812,86) (55,237,90) (203,615,46)
ferch Ferch Earch	63,020,763.13 75,178,00 1,957,455.03	70,287,870.67	62,823,147.67	1,570,578.69	61,252,568.98	1,774,194.15		75,178.00		(6,000.00)				1,957,455.03			(203,613.46)
farich farich Karich	109,601.10 107,660.02 (767.49)													(1,505.50)	109,601.10 107,660.02 738.01	- - -	- - -
pril ay ay	70,180,250.36 74,678,596.98 25,630.00	69,822,077.48 74,266,850.57	70,370,432.48 74,789,575.56	1,759,260,81 1,869,739.39	68,611,171.67 72,919,836.17	1,570,578,69 1,759,260.81		25,630.00		(1,500,00) (500,00)						0.00 (0.00)	168,682.12 110,476.58
ine une une	71,200,416.90 1,542,013.67 2,125,431.89	71,274,168.37	71,108,797.45	1,777,719.94	69,331,077,51	1,869,739.39				(400.00)			1,542,013.67 2,125,431.89			(0.00) - -	(92,019.45) - -
une	1,816,607.92												1,816,607.92			- -	
otal	\$ 429,485,894,99	\$ 426,815,331,78	\$ 423,237,001,14	\$ 10,580,925.03	\$ 412,656,076.11	\$ 10,641,450.01	\$ 72,800.37	\$ 100,808.00	\$ (1,629,841.63)	\$ (13,400.00)	\$ -	\$ -	\$ 5,484,053.48	\$ 1,955,949.53	\$ 217,999,13	\$ (0,00)	\$ 7,227,719,91

Reconciliation \$ 429,485,894.99 426,815,331,78 Cash collected Premium earned Difference \$ 2,670,563.21 Premium Receivable \$ 6,660,469.91 7,288,244,89 (13,400,00) 5,484,053,48 1,955,949,53 217,999,13 (5,601,813,90) \$ 9,331,033,13 uss:
Beginning Balance
Liquidated Deinages
Phermacy Bonefit Peyment
ASO Claims
ASO Criemtum Taxes
Change In Payment Adjustments @ 06-2013

Difference \$ 2,670,563.21 (0,00)

12,186,424.12

Cash that should be included on premium tax return	10014
Medicaid Premiums	426.815.331.78
Change in Premium Receivable	627,774.98
Pharmany Benefit Payment	5,484,053.48
ASO Cialms	1,955,949.53
ASO Premium Taxes	217,999,13
Change in Payment Adjustments @ 06-2013	{5,601,813,90}
그렇게 많은 이를 이번을 살고 있는데 회원을 받았다. 이 이를 입혀를	429,499,294.99
1Q13 Cash Included	(207,927,947.27)
	221,571,347.72
Total Cash collected	429,485,894.99
1Q13 Cash collected	(207,927,947,27)
add back liquidated damages	13,400.00
	221,571,347.72
그들을 통해 가격하게 말을 가려면 통해 함께 되는 기계들의	
그 회사 1994년 - 그는 학교 회사 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계 기계	0.00

\$ 7,227,719.91

3 (227,/19.91 Changes in Premium Receivable: (567,250.00) Retro Receivable (567,250.00) Retro Receivable (568,469.91 Subbatal @ 969.0413 (569,469.92 Trial Batance @ 06/30/13 (0.01) Checkpoint