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HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code 0119 (Current) 0119 (Prior) NAIC Company Code 95885 Employer's ID Number 61-1013183

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

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No [ ]

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 321 West Main Street - 12th Floor, Louisville , KY, US 40202
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 321 West Main Street - 12th Floor
(Street and Number)
Louisville , KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address P.O. Box 740036, Louisville , KY, US 40201-7436
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 321 West Main Street - 12th Floor
(Street and Number)
Louisville , KY, US 40202, 502-580-1000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Stephenie Abel, 502-580-2050
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Sr. VP & CFO	Brian Andrew Kane
VP & Corporate Secretary	Joan Olliges Lenahan	VP & Chief Actuary	Kenny Waitem Kan #

OTHER

Stephen Michael Arnhold #, Vice President	Alan James Bailey, VP & Treasurer	John Edward Barger, III #, VP of Dual Eligible & Medicaid Programs
Elizabeth Diane Bierbower, Pres, Group Segment	John Ellis Brown, VP - Medicare Service Operations	Renee Jacqueline Buckingham, VP & Div. Leader - Eastern Div.
Jonathan Albert Canine, VP & Appointed Actuary	John Gregory Catron, VP & Chief Compliance Officer	Steven James DeRaleau, President, HumanaONE
Charles Wilbur Dow Jr. #, Reg. Pres-Sr Products/Great Lakes Reg.	Mark Sobhi El-Tawil, VP & Div. Leader - Western Div.	Jeffrey Carl Fernandez, Seg. VP, Medicare: West
Brian Phillip LeClaire, Sr. VP & Chief Info Officer	Heidi Suzanne Margulis, Sr. Vice President	Mark Matthew Matzke #, VP, Group Segment Leadership
Steven Edward McCulley, SVP, Medicare Operations	Kevin Ross Meriwether, VP & Div. Leader - Southeastern Div.	Matthew George Moore #, Reg. Pres.-Sr. Prods./Central North Reg.
Bruno Roger Piquin, President, CarePlus and Puerto Rico	William Mark Preston, VP-Investment Management	Tamara Lynn Quiram, Seg. VP & Pres., Small Business & Large Group
Richard Donald Remmers, VP, Group Segment	George Renaudin, Seg. VP, Medicare: East	Donald Hank Robinson, Vice President - Tax
Joseph Christopher Ventura, Assistant Corporate Secretary	Timothy Alan Wheatley, President, Retail Segment	Ralph Martin Wilson, Vice President
Cynthia Hillebrand Zipperle #, VP & Chief Accounting Officer		

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane #	James Elmer Murray

State of Kentucky
County of Jefferson SS:

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

Bruce Dale Broussard President & CEO	Joan Olliges Lenahan VP & Corporate Secretary	Alan James Bailey VP & Treasurer

Subscribed and sworn to before me this
22nd day of February, 2016

Michele Sizemore
Notary Public
January 3, 2019

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

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	1,684,211	357,316	295,574	2,133,479	2,133,479	2,337,101
Group Subscribers:						
BALLARD NURSING CENTER	100,674	0	0	0	0	100,674
PERRY COUNTRY FISCAL COURT	0	0	0	88,379	88,379	0
KELLEY CONSTRUCTION	84,688	0	0	0	0	84,688
HILO DBA HOLIDAY INN	56,529	0	0	0	0	56,529
OPERATIONAL WEAR ARMOR LL	0	0	0	36,478	36,478	0
MARKET MANAGEMENT SERVICE	33,262	0	0	0	0	33,262
COBRA	4,905	2,053	0	23,522	23,522	6,959
BRILLIANT ELECTRIC HEATIN	0	0	0	29,520	29,520	0
BARDSTOWN	29,519	0	0	0	0	29,519
LAFFERTY ENTERPRISES INC	0	0	0	26,901	26,901	0
BLUE GRASS METALS INC.	26,727	0	0	0	0	26,727
CALVARY CHAPEL SPRING VAL	20,791	0	0	0	0	20,791
BUONA BEEF INC	20,588	0	0	0	0	20,588
HOUSTON-JOHNSON INC.	20,533	0	0	0	0	20,533
ST MARTHA	18,043	0	0	0	0	18,043
ACCUSERVE LIGHTING & EQUI	17,831	0	0	0	0	17,831
KENTUCKY LIGHTING	16,480	0	0	0	0	16,480
IMPERIAL EAGLE EXPRESS INC	7,059	8,020	0	0	0	15,080
LEE MOTORS LLC	0	0	0	13,469	13,469	0
ACCURATE PAPER BOX CO INC	13,398	0	0	0	0	13,398
KNIPP CONTRACTING LLC	0	0	0	12,187	12,187	0
ILEX SUMMIT LLC	11,542	0	0	0	0	11,542
BLUEGRASS BUSINESS SERVIC	11,099	0	0	0	0	11,099
THE ACCOUNTING RESOURCE G	10,534	0	0	0	0	10,534
SPECIALTY FOODS HOLDING	10,001	0	0	0	0	10,000
0299997. Group subscriber subtotal	514,203	10,073	0	230,456	230,456	524,277
0299998. Premiums due and unpaid not individually listed	23,387,194	4,485,439	3,742,858	994,840	994,840	31,615,490
0299999. Total group	23,901,397	4,495,512	3,742,858	1,225,296	1,225,296	32,139,767
0399999. Premiums due and unpaid from Medicare entities	2,116,502	0	0	0	0	2,116,502
0499999. Premiums due and unpaid from Medicaid entities	19,705,437	0	0	0	0	19,705,437
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	47,407,547	4,852,828	4,038,432	3,358,775	3,358,775	56,298,807

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	46,670,643	0	0	566,590	566,590	46,670,643
0199999. Total Pharmaceutical Rebate Receivables	46,670,643	0	0	566,590	566,590	46,670,643
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	21,398	0	0	0	0	21,398
0299999. Total Claim Overpayment Receivables	21,398	0	0	0	0	21,398
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	21,020,947	21,020,947	0
0599999. Total Risk Sharing Receivables	0	0	0	21,020,947	21,020,947	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	46,692,041	0	0	21,587,537	21,587,537	46,692,041

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	33,630,301	167,930,093	85,893	47,151,340	33,716,194	32,047,007
2. Claim overpayment receivables	60,844	0	0	21,398	60,844	60,844
3. Loans and advances to providers	6,107,500	0	0	0	6,107,500	6,107,500
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	10,322,207	0	0	21,020,947	10,322,207	10,322,207
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	50,120,852	167,930,093	85,893	68,193,685	50,206,745	48,537,559

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	6,472,451	490,838	86,755	24,485	82,559	7,157,088
0399999. Aggregate accounts not individually listed-covered	92,698,885	7,029,810	1,242,509	350,672	1,182,416	102,504,292
0499999. Subtotals	99,171,336	7,520,648	1,329,264	375,157	1,264,975	109,661,380
0599999. Unreported claims and other claim reserves						466,175,084
0699999. Total amounts withheld						0
0799999. Total claims unpaid						575,836,464
0899999 Accrued medical incentive pool and bonus amounts						1,654,575

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Humana Inc.	21,305,458	0	0	0	0	21,305,458	0
0199999. Individually listed receivables	21,305,458	0	0	0	0	21,305,458	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	21,305,458	0	0	0	0	21,305,458	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0399999 Total gross payables				

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,571,108,086	27.5	861,463	100.0	0	1,571,108,086
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	1,571,108,086	27.5	861,463	100.0	0	1,571,108,086
Other Payments:						
5. Fee-for-service	282,273,833	4.9	XXX	XXX	0	282,273,833
6. Contractual fee payments	3,646,286,407	63.9	XXX	XXX	0	3,646,286,407
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	209,872,378	3.7	XXX	XXX	0	209,872,378
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	4,138,432,618	72.5	XXX	XXX	0	4,138,432,618
13. TOTAL (Line 4 plus Line 12)	5,709,540,704	100%	XXX	XXX	0	5,709,540,704

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1.	Administrative furniture and equipment	7,514,546	0	5,422,050	2,092,496	2,092,496	0
2.	Medical furniture, equipment and fixtures	675,600	0	292,513	383,087	383,087	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	12,234,941	0	8,189,558	4,045,383	4,045,383	0
6.	Total	20,425,087	0	13,904,121	6,520,966	6,520,966	0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Alabama DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	17,742	0	0	0	618	2,375	0	14,749	0	0
2. First Quarter	19,450	0	0	0	0	0	0	19,450	0	0
3. Second Quarter	20,138	0	0	0	0	0	0	20,138	0	0
4. Third Quarter	20,654	0	0	0	0	0	0	20,654	0	0
5. Current Year	21,043	0	0	0	0	0	0	21,043	0	0
6. Current Year Member Months	241,816	0	0	0	0	0	0	241,816	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	366,371	0	0	0	0	0	0	366,371	0	0
8. Non-Physician	174,960	0	0	0	0	0	0	174,960	0	0
9. Total	541,331	0	0	0	0	0	0	541,331	0	0
10. Hospital Patient Days Incurred	47,019	0	0	0	0	0	0	47,019	0	0
11. Number of Inpatient Admissions	5,266	0	0	0	0	0	0	5,266	0	0
12. Health Premiums Written (b)	170,507,469	0	0	0	0	0	0	170,507,469	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	170,507,469	0	0	0	0	0	0	170,507,469	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	151,975,385	0	0	0	6,590	13,986	0	151,954,809	0	0
18 Amount Incurred for Provision of Health Care Services	155,617,562	0	0	0	0	(34)	0	155,617,596	0	0

(a) For health business: number of persons insured under PPO managed care products 2,629 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 170,507,469

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Arizona DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	67,871	3,175	17,782	0	1,859	2,999	2,191	39,865	0	0
2. First Quarter	69,249	1,624	19,189	0	0	0	2,772	45,664	0	0
3. Second Quarter	69,625	1,321	19,176	0	0	0	2,794	46,334	0	0
4. Third Quarter	70,816	1,179	19,782	0	0	0	2,810	47,045	0	0
5. Current Year	71,039	1,031	19,841	0	0	0	2,862	47,305	0	0
6. Current Year Member Months	838,941	16,251	231,718	0	0	0	33,505	557,467	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	900,737	10,753	88,864	0	0	0	25,653	775,467	0	0
8. Non-Physician	318,717	3,170	13,100	0	0	0	9,562	292,885	0	0
9. Total	1,219,454	13,923	101,964	0	0	0	35,215	1,068,352	0	0
10. Hospital Patient Days Incurred	102,067	1,057	3,638	0	0	0	945	96,427	0	0
11. Number of Inpatient Admissions	12,226	152	778	0	0	0	176	11,120	0	0
12. Health Premiums Written (b)	478,827,530	4,510,970	54,169,338	0	0	0	14,791,981	405,355,241	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	480,548,626	6,222,754	54,178,650	0	0	0	14,791,981	405,355,241	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	410,434,540	7,258,360	41,557,114	0	19,984	23,955	13,745,239	347,829,888	0	0
18 Amount Incurred for Provision of Health Care Services	395,627,319	5,183,336	41,676,694	0	0	0	14,809,173	333,958,116	0	0

(a) For health business: number of persons insured under PPO managed care products 26,220 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 405,355,241

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	37,150	0	0	0	2,782	4,571	0	29,797	0	0
2. First Quarter	38,171	0	0	0	0	0	0	38,171	0	0
3. Second Quarter	38,878	0	0	0	0	0	0	38,878	0	0
4. Third Quarter	39,455	0	0	0	0	0	0	39,455	0	0
5. Current Year	39,593	0	0	0	0	0	0	39,593	0	0
6. Current Year Member Months	466,565	0	0	0	0	0	0	466,565	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	558,332	0	0	0	0	0	0	558,332	0	0
8. Non-Physician	305,790	0	0	0	0	0	0	305,790	0	0
9. Total	864,122	0	0	0	0	0	0	864,122	0	0
10. Hospital Patient Days Incurred	88,436	0	0	0	0	0	0	88,436	0	0
11. Number of Inpatient Admissions	9,869	0	0	0	0	0	0	9,869	0	0
12. Health Premiums Written (b)	280,552,604	0	0	0	0	(102)	0	280,552,706	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	280,552,604	0	0	0	0	(102)	0	280,552,706	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	265,325,920	0	0	0	29,455	26,150	0	265,270,315	0	0
18 Amount Incurred for Provision of Health Care Services	266,162,523	0	0	0	0	(206)	0	266,162,729	0	0

(a) For health business: number of persons insured under PPO managed care products 7,744 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 280,552,706

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Colorado DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	53,596	16,969	19,431	0	363	805	0	16,028	0	0
2. First Quarter	56,654	12,521	23,635	0	0	0	0	20,498	0	0
3. Second Quarter	57,137	12,058	24,160	0	0	0	0	20,919	0	0
4. Third Quarter	57,962	11,694	24,978	0	0	0	0	21,290	0	0
5. Current Year	56,145	10,716	24,053	0	0	0	0	21,376	0	0
6. Current Year Member Months	681,154	139,732	290,233	0	0	0	0	251,189	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	505,239	74,950	107,167	0	0	0	0	323,122	0	0
8. Non-Physician	246,960	27,492	30,405	0	0	0	0	189,063	0	0
9. Total	752,199	102,442	137,572	0	0	0	0	512,185	0	0
10. Hospital Patient Days Incurred	51,779	3,792	3,967	0	0	0	0	44,020	0	0
11. Number of Inpatient Admissions	6,688	684	721	0	0	0	0	5,283	0	0
12. Health Premiums Written (b)	307,699,803	44,956,240	89,741,126	0	0	0	0	173,002,437	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	313,021,168	50,277,741	89,740,990	0	0	0	0	173,002,437	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	280,719,241	54,095,743	69,939,792	0	3,687	6,714	12,511	156,660,794	0	0
18 Amount Incurred for Provision of Health Care Services	282,077,226	52,425,355	71,104,281	0	0	0	0	158,547,590	0	0

(a) For health business: number of persons insured under PPO managed care products 24,752 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 173,002,437

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Idaho DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,129	0	0	0	329	568	0	3,232	0	0
2. First Quarter	4,121	0	0	0	0	0	0	4,121	0	0
3. Second Quarter	4,201	0	0	0	0	0	0	4,201	0	0
4. Third Quarter	4,231	0	0	0	0	0	0	4,231	0	0
5. Current Year	4,219	0	0	0	0	0	0	4,219	0	0
6. Current Year Member Months	50,184	0	0	0	0	0	0	50,184	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	52,932	0	0	0	0	0	0	52,932	0	0
8. Non-Physician	41,413	0	0	0	0	0	0	41,413	0	0
9. Total	94,345	0	0	0	0	0	0	94,345	0	0
10. Hospital Patient Days Incurred	7,083	0	0	0	0	0	0	7,083	0	0
11. Number of Inpatient Admissions	871	0	0	0	0	0	0	871	0	0
12. Health Premiums Written (b)	28,078,186	0	0	0	0	0	0	28,078,186	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	28,078,186	0	0	0	0	0	0	28,078,186	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	27,534,903	0	0	0	3,472	6,936	0	27,524,495	0	0
18 Amount Incurred for Provision of Health Care Services	28,022,062	0	0	0	0	0	0	28,022,062	0	0

(a) For health business: number of persons insured under PPO managed care products 2,739 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 28,078,186

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Illinois DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	100,242	1,290	19,637	0	766	1,012	12,405	49,849	15,283	0
2. First Quarter	105,197	1,233	16,731	0	0	0	11,605	59,117	16,511	0
3. Second Quarter	101,538	1,138	16,415	0	0	0	11,331	58,038	14,616	0
4. Third Quarter	99,556	982	15,529	0	0	0	11,166	57,859	14,020	0
5. Current Year	101,053	932	15,489	0	0	0	11,037	58,630	14,965	0
6. Current Year Member Months	1,225,588	12,877	192,645	0	0	0	134,790	703,991	181,285	0
Total Member Ambulatory Encounters for Year:										
7 Physician	1,509,977	6,678	94,966	0	0	0	117,619	1,045,070	245,644	0
8. Non-Physician	636,276	2,431	33,599	0	0	0	45,699	377,094	177,453	0
9. Total	2,146,253	9,109	128,565	0	0	0	163,318	1,422,164	423,097	0
10. Hospital Patient Days Incurred	121,379	434	4,924	0	0	0	5,980	81,840	28,201	0
11. Number of Inpatient Admissions	21,881	91	849	0	0	0	824	8,931	11,186	0
12. Health Premiums Written (b)	953,120,866	4,382,221	78,921,960	0	0	0	84,520,347	612,452,101	172,844,237	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	960,988,638	5,914,333	78,928,151	0	0	0	84,520,347	613,151,783	178,474,024	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	801,913,508	4,332,801	60,870,354	0	7,977	8,004	84,876,981	501,793,263	150,024,128	0
18 Amount Incurred for Provision of Health Care Services	811,349,018	3,460,589	61,939,979	0	0	0	83,782,424	510,226,330	151,939,696	0

(a) For health business: number of persons insured under PPO managed care products 2,270 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 612,452,101

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Indiana DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	25,054	0	6,038	0	299	436	0	18,281	0	0
2. First Quarter	30,082	0	6,319	0	0	0	0	23,763	0	0
3. Second Quarter	30,343	0	6,002	0	0	0	0	24,341	0	0
4. Third Quarter	30,434	0	5,628	0	0	0	0	24,806	0	0
5. Current Year	31,144	0	5,910	0	0	0	0	25,234	0	0
6. Current Year Member Months	364,439	0	71,737	0	0	0	0	292,702	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	420,435	0	37,098	0	0	0	0	383,337	0	0
8. Non-Physician	226,893	0	11,052	0	0	0	0	215,841	0	0
9. Total	647,328	0	48,150	0	0	0	0	599,178	0	0
10. Hospital Patient Days Incurred	60,006	0	1,552	0	0	0	0	58,454	0	0
11. Number of Inpatient Admissions	7,148	0	265	0	0	0	0	6,883	0	0
12. Health Premiums Written (b)	244,514,131	0	24,068,089	0	0	0	0	220,446,042	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	244,512,075	0	24,066,033	0	0	0	0	220,446,042	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	212,908,327	0	19,812,017	0	817	5,536	0	193,089,957	0	0
18 Amount Incurred for Provision of Health Care Services	215,308,776	0	19,832,222	0	0	0	0	195,476,554	0	0

(a) For health business: number of persons insured under PPO managed care products 5,844 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 220,446,042

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Kansas DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	23,998	0	1,992	0	0	0	4,887	17,119	0	0
2. First Quarter	28,019	0	2,206	0	0	0	5,082	20,731	0	0
3. Second Quarter	28,097	0	2,118	0	0	0	5,035	20,944	0	0
4. Third Quarter	28,475	0	2,224	0	0	0	4,986	21,265	0	0
5. Current Year	28,573	0	2,206	0	0	0	4,937	21,430	0	0
6. Current Year Member Months	337,735	0	25,873	0	0	0	59,753	252,109	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	464,263	0	9,963	0	0	0	49,149	405,151	0	0
8. Non-Physician	239,794	0	3,977	0	0	0	23,236	212,581	0	0
9. Total	704,057	0	13,940	0	0	0	72,385	617,732	0	0
10. Hospital Patient Days Incurred	75,670	0	324	0	0	0	2,382	72,964	0	0
11. Number of Inpatient Admissions	7,990	0	80	0	0	0	308	7,602	0	0
12. Health Premiums Written (b)	249,670,309	0	5,811,628	0	0	0	30,285,610	213,573,071	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	249,670,309	0	5,811,628	0	0	0	30,285,610	213,573,071	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	224,168,288	0	4,011,783	0	0	0	28,959,239	191,197,266	0	0
18 Amount Incurred for Provision of Health Care Services	226,982,581	0	4,809,579	0	0	0	28,371,613	193,801,389	0	0

(a) For health business: number of persons insured under PPO managed care products 2,762 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 213,573,071

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Kentucky DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	239,319	24,645	100,345	0	1,107	49	1,603	14,759	96,811	0
2. First Quarter	246,398	17,832	102,332	0	0	0	1,662	12,337	112,235	0
3. Second Quarter	247,842	16,281	101,668	0	0	0	1,659	12,403	115,831	0
4. Third Quarter	251,194	14,570	103,673	0	0	0	1,670	12,441	118,840	0
5. Current Year	257,670	13,218	107,359	0	0	0	1,696	12,516	122,881	0
6. Current Year Member Months	2,765,790	187,486	1,235,481	0	0	0	19,832	148,702	1,174,289	0
Total Member Ambulatory Encounters for Year:										
7 Physician	1,821,546	113,183	758,459	0	0	0	15,901	274,551	659,452	0
8. Non-Physician	933,605	45,884	287,923	0	0	0	6,837	140,910	452,051	0
9. Total	2,755,151	159,067	1,046,382	0	0	0	22,738	415,461	1,111,503	0
10. Hospital Patient Days Incurred	136,754	5,954	28,609	0	0	0	576	42,131	59,484	0
11. Number of Inpatient Admissions	20,262	910	5,123	0	0	0	97	4,356	9,776	0
12. Health Premiums Written (b)	1,392,998,822	49,936,138	448,689,417	0	0	0	8,088,837	117,138,250	769,146,180	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	1,393,144,143	58,829,366	448,691,967	0	0	0	8,088,837	117,138,250	760,395,723	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	1,152,821,241	60,327,524	363,375,742	0	3,042	880	7,796,367	112,600,766	608,716,920	0
18 Amount Incurred for Provision of Health Care Services	1,163,229,149	58,880,718	373,368,500	0	0	0	8,202,678	107,711,453	615,065,800	0

(a) For health business: number of persons insured under PPO managed care products 112,818 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 117,138,250

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Missouri DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	39,706	0	473	0	732	1,487	0	37,014	0	0
2. First Quarter	50,795	0	405	0	0	0	0	50,390	0	0
3. Second Quarter	52,303	0	399	0	0	0	0	51,904	0	0
4. Third Quarter	53,625	0	403	0	0	0	0	53,222	0	0
5. Current Year	54,273	0	394	0	0	0	0	53,879	0	0
6. Current Year Member Months	627,391	0	4,739	0	0	0	0	622,652	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	870,109	0	2,890	0	0	0	0	867,219	0	0
8. Non-Physician	495,182	0	1,415	0	0	0	0	493,767	0	0
9. Total	1,365,291	0	4,305	0	0	0	0	1,360,986	0	0
10. Hospital Patient Days Incurred	138,888	0	87	0	0	0	0	138,801	0	0
11. Number of Inpatient Admissions	16,126	0	21	0	0	0	0	16,105	0	0
12. Health Premiums Written (b)	490,523,676	0	2,239,266	0	0	0	0	488,284,410	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	490,520,870	0	2,236,460	0	0	0	0	488,284,410	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	427,880,210	0	1,867,213	0	7,805	12,306	83,393	425,909,493	0	0
18 Amount Incurred for Provision of Health Care Services	434,863,406	0	1,852,997	0	0	0	38,358	432,972,051	0	0

(a) For health business: number of persons insured under PPO managed care products 2,636 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 488,284,410

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Nebraska DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	5,361	0	0	0	357	361	0	4,643	0	0
2. First Quarter	3,974	0	0	0	0	0	0	3,974	0	0
3. Second Quarter	4,143	0	0	0	0	0	0	4,143	0	0
4. Third Quarter	4,268	0	0	0	0	0	0	4,268	0	0
5. Current Year	4,301	0	0	0	0	0	0	4,301	0	0
6. Current Year Member Months	49,569	0	0	0	0	0	0	49,569	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	62,094	0	0	0	0	0	0	62,094	0	0
8. Non-Physician	31,633	0	0	0	0	0	0	31,633	0	0
9. Total	93,727	0	0	0	0	0	0	93,727	0	0
10. Hospital Patient Days Incurred	12,952	0	0	0	0	0	0	12,952	0	0
11. Number of Inpatient Admissions	1,136	0	0	0	0	0	0	1,136	0	0
12. Health Premiums Written (b)	29,554,648	0	0	0	0	0	0	29,554,648	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	29,554,648	0	0	0	0	0	0	29,554,648	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	28,777,922	0	0	0	0	2,875	0	28,775,047	0	0
18 Amount Incurred for Provision of Health Care Services	27,571,497	0	0	0	0	0	0	27,571,497	0	0

(a) For health business: number of persons insured under PPO managed care products 978 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 29,554,648

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Nevada DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	45,937	0	1,477	0	3,343	2,185	0	38,932	0	0
2. First Quarter	43,101	0	1,444	0	0	0	0	41,657	0	0
3. Second Quarter	43,376	0	1,331	0	0	0	0	42,045	0	0
4. Third Quarter	43,732	0	1,104	0	0	0	0	42,628	0	0
5. Current Year	44,417	0	1,085	0	0	0	0	43,332	0	0
6. Current Year Member Months	522,523	0	15,367	0	0	0	0	507,156	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	751,419	0	4,125	0	0	0	0	747,294	0	0
8. Non-Physician	286,924	0	957	0	0	0	0	285,967	0	0
9. Total	1,038,343	0	5,082	0	0	0	0	1,033,261	0	0
10. Hospital Patient Days Incurred	65,206	0	208	0	0	0	0	64,998	0	0
11. Number of Inpatient Admissions	9,133	0	41	0	0	0	0	9,092	0	0
12. Health Premiums Written (b)	593,890,256	0	3,073,590	0	0	0	0	590,816,666	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	594,187,978	0	3,371,312	0	0	0	0	590,816,666	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	516,691,538	0	2,694,331	0	35,163	28,512	0	513,933,532	0	0
18 Amount Incurred for Provision of Health Care Services	511,603,669	0	2,616,572	0	0	0	0	508,987,097	0	0

(a) For health business: number of persons insured under PPO managed care products 1,057 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 590,816,666

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF New Mexico DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	4,714	0	0	0	0	1	0	4,713	0	0
2. First Quarter	5,093	0	0	0	0	0	0	5,093	0	0
3. Second Quarter	5,164	0	0	0	0	0	0	5,164	0	0
4. Third Quarter	5,255	0	0	0	0	0	0	5,255	0	0
5. Current Year	5,362	0	0	0	0	0	0	5,362	0	0
6. Current Year Member Months	62,337	0	0	0	0	0	0	62,337	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	82,563	0	0	0	0	0	0	82,563	0	0
8. Non-Physician	49,707	0	0	0	0	0	0	49,707	0	0
9. Total	132,270	0	0	0	0	0	0	132,270	0	0
10. Hospital Patient Days Incurred	11,919	0	0	0	0	0	0	11,919	0	0
11. Number of Inpatient Admissions	1,159	0	0	0	0	0	0	1,159	0	0
12. Health Premiums Written (b)	44,304,439	0	0	0	0	0	0	44,304,439	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	44,304,439	0	0	0	0	0	0	44,304,439	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	38,803,240	0	0	0	0	0	0	38,803,240	0	0
18 Amount Incurred for Provision of Health Care Services	38,880,759	0	0	0	0	0	0	38,880,759	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 44,304,439

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Ohio DURING THE YEAR 2015 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7 Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18 Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF South Carolina DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	42,828	0	0	0	1,830	3,211	0	37,787	0	0
2. First Quarter	48,785	0	0	0	0	0	0	48,785	0	0
3. Second Quarter	49,876	0	0	0	0	0	0	49,876	0	0
4. Third Quarter	50,809	0	0	0	0	0	0	50,809	0	0
5. Current Year	51,416	0	0	0	0	0	0	51,416	0	0
6. Current Year Member Months	599,336	0	0	0	0	0	0	599,336	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	946,297	0	0	0	0	0	0	946,297	0	0
8. Non-Physician	424,817	0	0	0	0	0	0	424,817	0	0
9. Total	1,371,114	0	0	0	0	0	0	1,371,114	0	0
10. Hospital Patient Days Incurred	127,106	0	0	0	0	0	0	127,106	0	0
11. Number of Inpatient Admissions	13,212	0	0	0	0	0	0	13,212	0	0
12. Health Premiums Written (b)	435,927,866	0	0	0	0	0	0	435,927,866	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	435,927,866	0	0	0	0	0	0	435,927,866	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	391,255,429	0	0	0	720	12,247	0	391,242,462	0	0
18 Amount Incurred for Provision of Health Care Services	396,149,790	0	0	0	0	0	0	396,149,790	0	0

(a) For health business: number of persons insured under PPO managed care products 907 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 435,927,866

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Tennessee DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	16,932	0	16,683	0	0	0	249	0	0	0
2. First Quarter	12,078	0	11,791	0	0	0	287	0	0	0
3. Second Quarter	10,725	0	10,429	0	0	0	296	0	0	0
4. Third Quarter	9,212	0	8,926	0	0	0	286	0	0	0
5. Current Year	7,964	0	7,662	0	0	0	302	0	0	0
6. Current Year Member Months	125,440	0	121,963	0	0	0	3,477	0	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	78,644	0	75,671	0	0	0	2,973	0	0	0
8. Non-Physician	19,445	0	18,427	0	0	0	1,018	0	0	0
9. Total	98,089	0	94,098	0	0	0	3,991	0	0	0
10. Hospital Patient Days Incurred	2,966	0	2,949	0	0	0	17	0	0	0
11. Number of Inpatient Admissions	487	0	478	0	0	0	9	0	0	0
12. Health Premiums Written (b)	41,213,396	0	40,012,610	0	0	0	1,200,786	0	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	41,214,830	0	40,014,044	0	0	0	1,200,786	0	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	34,689,191	0	33,295,264	0	0	0	1,393,927	0	0	0
18 Amount Incurred for Provision of Health Care Services	33,678,030	0	32,230,005	0	0	0	1,448,025	0	0	0

(a) For health business: number of persons insured under PPO managed care products 7,501 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF Texas DURING THE YEAR 2015 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7 Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18 Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Virginia DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	74,227	0	0	0	2,537	1,317	0	57,832	12,541	0
2. First Quarter	56,524	0	0	0	0	0	0	44,722	11,802	0
3. Second Quarter	55,852	0	0	0	0	0	0	44,637	11,215	0
4. Third Quarter	57,744	0	0	0	0	0	0	45,776	11,968	0
5. Current Year	57,766	0	0	0	0	0	0	45,567	12,199	0
6. Current Year Member Months	686,276	0	0	0	0	0	0	541,874	144,402	0
Total Member Ambulatory Encounters for Year:										
7 Physician	1,246,812	0	0	0	0	0	0	925,274	321,538	0
8. Non-Physician	803,827	0	0	0	0	0	0	577,511	226,316	0
9. Total	2,050,639	0	0	0	0	0	0	1,502,785	547,854	0
10. Hospital Patient Days Incurred	124,782	0	0	0	0	0	0	117,737	7,045	0
11. Number of Inpatient Admissions	14,606	0	0	0	0	0	0	12,094	2,512	0
12. Health Premiums Written (b)	597,678,285	0	0	0	0	0	0	477,797,811	119,880,474	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	597,678,285	0	0	0	0	0	0	477,797,811	119,880,474	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	557,959,481	0	0	0	19,770	6,698	0	437,853,653	120,079,360	0
18 Amount Incurred for Provision of Health Care Services	546,121,577	0	0	0	0	0	0	432,482,393	113,639,184	0

(a) For health business: number of persons insured under PPO managed care products 1,849 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 477,797,811

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Washington DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	24,659	0	0	0	1,684	2,573	0	20,402	0	0
2. First Quarter	24,471	0	0	0	0	0	0	24,471	0	0
3. Second Quarter	24,947	0	0	0	0	0	0	24,947	0	0
4. Third Quarter	25,264	0	0	0	0	0	0	25,264	0	0
5. Current Year	25,485	0	0	0	0	0	0	25,485	0	0
6. Current Year Member Months	299,183	0	0	0	0	0	0	299,183	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	372,905	0	0	0	0	0	0	372,905	0	0
8. Non-Physician	167,824	0	0	0	0	0	0	167,824	0	0
9. Total	540,729	0	0	0	0	0	0	540,729	0	0
10. Hospital Patient Days Incurred	54,297	0	0	0	0	0	0	54,297	0	0
11. Number of Inpatient Admissions	5,731	0	0	0	0	0	0	5,731	0	0
12. Health Premiums Written (b)	199,650,527	0	0	0	0	0	0	199,650,527	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	199,650,527	0	0	0	0	0	0	199,650,527	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	185,682,340	0	0	0	14,577	22,547	0	185,645,216	0	0
18 Amount Incurred for Provision of Health Care Services	186,539,452	0	0	0	0	0	0	186,539,452	0	0

(a) For health business: number of persons insured under PPO managed care products 2,557 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 199,650,527

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____ 2. _____ (LOCATION)

NAIC Group Code BUSINESS IN THE STATE OF West Virginia DURING THE YEAR 2015 NAIC Company Code

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:										
7 Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18 Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products ..... and number of persons insured under indemnity only products ..... .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ .....

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan, Inc. 2. Louisville, KY (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2015 NAIC Company Code 95885

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	823,465	46,079	183,858	0	18,606	23,950	21,335	405,002	124,635	0
2. First Quarter	842,162	33,210	184,052	0	0	0	21,408	462,944	140,548	0
3. Second Quarter	844,185	30,798	181,698	0	0	0	21,115	468,912	141,662	0
4. Third Quarter	852,686	28,425	182,247	0	0	0	20,918	476,268	144,828	0
5. Current Year	861,463	25,897	183,999	0	0	0	20,834	480,688	150,045	0
6. Current Year Member Months	9,944,267	356,346	2,189,756	0	0	0	251,357	5,646,832	1,499,976	0
Total Member Ambulatory Encounters for Year:										
7 Physician	11,010,675	205,564	1,179,203	0	0	0	211,295	8,187,979	1,226,634	0
8. Non-Physician	5,403,767	78,977	400,855	0	0	0	86,352	3,981,763	855,820	0
9. Total	16,414,442	284,541	1,580,058	0	0	0	297,647	12,169,742	2,082,454	0
10. Hospital Patient Days Incurred	1,228,309	11,237	46,258	0	0	0	9,900	1,066,184	94,730	0
11. Number of Inpatient Admissions	153,791	1,837	8,356	0	0	0	1,414	118,710	23,474	0
12. Health Premiums Written (b)	6,538,712,813	103,785,569	746,727,024	0	0	(102)	138,887,561	4,487,441,870	1,061,870,891	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	6,554,062,661	121,244,194	747,039,235	0	0	(102)	138,887,561	4,488,141,552	1,058,750,221	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	5,709,540,704	126,014,428	597,423,610	0	153,059	177,346	136,867,657	3,970,084,196	878,820,408	0
18 Amount Incurred for Provision of Health Care Services	5,719,784,396	119,949,998	609,430,829	0	0	(240)	136,652,271	3,973,106,858	880,644,680	0

(a) For health business: number of persons insured under PPO managed care products 205,263 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 4,487,441,870

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
			NONE								
9999999 - Totals											

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	0	84,751,015
88340	59-2859797	10/01/2013	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	1,458,796	0
10357	52-1952955	10/01/2013	RENAISSANCE REINSURANCE U.S. INC.	MD	1,582,487	0
00000	AA-9990032	01/01/2014	US DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	16,063,485	2,333,768
1999999. Accident and Health - U.S. Non-Affiliates					19,104,768	87,084,783
2199999. Total Accident and Health - Non-Affiliates					19,104,768	87,084,783
2299999. Total Accident and Health					19,104,768	87,084,783
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					19,104,768	87,084,783
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					19,104,768	87,084,783

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
37273	39-1338397	10/01/2015	AXIS INSURANCE COMPANY	IL	SSL/A/I	CMM	326,893	0	0	0	0	0	0
88340	59-2859797	10/01/2014	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	SSL/A/I	CMM	537,453	0	0	0	0	0	0
10357	52-1952955	10/01/2014	RENAISSANCE REINSURANCE U.S. INC.	MD	SSL/A/I	CMM	712,437	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	US DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	SSL/A/I	CMM	854,988	0	0	0	0	0	0
39845	48-0921045	01/01/2014	WESTPORT INSURANCE CORPORATION	MO	SSL/A/I	CMM	(2,541)	0	0	0	0	0	0
39845	48-0921045	01/01/2014	WESTPORT INSURANCE CORPORATION	MO	OTH/A/I	MR	(7,301)	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							2,421,929	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							2,421,929	0	0	0	0	0	0
1199999. Total General Account Authorized							2,421,929	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC	760,709,018	0	0	0	0	0	121,921,740
1999999. General Account - Unauthorized U.S. Non-Affiliates							760,709,018	0	0	0	0	0	121,921,740
2199999. Total General Account - Unauthorized Non-Affiliates							760,709,018	0	0	0	0	0	121,921,740
2299999. Total General Account Unauthorized							760,709,018	0	0	0	0	0	121,921,740
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							763,130,947	0	0	0	0	0	121,921,740
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							763,130,947	0	0	0	0	0	121,921,740
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							763,130,947	0	0	0	0	0	121,921,740

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	0	84,751,015	0	84,751,015	0		0	121,921,740	0	0	84,751,015
1999999. General Account - Accident and Health U.S. Non-Affiliates				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015
2199999. Total General Account - Accident and Health Non-Affiliates				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015
2299999. Total General Account Accident and Health				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015
2399999. Total General Account				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
9999999 - Totals				0	84,751,015	0	84,751,015	0	XXX	0	121,921,740	0	0	84,751,015

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
			NONE	

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

		1 2015	2 2014	3 2013	4 2012	5 2011
	A. OPERATIONS ITEMS					
1.	Premiums	2,429	2,582	1,183	981	886
2.	Title XVIII - Medicare	(7)	126	109	0	0
3.	Title XIX - Medicaid	760,709	467,360	86,605	0	0
4.	Commissions and reinsurance expense allowance	66,255	39,822	0	0	0
5.	Total hospital and medical expenses	634,817	440,637	81,908	0	2
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable	4,658	9,000	0	0	0
7.	Claims payable	87,085	83,400	11,912	0	0
8.	Reinsurance recoverable on paid losses	19,105	19,228	0	0	0
9.	Experience rating refunds due or unpaid	0	489	0	0	0
10.	Commissions and reinsurance expense allowances due	0	0	0	0	0
11.	Unauthorized reinsurance offset	121,922	106,400	10,875	0	0
12.	Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	121,922	106,400	10,875	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	489	1,619	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust	0	0	0	0	XXX
18.	Funds deposited by and withheld from (F)	0	0	0	0	XXX
19.	Letters of credit (L)	0	0	0	0	XXX
20.	Trust agreements (T)	0	0	0	0	XXX
21.	Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	964,197,822	0	964,197,822
2.	Accident and health premiums due and unpaid (Line 15)	146,362,067	4,657,598	151,019,665
3.	Amounts recoverable from reinsurers (Line 16.1)	19,104,768	(19,104,768)	0
4.	Net credit for ceded reinsurance	XXX	(21,571,142)	(21,571,142)
5.	All other admitted assets (Balance)	255,945,335	0	255,945,335
6.	Total assets (Line 28)	1,385,609,992	(36,018,312)	1,349,591,680
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	488,751,681	87,084,783	575,836,464
8.	Accrued medical incentive pool and bonus payments (Line 2)	1,654,575	0	1,654,575
9.	Premiums received in advance (Line 8)	27,347,411	0	27,347,411
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	121,921,740	(121,921,740)	0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14.	All other liabilities (Balance)	144,627,472	(1,181,355)	143,446,117
15.	Total liabilities (Line 24)	784,302,879	(36,018,312)	748,284,567
16.	Total capital and surplus (Line 33)	601,307,113	XXX	601,307,113
17.	Total liabilities, capital and surplus (Line 34)	1,385,609,992	(36,018,312)	1,349,591,680
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	87,084,783		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	19,104,768		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	106,189,551		
24.	Premiums receivable	4,657,598		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	121,921,740		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers	0		
29.	Other ceded reinsurance payables/offsets	1,181,355		
30.	Total ceded reinsurance payables/offsets	127,760,693		
31.	Total net credit for ceded reinsurance	(21,571,142)		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0119	Humana Inc.	00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5309363				515-526W MainSt CondoCouncilofCo-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0380198				American Eldercare, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0836599				Arcadian Management Services, Inc.	DE	NIA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.	1
0119	Humana Inc.	00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CPHP Holdings, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	KY	DS	CHA Service Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5440995				CNU Blue 2, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0796178				Continucare Managed Care, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2043865				Humana Behavioral Health, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3580066				Humana at Home (MA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0

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
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52028	36-3654697				Humana Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of GA. Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	RE	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	DE	UDP		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-4535747				HumanaVitality, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	100.000	Humana Inc.	2
0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
0119	Humana Inc.	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	01-0766084				SeniorBridge Family Companies (TX), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	VA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0597187				St. Mary's Medical Park Pharmacy, Inc.	AZ	NIA	Humana Pharmacy, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	See Footnote 3	Ownership	0.000	Humana Inc.	3
0119	Humana Inc.	00000	45-5032192				Symphony Health Partners, Inc.	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2600512				Humana at Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0072760				Transcend Insights, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-5329373				Transcend, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers of Excellence, Inc. owns the other 50%.
3	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(696,513)	0	0	0	(696,513)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-5309363	515-526W MainSt CondoCouncilofCo-Owners	0	0	0	0	347	0	0	0	347	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(627,231)	0	0	0	(627,231)	0
00000	27-0200477	Ambulatory Care Solutions of Arkansas LLC	0	0	0	0	0	0	0	0	0	0
00000	26-4179617	Ambulatory Care Solutions of Ohio LLC	0	0	0	0	0	0	0	0	0	0
00000	37-1485812	Ambulatory Care Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,668,809	0	0	0	3,668,809	0
00000	65-0380198	American Eldercare, Inc.	0	35,000,000	0	0	(20,205,052)	0	0	0	14,794,948	0
00000	27-3387971	Arcadian Choice, Inc.	0	0	0	0	0	0	0	0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(4,846,212)	0	0	0	(4,846,212)	0
00000	86-0836599	Arcadian Management Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(156,649)	0	0	0	(156,649)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(10,895,649)	0	0	0	(10,895,649)	0
00000	13-4106498	Cambridge Companions, LLC	0	0	0	0	0	0	0	0	0	0
00000	13-4076893	Cambridge Personal Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	837,343	0	0	0	837,343	0
95092	59-2598550	CarePlus Health Plans, Inc.	(56,800,000)	0	0	0	(115,775,877)	0	0	0	(172,575,877)	0
95754	62-1579044	Cariten Health Plan Inc.	(16,000,000)	0	0	0	(103,899,557)	0	0	0	(119,899,557)	0
00000	80-0072760	Certify Data Systems, Inc.	0	0	0	0	342,298	0	0	0	342,298	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(7,179,330)	0	0	0	(7,179,330)	0
00000	61-1279716	CHA Service Company	0	0	0	0	347	0	0	0	347	0
00000	01-0510161	CM Occupational Health, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	20-5440995	CNU Blue 2, LLC	0	0	0	0	0	0	0	0	0	0
52015	59-2531815	CompBenefits Company	(15,000,000)	0	0	0	(23,859,501)	0	0	0	(38,859,501)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	(1,122,254)	0	0	0	(1,122,254)	0
11228	36-3686002	CompBenefits Dental, Inc.	(2,000,000)	0	0	0	(4,003,377)	0	0	0	(6,003,377)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(11,023)	0	0	0	(11,023)	0
60984	74-2552026	CompBenefits Insurance Company	(10,000,000)	0	0	0	(18,708,966)	0	0	0	(28,708,966)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(1,451,256)	0	0	0	(1,451,256)	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	(522,545)	0	0	0	(522,545)	0
00000	20-0114482	Concentra Akron, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	62-1691148	Concentra Arkansas, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2510547	Concentra Health Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	26-4823524	Concentra Inc.	0	0	0	0	(11,619,814)	0	0	0	(11,619,814)	0
00000	04-2658593	Concentra Integrated Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	76-0546504	Concentra Laboratory, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2857879	Concentra Occ Health Research Institute	0	0	0	0	0	0	0	0	0	0
00000	23-2901126	Concentra Occ Healthcare Harrisburg, L.P	0	0	0	0	0	0	0	0	0	0
00000	04-3363415	Concentra Operating Corporation	0	0	0	0	0	0	0	0	0	0
00000	75-2678146	Concentra Solutions, Inc.	0	0	0	0	0	0	0	0	0	0

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2784513	Concentra South Carolina, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2821236	Concentra St. Louis, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	22-3675361	Concentra-UPMC, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	59-2716023	Continucare Corporation	0	0	0	0	6,267,809	0	0	0	6,267,809	0
00000	65-0796178	Continucare Managed Care, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(307,356)	0	0	0	(307,356)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(8,335,289)	0	0	0	(8,335,289)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(838,317)	0	0	0	(838,317)	0
00000	20-8236655	Corphealth Provider Link, Inc.	0	0	0	0	0	0	0	0	0	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	14,398	0	0	0	14,398	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	17,767	0	0	0	17,767	0
95161	76-0039628	DentiCare, Inc.	(1,000,000)	0	0	0	(10,109,647)	0	0	0	(11,109,647)	0
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	24,144	0	0	0	24,144	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	17,835	0	0	0	17,835	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(4,583,448)	0	0	0	(4,583,448)	0
00000	11-2795529	Harte Placements, Inc.	0	0	0	0	0	0	0	0	0	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	48,288	0	0	0	48,288	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	27,322	0	0	0	27,322	0
00000	26-3592783	HUM INT, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	527	0	0	0	527	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	261,340	0	0	0	261,340	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(57,303,466)	0	0	0	(57,303,466)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(4,298,583)	0	0	0	(4,298,583)	0
00000	75-2043865	Humana Behavioral Health, Inc.	0	0	0	0	(17,929,626)	0	0	0	(17,929,626)	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	70,000,000	0	0	(56,454,838)	0	0	0	13,545,162	0
00000	59-1843760	Humana Dental Company	0	0	0	0	46,674	0	0	0	46,674	0
52028	36-3654697	Humana Dental Concern, Ltd.	0	0	0	0	(70,298)	0	0	0	(70,298)	0
95519	58-2209549	Humana Employers Health Plan of GA. Inc.	0	675,000,000	0	0	(165,671,754)	0	0	0	509,328,246	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(2,866,960)	0	0	0	(2,866,960)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	(75,000,000)	0	0	0	(167,387,175)	0	0	0	(242,387,175)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(4,439,676)	0	0	0	(4,439,676)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	0	0	0	163,672,219	0	0	0	163,672,219	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	35,000,000	0	0	(23,938,236)	0	0	0	11,061,764	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	55,000,000	0	0	(32,962,847)	0	0	0	22,037,153	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	155,000,000	0	0	(60,366,693)	0	0	0	94,633,307	0
95885	61-1013183	Humana Health Plan, Inc.	0	125,000,000	0	0	(562,987,176)	0	0	0	(437,987,176)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	17,705,226	0	0	0	17,705,226	0
00000	61-0647538	Humana Inc.	463,300,000	(1,245,000,000)	0	0	2,924,868,337	0	0	0	2,143,168,337	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(157,970)	0	0	0	(157,970)	0
73288	39-1263473	Humana Insurance Company	75,000,000	(125,000,000)	0	0	(197,285,343)	1,955,019	0	0	(245,330,324)	30,610,726
60219	61-1311685	Humana Insurance Company of Kentucky	0	25,000,000	0	0	(6,796,230)	(14,292,524)	0	0	3,911,246	(277,154,612)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(27,782,447)	0	0	0	(27,782,447)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(17,487,298)	0	0	0	(17,487,298)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0	0	0	0	0

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	(752,192)	0	0	0	(752,192)	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(10,584,538)	0	0	0	(10,584,538)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc	0	15,000,000	0	0	(4,084,076)	0	0	0	10,915,924	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	(5,000,000)	15,000,000	0	0	(8,232,829)	0	0	0	1,767,171	0
95270	61-1103898	Humana Medical Plan, Inc.	(305,000,000)	100,000,000	0	0	(919,417,887)	0	0	0	(1,124,417,887)	0
00000	46-5329373	Humana MSO, LLC	0	0	0	0	2,437,905	0	0	0	2,437,905	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(73,796,510)	0	0	0	(73,796,510)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(204,880,328)	0	0	0	(204,880,328)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	(1,500,000)	0	0	0	(1,771,742)	0	0	0	(3,271,742)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(57,728)	0	0	0	(57,728)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	(58,028)	0	0	0	(58,028)	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	65,000,000	0	0	(41,322,271)	0	0	0	23,677,729	0
70580	39-0714280	HumanaDental Insurance Company	(35,000,000)	0	0	0	(15,846,427)	574,310	0	0	(50,272,117)	(19,304)
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	657,051	0	0	0	657,051	0
00000	27-4535747	HumanaVitality, LLC	0	0	0	0	(13,633,872)	0	0	0	(13,633,872)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	146,732	0	0	0	146,732	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	295,744	0	0	0	295,744	0
00000	26-3583438	HUM-Holdings International, Inc.	0	0	0	0	35,158	0	0	0	35,158	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	1,704,837	0	0	0	1,704,837	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0	0	0	0	0
00000	76-0537878	Inteli Home Healthcare, Inc.	0	0	0	0	176,728	0	0	0	176,728	0
65110	57-0380426	Kanawha Insurance Company	0	0	0	0	(46,192,778)	11,763,195	0	0	(34,429,583)	246,563,191
00000	20-1377270	KMG America Corporation	0	0	0	0	4,154	0	0	0	4,154	0
00000	61-1232669	Managed Care Indemnity, Inc.	(15,000,000)	0	0	0	(5,630,493)	0	0	0	(20,630,493)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(1,667,405)	0	0	0	(1,667,405)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	413,808	0	0	0	413,808	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	0	0	0	0	0	0
00000	11-3273542	National Healthcare Resources, Inc.	0	0	0	0	0	0	0	0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/Baystate, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/MMC, Limited Liability Company	0	0	0	0	0	0	0	0	0	0
00000	98-0445802	OMP Insurance Company, Ltd.	0	0	0	0	0	0	0	0	0	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(870)	0	0	0	(870)	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	(196)	0	0	0	(196)	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	(1,372,873)	0	0	0	(1,372,873)	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	10,611,649	0	0	0	10,611,649	0
00000	75-2739333	Reachout Homecare, Inc.	0	0	0	0	590,208	0	0	0	590,208	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	262,920	0	0	0	262,920	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(7,696,833)	0	0	0	(7,696,833)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	154,578	0	0	0	154,578	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(3,310,572)	0	0	0	(3,310,572)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	245,317	0	0	0	245,317	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	425,531	0	0	0	425,531	0

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(1,193,000)	0	0	0	(1,193,000)	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	241,093	0	0	0	241,093	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	579,653	0	0	0	579,653	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	153,721	0	0	0	153,721	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(1,197,533)	0	0	0	(1,197,533)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	1,344,022	0	0	0	1,344,022	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	2,424,780	0	0	0	2,424,780	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,526,480)	0	0	0	(3,526,480)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	216,797	0	0	0	216,797	0
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.	0	0	0	0	(7,380,772)	0	0	0	(7,380,772)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(4,616,304)	0	0	0	(4,616,304)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	2,052	0	0	0	2,052	0
00000	27-0338595	Seredor Corporation	0	0	0	0	(7,169)	0	0	0	(7,169)	0
00000	86-0597187	St. Mary's Medical Park Pharmacy, Inc.	0	0	0	0	0	0	0	0	0	0
00000	32-0375132	Symphony Health Partners - Midwest, LLC	0	0	0	0	464	0	0	0	464	0
00000	45-5032192	Symphony Health Partners, Inc.	0	0	0	0	6,845	0	0	0	6,845	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(135,406)	0	0	0	(135,406)	0
54739	52-1157181	The Dental Concern, Inc.	(1,000,000)	0	0	0	(6,644,186)	0	0	0	(7,644,186)	0
00000	75-2600512	TLC Plus of Texas, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-3585174	Valor Healthcare, Inc.	0	0	0	0	0	0	0	0	0	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

The following supplemental reports are required to be filed as part of your annual 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.

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

Explanations:

11. This type of business is not written.
12. This type of business is not written.
13. This type of business is not written.
14. This type of business is not written.
15. This type of business is not written.
16. This type of business is not written.
17. This type of business is not written.
18. No relief will be requested
19. No relief will be requested
20. No relief will be requested
21. This type of business is not written.
22. This type of business is not written.
23. This type of business is not written.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

12. Life Supplement [Document Identifier 205]

13. Property/Casualty Supplement [Document Identifier 207]

14. SIS Stockholder Information Supplement [Document Identifier 420]

15. Participating Opinion for Exhibit 5 [Document Identifier 371]

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]

17. Medicare Part D Coverage Supplement [Document Identifier 365]

18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]

19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]

21. Long-Term Care Experience Reporting Forms [Document Identifier 306]

22. Life Supplement [Document Identifier 211]

23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]

ALPHABETICAL INDEX

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