



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2010
 OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

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

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

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
 Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
 Other [] Is HMO, Federally Qualified? Yes [X] No []

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

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

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

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

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

Internet Web Site Address www.humana.com

Statutory Statement Contact Abby Goodloe , 502-580-1632
(Name) (Area Code) (Telephone Number) (Extension)
DOIINQUIRIES@humana.com 502-580-2099
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
<u>Michael Benedict McCallister</u>	<u>President & CEO</u>	<u>Joan Olliges Lenahan</u>	<u>VP & Corporate Secretary</u>
<u>James Harry Bloem</u>	<u>Sr. VP, CFO & Treasurer</u>	<u>Frank Murray Amrine</u>	<u>Appointed Actuary</u>

OTHER OFFICERS

<u>Randa Lynn Anderson-Stice</u>	<u>Reg.Pres. - Sr. Prod/Central Reg.</u>	<u>George Grant Bauernfeind</u>	<u>Vice President</u>
<u>Jeffrey Bergin Bringardner</u>	<u>Market President - Kentucky</u>	<u>John Ellis Brown</u>	<u>VP - Medicare Service Operations</u>
<u>John Gregory Catron</u>	<u>Vice President</u>	<u>Denise Louise Christy</u>	<u>Market President - MI/IN</u>
<u>Peter James Edwards</u>	<u>VP & Div. Leader - Eastern Div.</u>	<u>Mark Sobhi El-Tawil</u>	<u>Reg. CEO/West Region</u>
<u>Mark Jason Fehring</u>	<u>Regional VP - Finance</u>	<u>Roy Goldman Ph.D</u>	<u>VP & Chief Actuary</u>
<u>Gary Edward Goldstein M.D.</u>	<u>VP & Div. Leader - Central Div.</u>	<u>Deborah Ann Gracey</u>	<u>Reg.Pres.-Sr.Prod.-North Region</u>
<u>Robert Todd Hitchcock</u>	<u>VP & Div. Leader - Western Div.</u>	<u>Morris Curt Howell</u>	<u>Market President-NV/AZ/UT</u>
<u>Paul Francis Kraemer</u>	<u>Regional CEO - East Region</u>	<u>Charles Frederic Lambert III</u>	<u>Vice President</u>
<u>Thomas Joseph Liston</u>	<u>Sr. Vice President - Sr. Prod.</u>	<u>Clarence Evans Looney</u>	<u>Market President - Tennessee</u>
<u>Kenneth Scott Malcolmson</u>	<u>Regional CEO</u>	<u>Heidi Suzanne Margulis</u>	<u>Sr. Vice President</u>
<u>Kevin Ross Meriwether</u>	<u>Reg. President - Sr. Prod/East</u>	<u>Khalid Nazir</u>	<u>Vice President</u>
<u>Daniel Joseph Oftedahl</u>	<u>Market President - Colorado</u>	<u>George Renaudin</u>	<u>VP & Div. Leader - Southern Div.</u>
<u>David Thomas Reynolds #</u>	<u>Market President - Illinois</u>	<u>Oraida Maria Roman</u>	<u>RegPresSrProd/IntermountainReg</u>
<u>Larry Dale Savage</u>	<u>Regional CEO</u>	<u>Debra Anne Smith</u>	<u>Reg.Pres.-Sr.Prod/West Coast Reg.</u>
<u>William Joseph Tait</u>	<u>Vice President</u>	<u>Joseph Christopher Ventura</u>	<u>Assistant Secretary</u>
<u>Melissa Louise Weaver M.D.</u>	<u>Vice President</u>	<u>Timothy Alan Wheatley</u>	<u>VP - Sr. Products/Finance</u>
<u>Ralph Martin Wilson</u>	<u>Vice President</u>		

DIRECTORS OR TRUSTEES

<u>Michael Benedict McCallister</u>	<u>James Elmer Murray</u>	<u>Melissa Louise Weaver M.D.</u>
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State ofKentucky.....

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County ofJefferson.....

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.

Michael Benedict McCallister
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

James Harry Bloem
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this
23rd day of February, 2011

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 _____

Myra Carpenter Notary Public
August 9, 2013

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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	76,700	12,324				89,025
Group subscribers:						
HARLAN DEVELOPMENT CORPORATION.....	633,408					633,408
THORNTONS INC.....	245,597					245,597
DANA LIMITED.....	178,752					178,752
KYOSAN DENSO MFG KY.....	163,594					163,594
UAW RETIREE MEDICAL TRUST.....				118,338	118,338	
UAW RETIREE MEDICAL TRUST.....				112,841	112,841	
SOURCE ONE MANAGEMENT INC.....	60,553					60,553
PCC COMMUNITY WELLNESS.....	59,589					59,589
CIP.....	44,315					44,315
TRIP.....	43,032					43,032
PAUL HEMMER COMPANY.....	27,055					27,055
JACKSON PURCHASE MEDICAL ASSOCIATION.....	22,440					22,440
RADIO SOUND INC.....	21,720					21,720
KAPP TECH LP.....	21,655					21,655
ELEGY CREMATION AND MEMORIAL.....				21,515	21,515	
ST GABRIEL THE ARCHANGEL.....	21,497					21,497
WILLIAMS TITLE GUARANTY.....	8,658	8,658				17,315
LAKEWAY CNTR FOR HANDICAPPED.....	15,004	1,887				16,891
AFP-CITY OF CALUMET CITY.....	16,727					16,727
CALDWELL INDUSTRIES INC.....	14,991					14,991
KENTUCKY DANCE COUNCIL.....	509	13,874				14,383
OMG ZIP EXPRESS.....	13,660					13,660
ICON PAYMENT SOLUTIONS.....				13,144	13,144	
ELCAR FENCE CO.....				12,796	12,796	
COLORADO GASTRO.....	12,308					12,308
CENTRAL NURSING & REHABILITATION.....	10,996			305	305	10,996
0299997 Group subscriber subtotal	1,636,060	24,419	0	278,939	278,939	1,660,478
0299998 Premiums due and unpaid not individually listed	39,729,226	84,984	111,709	287,463	287,463	39,925,919
0299999 Total group	41,365,286	109,403	111,709	566,402	566,402	41,586,397
0399999 Premiums due and unpaid from Medicare entities	85,624	25,680	19,329	211,607	211,607	130,634
0499999 Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	41,527,610	147,407	131,038	778,009	778,009	41,806,056

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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)						
GLEN ELLYN CLINIC.....		495		154	151,495	152,144
WOMENS HEALTH.....					374,696	374,696
. PROVIDER NOT AVAILABLE.....	10,248	205	101	761	2,673	13,988
A UNABLE TO UPDATE PROVIDER INFORMATION.....	119,085	731				119,816
ACCREDITO HEALTH GROUP INC.....	16,081				158	16,239
ADDISON RADIOLOGY ASSOC SC.....					400,716	400,716
ADV GOOD SAMARITAN HOSPITAL.....	17,632					17,632
ADVANCE CARE FT SMITH.....	23,453					23,453
ADVENTIST BOLINGBROOK HOSPITAL.....	13,466	1,431				14,897
ADVOCATE CHRIST MEDICAL CENTER.....	90,159	1,837	452	2,168		94,616
ADVOCATE CONDELL MEDICAL CENTER.....	20,620	382				21,002
ADVOCATE GOOD SAMARITAN.....	61,901					61,901
ADVOCATE ILLINOIS MASONIC.....	44,472	29,722	794		16,196	91,184
ADVOCATE LUTHERAN GENERAL HOSPITAL.....	25,674				1,212	26,886
ADVOCATE SOUTH SUBURBAN HOSPITAL.....	59,553		359			59,912
ADVOCATE TRINITY HOSPITAL.....	58,798	4,293	281			63,372
ALEXIAN BROTHERS MEDICAL CENTER.....	83,422	11,238	1,836		2,833	99,329
ALL CHILDRENS HOSPITAL.....	41,627	2,014				43,641
ALL SAINTS MEDICAL CENTER.....	21,594				1,672	23,266
ALLEGHENY GENERAL HOSPITAL.....	25,102					25,102
ALLPORT CLINIC LLC.....					41,580	41,580
AMERIGROUP OHIO.....	38,938					38,938
AMISHI SAWLANI MD.....					127,261	127,261
ANESTHESIA ASSOCIATES OF CINCINNATI INC.....	27,763			1,109	614	29,486
APRIA HEALTHCARE INC.....	11,681	305	2,233	874	1,107	16,200
ARIZONA HEART HOSPITAL.....				10,298		10,298
ARROWHEAD HOSPITAL.....	43,393					43,393
ARVIND AHUJA.....	8,438	31,432		74		39,944
ASSOC ST JAMES RADIOLOGISTS.....					132,728	132,728
ATP ANESTHESIA LLC.....					62,778	62,778
AURORA ANESTHESIA ASSOCIATES.....					17,258	17,258
AURORA HEALTH CARE METRO INC.....	61,626				3,459	65,085
AURORA MEDICAL CENTER KENOSHA.....	18,530					18,530
AVEE LABORATORIES INC.....	13,503	1,334				14,837
BALL MEMORIAL HOSPITAL INC.....	31,900					31,900
BANNER BAYWOOD MEDICAL CENTER.....	29,231	5,588				34,819
BANNER BOSWELL MEDICAL CENTER.....	30,684	1,948				32,632
BANNER DEL E WEBB MEDICAL.....	79,198	15,262				94,460
BANNER DEL E WEBB MEDICAL CENTER.....	21,793				5,725	27,518
BANNER DESERT MEDICAL CENTER.....	19,733	5,511			3,103	28,347
BANNER GATEWAY MEDICAL CENTER.....	54,861	7,691				62,552
BANNER GOOD SAMARITAN MEDICAL.....	58,654	576				59,230
BANNER GOOD SAMARITAN MEDICAL CENTER.....	18,193	3,167				21,360
BANNER THUNDERBIRD MED CENTER.....	16,897					16,897
BAPTIST HEALTHCARE SYSTEM.....	11,609				608	12,217
BAPTIST HOSPITAL.....	16,458				5,136	21,594
BAPTIST HOSPITAL EAST.....	88,835	5,346	205		7,258	101,644
BAPTIST MEDICAL CENTER.....	30,705	5,790				36,495
BATON ROUGE GENERAL MEDICAL CENTER.....	19,880					19,880
BAYLOR REGIONAL MEDICAL CENTER.....	13,775					13,775
BEHZAD AALAEI MD.....		14,981				14,981
BELLIN MEMORIAL HOSPITAL INC.....	58,612					58,612
BETHANY MEDICAL ASSOCIATES.....		82	79	158	186,364	186,683
BETHESDA HOSPITAL INC.....	81,737		20,021		390	102,148
BIRINDER MARWAH MD.....					91,351	91,351

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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
BLOUNT MEMORIAL HOSPITAL.....	13,588	1,018	2,277		91,481	108,364
BON SECOURS MEMORIAL REGIONAL.....	7,062	17,399				24,461
BRANDON REGIONAL HOSPITAL.....	311,237					311,237
BRIAN C CHO MD.....					48,195	48,195
BRIDGEPORT HOSPITAL.....	34,744	29,276				64,020
BROOKWOOD MEDICAL CENTER.....	36,694					36,694
BRUCE BURNETT MD.....	10,773					10,773
BUREAU OF TENNCARE.....	48,313					48,313
CARDIONET INC.....	8,618	16,021			1,169	25,808
CARESOURCE OH.....	15,853					15,853
CARONDELET HEART AND VASCULAR INSTITUTE.....					26,515	26,515
CASS REGIONAL MEDICAL CENTER.....	21,014					21,014
CATHOLIC HEALTH PARTNERS SVS.....	17,313	2,942				20,255
CEDAR PARK REGIONAL MED CTR.....	13,019					13,019
CEDARS SINAI MEDICAL CENTER.....	14,145					14,145
CENTENNIAL HILLS HOSPITAL.....	4,417,380	119,760	53,983	109,341	446,052	5,146,516
CENTER FOR SPINAL SURGERY.....	14,091	12,404				26,495
CENTERPOINT MEDICAL CENTER.....	138,833	1,604			1,188	141,625
CENTRAL BAPTIST HOSPITAL.....	39,610	7,509	227		6,907	54,253
CENTRAL DUPAGE HOSPITAL.....	6,732	2,629			5,887	15,248
CEP AMERICA ILLINOIS PC.....					227,748	227,748
CHANDLER REGIONAL HOSPITAL.....	58,328	34,435				92,763
CHILDRENS HOSP HOME HEALTH.....	39,613	4,405	2,265	22,877	7,269	76,429
CHILDRENS HOSPITAL MEDICAL CENTER.....	318,968	24,712	10,274	11,974	33,308	399,236
CHILDRENS HOSPITAL MEDICAL CENTER LAB.....	5,041	194		5,631	520	11,386
CHILDRENS HOSPITAL OF WISCONSIN.....	104,466				81,839	186,305
CHRIST HOSPITAL.....	201,446	16,312		297	13,964	232,019
CHRISTUS SANTA ROSA HOSPITAL.....	33,186	212,555				245,741
CHRISTUS SPOHN ALICE HOSPITAL.....	14,485					14,485
CHURCHVIEW DIALYSIS.....				13,634		13,634
CLARK MEMORIAL HOSPITAL.....	25,446	7,600	1,215	371	17,661	52,293
COLUMBUS REGIONAL HOSPITAL.....	13,860					13,860
COMMUNITY HOSPITAL.....	3,796		4,473	14,490	4,170	26,929
CORPUS CHRISTI MEDICAL CENTER.....	5,158	5,158				10,316
COUNTRYSIDE CARE CENTRE.....	796				15,661	16,457
COVENANT MEDICAL CENTER.....	15,075					15,075
DAY SURGERY FACILITIES.....	60,123	27,101	17,847	12,713	603,291	721,075
DCA VINELAND.....					10,250	10,250
DEKALB MEDICAL CENTER INC.....	34,563					34,563
DESERT SPRINGS HOSPITAL.....	7,774,097	58,175	29,990	192,657	1,058,866	9,113,785
DIAGNOSTIC IMAGING ASSOCIATES.....	445				107,148	107,593
DIALYSIS CLINIC INC.....	10,925				10,308	21,233
DIALYSIS CTRS OF AMERICA.....					16,825	16,825
DIALYSIS CTRS OF AMERICA PRAIR.....	57,411					57,411
DISCOVER VISION CENTERS.....	1,860	128			43,960	45,948
DOCTORS HOSPITAL OF LAREDO.....		15,661				15,661
DOCTORS HOSPITAL OF SARASOTA.....					60,543	60,543
DOWNNEY COMMUNITY HOSPITAL.....	198,191					198,191
DSI LOOP-LOOP HOME RENAL CENTER.....	23,297					23,297
DSI SCOTSDALE RENAL CENTER.....	25,694					25,694
DUKE UNIVERSITY HOSPITAL.....	11,514					11,514
EAST TENNESSEE CHILDRENS HOSPITAL.....	30,717		16		4,151	34,884
EDWARD HOSPITAL.....	49,738	7,746			3,199	60,683
EDWARD VILLAFLO MD.....					14,429	14,429
ELK GROVE LAB PHYSICIANS.....					68,725	68,725
ELMHURST ANESTHESIOLOGISTS PC.....	662				41,589	42,251

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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
ELMHURST MEMORIAL HEALTH SYSTEM.....		56			28,982	29,038
ELMHURST MEMORIAL HOSPITAL.....	5,918	718	13,772	598	13,251	34,257
EVANGELICAL HOSPITAL CORPORATION.....	176,227	11,559			1,832,513	2,020,299
EVENDALE MEDICAL CENTER LLC.....	3,349				86,762	90,111
EVERGREEN HEALTH CENTER.....	340	349	376	266	10,740	12,071
EXCELSIOR SPRINGS MEDICAL CENTER.....	2,178	9,363				11,541
EXEMPLA LUTHERAN MEDICAL CENTER.....	29,497					29,497
EXEMPLA LUTHERAN MEDICAL CENTER.....	18,635	18,473				37,108
FAIRMONT CARE CENTER.....	37,657	4,253			8,284	50,194
FAMILY HEALTH CENTER.....	81,860				74,710	156,570
FATIMA MOHIUDDIN.....					48,825	48,825
FAWCETT MEMORIAL HOSPITAL INC.....	53,461					53,461
FL AHCA.....	96,197		84	126		96,407
FLAGET MEMORIAL HOSPITAL.....	19,766	1,078		153	665	21,662
FLAGLER HOSPITAL INC.....	50,640				21,370	72,010
FLORIDA HOSPITAL CENTRE CARE.....					87,886	87,886
FLORIDA ORTHOPAEDIC INSTITUTE.....	12,437	2,444		50		14,931
FLOYD MEDICAL CENTER.....	88,291	3,246		937	15,075	107,549
FLOYD MEMORIAL HOSPITAL.....	26,828	614				27,442
FMC DIALYSIS SERVICES BURBANK.....	11,257					11,257
FMC OF COLLIERSVILLE.....	13,749					13,749
FMC OF ROSELAND.....	60,138					60,138
FORT HAMILTON HOSPITAL.....	21,320					21,320
FOSTER G MCGAW HOSPITAL.....	12,722	2,167				14,889
FRANCISCAN PHYSICIAN HOSPITAL.....	15,734					15,734
FRANKLIN WOODS COMMUNITY HOSPITAL.....	17,152	4,007				21,159
FROEDTERT MEMORIAL LUTHERAN HOSPITAL.....	56,474	4,640	261	13,140	12,120	86,635
FT SANDERS REGIONAL MEDICAL CENTER.....	150,680	609			37,614	188,903
FULLERTON KIMBALL MEDICAL GROUP.....					110,503	110,503
GENERAL PHYSICIAN SERVICES.....	84,917	1,565	62		103	86,647
GERALD J MINGOLELLI.....					12,961	12,961
GOOD SAMARITAN HOSPITAL.....	432,462	15,404			105,185	553,051
GOTTLIEB MEMORIAL HOSPITAL.....	24,802	915				25,717
GREEN HOSPITAL OF SCRIPPS.....	23,934					23,934
GREENVIEW REGIONAL HOSPITAL.....	29,070	3,101			1,202	33,373
H LEE MOFFITT CANCER CENTER.....	65,753	3,037	1,720			70,510
HARDIN MEMORIAL HOSPITAL.....	14,111	684			542	15,337
HARESH B SAWLANI.....					44,100	44,100
HEALTHSOUTH REHAB HOSPITAL.....	11,952				11,952	23,904
HEART OF AMERICA SURGERY CENTER.....					38,928	38,928
HERME O SYLORA.....					52,228	52,228
HILLHAVEN.....	1,637,836	85,383	33,403	5,161	75,963	1,837,746
HLG ANES ASSOCIATES LLC.....					32,732	32,732
HOLSTON VALLEY MEDICAL CENTER.....	31,899					31,899
HOLY CROSS HOSPITAL.....	5,657	1,599			25,196	32,452
HOLY FAMILY MEMORIAL MEDICAL CENTER.....	13,074					13,074
ILLINOIS BONE AND JOINT INSTITUTE.....					10,237	10,237
ILLINOIS MASONIC MEDICAL CENTER.....					23,544	23,544
IMELDIA SIA MD SC.....					45,045	45,045
INDIAN PATH MEDICAL CENTER.....	23,148	46,207				69,355
INDIANA MEDICAID.....	13,971	4,579				18,550
INGALLS MEMORIAL HOSPITAL.....	10,782		3,419		1,607	15,808
JACKSON MEMORIAL HOSPITAL.....					73,296	73,296
JACKSON PARK HOSPITAL.....	13,876					13,876
JEWISH HOSPITAL INC.....	506,580	5,895			31,798	544,273
JEWISH HOSPITAL LLC.....	23,784		106		11,307	35,197

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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
JFK MEDICAL CENTER.....				22,228		22,228
JOHANNA CHOOKASZIAN.....	2,777	581			28,055	31,413
JOHN C LINCOLN DEER VALLEY.....	46,752	6,347				53,099
JOHN C LINCOLN HOSP N MOUNTAIN.....	101,848	32,347				134,195
JOHN KNOX VILLAGE.....	18,157					18,157
JOHN MUIR MEMORIAL HOSPITAL.....	74,142					74,142
JOHNSON CITY MEDICAL CENTER.....	109,508	20,215				129,723
JOHNSTON MEMORIAL HOSPITAL.....	16,498	20,071				36,569
JUAN TELLEZ MD.....					92,611	92,611
KETTERING MEMORIAL HOSPITAL.....	10,491		207	255	16,151	27,104
KIERNAN EXTENDED CARE.....					61,612	61,612
KINDRED HOSPITAL SYCAMORE.....	23,827					23,827
KINGMAN REGIONAL MEDICAL CENTER.....					20,840	20,840
KOSAIR CHILDRENS HOSPITAL.....	69,674	1,165			1,823	72,662
KY DEPT FOR MEDICAID SERVICE.....		2,651	9,137		2,113	13,901
LABCORP OF AMERICA HOLDINGS.....	8,754	2,232	498		370	12,536
LAGRANGE MEMORIAL HOSPITAL.....	5,409	6,967		682		12,884
LAKE CUMBERLAND REGIONAL HOSPITAL.....	28,845	15,263		508		44,108
LAKE OF THE OZARKS GEN HOSPITAL.....	17,569					17,569
LAKEVIEW ANESTHESIA LLC.....					11,973	11,973
LAKEVIEW HEALTH SYSTEMS.....	2,355	14,966			282	17,603
LAREDO MEDICAL CENTER.....	133,917					133,917
LECONTE MEDICAL CENTER.....	5,051	5,948			13,978	24,977
LEES SUMMIT HOSPITAL SUMMIT.....	190,152					190,152
LIBERTY DIALYSIS LLC.....	16,243					16,243
LIBERTY HOSPITAL.....	5,695	5,621				11,316
LIFECARE CNTR PARADISE VALLEY.....	17,073	2,811				19,884
LINCOLN PARK ANESTHESIA.....					10,812	10,812
LINCOLN PARK PHYSICAL THERAPY.....	605				73,221	73,826
LINDNER CENTER OF HOPE.....	15,607	3,807	7,738	13,077	7,597	47,826
LITTLE CO OF MARY HOSPITAL.....	103,352	36,250	720		26,269	166,591
LITTLETON ADVENTIST HOSPITAL.....	1,258	21,273				22,531
LOWELL BARROW MD.....	19,516				19,516	39,032
LUTHERAN GENERAL HOSPITAL INC.....					24,248	24,248
M RAMEZ SALEM MD & ASSOCIATES.....					56,902	56,902
MACNEAL HEALTH PROVIDERS.....					13,505	13,505
MACNEAL HEALTH PROVIDERS INC.....					29,509	29,509
MACNEAL HOSPITAL.....	174,164	47,231	6,476	8,360	3,257	239,488
MANORCARE HEALTH SERVICES NORTH OLMSTED.....	4,404	14,374				18,778
MARGARET R NETTLETON MD.....					62,591	62,591
MARIANJOY REHABILITATION HOSPITAL.....	10,454	10,160				20,614
MARICOPA HEALTH SYSTEM.....	27,785	28,517				56,302
MARK DUBIN MD LLC.....					95,761	95,761
MARK GIACOMIN.....	242				1,081,721	1,081,963
MARY BLACK MEMORIAL HOSPITAL.....	17,329					17,329
MCCULLOUGH HYDE MEMORIAL HOSPITAL.....	5,402				21,694	27,096
MD ANDERSON CANCER CENTER.....	30,222	17,575			9,103	56,900
MEA ELK GROVE LLC.....	720				752,228	752,948
MEDICAL AMBULATORY CARE.....	131,633	22,638				154,271
MEDICAL CITY DALLAS HOSPITAL.....	13,188					13,188
MEDICAL CTR OF LA NEW ORLEANS.....	3,447				7,189	10,636
MEDICAL UNIVERSITY HOSPITAL AUTHORITY.....	17,261					17,261
MEMORIAL HEALTH SYSTEM.....	112,258		2,067			114,325

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
MEMORIAL HERMANN HOSPITAL SYSTEM.....	42,839					42,839
MEMORIAL HOSP OF CARBONDALE.....	15,605					15,605
MEMORIAL HOSPITAL JACKSONVILLE.....	34,831					34,831
MEMORIAL HOSPITAL MIRAMAR.....	14,941					14,941
MENORAH MEDICAL CENTER.....	69,814		11,344			81,158
MERCY GILBERT MEDICAL CENTER.....	22,925	105				23,030
MERCY HOSPITAL & MEDICAL CENTER.....	25,235	7,240			115	32,590
MERCY HOSPITAL ANDERSON.....	9,604			1,082	3,216	13,902
MERCY HOSPITAL CLERMONT.....	7,409	2,907		2,304	207	12,827
MERCY HOSPITAL FAIRFIELD.....	48,281				252	48,533
MERCY HOSPITAL OF JAMESVILLE.....	450	744	567	62	35,682	37,505
MERCY MEDICAL CENTER.....	54,414	5,002			6,250	65,666
MERCY MEDICAL CENTER BEHAVIORAL HEALTH.....	10,679					10,679
MERITCARE HOSPITAL.....	10,873					10,873
METHODIST MEDICAL CENTER.....	33,422	1,607				35,029
METHODIST STONE OAK HOSPITAL.....	46,718					46,718
METROPOLITAN METHODIST HOSPITAL.....	20,145					20,145
METROSOUTH MEDICAL CENTER.....	38,926	3,316				42,242
MIAMI VALLEY HOSPITAL.....	81,573		148			81,721
MICHAEL REESE ANESTHESIA ASSC.....					15,021	15,021
MICHAEL REESE HOSP & MED CTR.....					25,837	25,837
MIDWESTERN REGIONAL MEDICAL CENTER.....		16,517				16,517
MILLENIUM LABORATORIES OF CA.....	14,148	1,665			108	15,921
MINIMED DISTRIBUTION CORP.....	23,671	2,644		2,246		28,561
MISSOURI BAPTIST MEDICAL CENTE.....	17,350					17,350
MOBILE MED CARE.....	10,359	250	26			10,635
MORRIS HOSPITAL.....	15,315	403				15,718
MORRISTOWN HAMBLEN HOSPITAL.....					11,715	11,715
MORTON PLANT HOSPITAL.....	12,926	17,508			6,275	36,709
MOTHER FRANCES HOSPITAL.....	253	34,776				35,029
MOUNT SINAI HOSPITAL.....	65,363				4,484	69,847
MOUNTAIN VIEW HOSPITAL.....	4,715,379	117,708	22,345	212,138	306,454	5,374,024
NEOMEDICA EVERGREEN PARK.....	66,882					66,882
NEW ALBANY FLOYD COUNTY.....					13,943	13,943
NORTH AUSTIN MEDICAL CENTER.....	52,217		1,386			53,603
NORTH CENTRAL BAPTIST HOSPITAL.....	10,212					10,212
NORTH COLORADO MEDICAL CENTER.....		12,416				12,416
NORTH KANSAS CITY HOSPITAL.....	201,974	59,014				260,988
NORTH VISTA HOSPITAL.....	1,245,524			20,865	120,187	1,386,576
NORTHSHORE UNIVERSITY HEALTHSY.....	29,290	5,259			155	34,704
NORTHSIDE CHEROKEE HOSPITAL INC.....	226,155					226,155
NORTHSIDE HOSPITAL.....	265,083	18,850	2,320		5,354	291,607
NORTHWEST COMMUNITY HOSPITAL.....	52,814	45,280			2,764	100,858
NORTHWEST MEDICAL CENTER.....	73,776	25,170			4,751	103,697
NORTHWESTERN MEMORIAL HOSPITAL.....	96,080	11,485	1,255		15,721	124,541
NORTON AUDUBON HOSPITAL.....	35,217	683		21,160	293	57,353
NORTON BROWNSBORO HOSPITAL.....	99,192	951				100,143
NORTON COMMUNITY HOSPITAL.....	19,351					19,351
NORTON HOSPITALS INC.....	335,087	28,216			1,866	365,169
NORTON SUBURBAN HOSPITAL.....	42,803	9,271			19,385	71,459
NORWEGIAN AMERICAN HOSP.....	7,104	4,584	1,923			13,611
NRI SOUTH HOLLAND.....	16,190					16,190
NW MEDICAL CENTER BENTONVILLE.....	11,008	16,501				27,509
OAK PARK MEDICAL PRACTICES.....					148,839	148,839
OAKLAWN RADIOLOGY IMAGING.....					43,166	43,166
OCONOMOWOC MEMORIAL HOSPITAL.....	15,100	162	439			15,701

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
OLATHE MEDICAL CENTER INC.....	12,797	3,870				16,667
ORO VALLEY HOSPITAL.....	57,062					57,062
OVERLAND PARK REGIONAL MEDICAL.....	39,153	12,019				51,172
OWENSBORO MEDICAL HEALTH.....	28,276	1,324				29,600
PALMS WEST HOSPITAL.....	29,490					29,490
PALOS COMMUNITY HOSPITAL.....	30,240	803	5,102			36,145
PARADISE VALLEY HOSPITAL.....	6,470	14,137		9,846		30,453
PARK RIDGE ANESTHESIOLOGY LTD.....	728			485	15,178	16,391
PARKWEST MEDICAL CENTER.....	89,902				35,563	125,465
PASSPORT HEALTH PLAN.....	17,211					17,211
PATHOLOGY PARTNER.....					105,526	105,526
PAUL B HALL REGIONAL MEDICAL CENTER.....	25,423				12,953	38,376
PEKIN HOSPITAL.....	37,366					37,366
PENROSE ST FRANCIS.....	89,492					89,492
PETER DAWSON M D.....	3,471	1,081	5,319	467	36,413	46,751
PHOENIX BAPTIST HOSPITAL.....	37,607					37,607
PHOENIX BAPTIST HOSPITAL AND MEDICAL.....	45,467					45,467
PHOENIX CHILDRENS HOSPITAL.....	166,509					166,509
PHT JACKSON MEMORIAL HOSPITAL.....	30,617					30,617
PIKEVILLE MEDICAL CENTER INC.....	23,410				8,992	32,402
PORTER ADVENTIST HOSPITAL.....	3,952	7,389				11,341
PREMIER PAIN SPECIALISTS LLC.....					79,696	79,696
PROFESSIONAL HOMECARE SERVICES.....					18,728	18,728
PROVENA MERCY MEDICAL CENTER.....	74,711	27,088				101,799
PROVENA ST MARYS HOSPITAL.....		1,254	579		289,597	291,430
PROVIDENCE HOSPITAL.....	22,524					22,524
PROVIDENCE MEDICAL CENTER.....	72,211	55,213				127,424
PROVIDER NOT AVAILABLE.....	4,517			314	5,274	10,105
QUEST DIAGNOSTICS.....	8,946	1,806	1,374	268	377	12,771
RADIATION ONCOLOGY LTD.....					42,210	42,210
RADIOLOGICAL CONS OF WOODSTOCK.....	331				274,817	275,148
RADIOLOGICAL PHYSICIANS.....					75,752	75,752
RESEARCH MEDICAL CENTER.....	67,474	3,705			76	71,255
RESEARCH PSYCHIATRIC CENTER.....	26,156					26,156
RESURRECTION HOSPITAL.....					91,796	91,796
RESURRECTION MEDICAL CENTER.....	50,145	28,117	2,632		1,597	82,491
RICHARD BEATY DO.....					36,225	36,225
RICHARD E STEPHENSON.....					81,445	81,445
RICHMOND COMMUNITY HOSPITAL.....	12,294					12,294
ROBERT A SHRIFTER MD.....					16,366	16,366
ROCKTON COMMUNITY HEALTH CENTER.....			1,198	1,945	174,295	177,438
ROGER BOURGUIGNON.....					15,964	15,964
ROKEYA BEGUM AKHTAR M D.....					773,648	773,648
ROSE DELIMA HOSPITAL.....	2,780,377	57,348		76,347	838,577	3,752,649
ROSE MEDICAL CENTER.....	15,294	17,500		38,213		71,007
ROYA FAMILY MEDICAL CENTER.....		1			275,628	275,629
RUSH UNIVERSITY MEDICAL CENTER.....	52,511	16,629				69,140
SAINT ANTHONY MEDICAL CENTER.....	75,477	15,227			3,831	94,535
SAINT JOSEPH HEALTH SYSTEM.....	43,468					43,468
SAINTS MARY & ELIZABETH MEDIC.....	35,185	38,187	982		10,038	84,392
SAINTS MARY AND ELIZABETH HOSPITAL.....	60,540			1,495	8,538	70,573
SAMUEL M YUNEZ MD.....				57	51,193	51,250
SAN DIEGO HOSPITAL ASSOC.....	25,993					25,993
SCOTTSDALE HEALTHCARE SHEA.....	175,012	28,062				203,074
SCOTTSDALE HEALTHCARE THOMPSON.....	19,032	1,890				20,922
SCOTTSDLE HLTH OSBORN.....	61,956	26,153				88,109

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
SELECT SPECIALTY HOSPITAL MILWAUKEE.....	39,249					39,249
SENTARA BAYSIDE HOSPITAL.....	34,338					34,338
SETON MEDICAL CENTER.....	168,709					284,964
SETON MEDICAL CTR OF WILLIAMSON.....	7,517	4,921	2,484		116,255	14,922
SETON NORTHWEST HOSPITAL.....	19,713					19,713
SHANDS UF.....	11,997	25,224	17	118		37,356
SHAWNEE MISSION MEDICAL CTR.....	74,592	23,535		1,776		99,903
SHERIDAN HEALTHCARE OF NE.....	17,076	1,695	761			19,532
SHERMAN HOSPITAL.....	29,429					29,429
SIRONA INFUSION LLC.....	1,170	288			29,498	30,956
SKY RIDGE MEDICAL CENTER.....			662		71,808	72,470
SKYLINE MEDICAL CENTER.....	22,552					22,552
SMART ALLERGY LABS LLC.....	17,010	4,517				21,527
SMYTH COUNTY COMMUNITY HOSPITAL.....	2,885	9,310				12,195
SOUTH BAY HOSPITAL.....	63,949					63,949
SOUTH FLORIDA BAPTIST HOSPITAL.....	18,679	386				19,065
SOUTH JERSEY HOSPITA NEWCOMB.....		4,311		18,169		22,480
SOUTHERN HILLS HOSPITAL AND.....	1,929,349	16,290	7,649	9,234	275,989	2,238,511
SOUTHERN REGIONAL MEDICAL CENTER.....	16,005					16,005
SPRING VALLEY HOSPITAL MEDICAL.....	6,002,899	73,970		33,391	1,010,992	7,121,252
SPRING VIEW HOSPITAL.....	11,765					11,765
SSH ANESTHESIA LLC.....					18,176	18,176
ST ALEXIUS MEDICAL CENTER.....	147,877	30,127		1,612		179,616
ST ANTHONY CENTRAL HOSPITAL.....	35,128					35,128
ST ANTHONY EMERGENCY SVCS PHYSICIANS.....	263				184,277	184,540
ST ANTHONYS HOSPITAL.....	27,461					27,461
ST ANTHONYS HOSPITAL INC.....	37,639					37,639
ST DAVIDS HOSPITAL.....	57,398					57,398
ST EDWARD MERCY MEDICAL CENTER.....	56,075	23,902				79,977
ST ELIZABETH HEALTHCARE.....	373,443	39,527	1,471	240	25,718	440,399
ST FRANCIS HOSP OF EVANSTON.....	32,491					32,491
ST FRANCIS MEDICAL CENTER.....	1,938	12,104				14,042
ST JAMES HOSPITAL MEDICAL CENTER.....	30,333	20,723	.66		5,500	56,622
ST JOSEPH EAST HOSPITAL.....	25,280	.611	3,678	2,517	.426	32,512
ST JOSEPH HOSPITAL.....	21,069					21,069
ST JOSEPH HOSPITAL OF ORANGE.....	39,290				39,290	78,580
ST JOSEPH MEDICAL CENTER.....	207,986	9,496				217,482
ST JOSEPHS HOSP AND MED CENTER.....	35,908	33,908				69,816
ST JOSEPHS HOSPITAL.....	98,620	6,253				104,873
ST JOSEPHS HOSPITAL INC.....	33,226	2,051				35,277
ST JOSEPHS HOSPITAL MEDICAL CENTER.....	821	129,383	569		.532	131,305
ST JOSEPHS HOSPITAL OF ATLANTA INC.....	44,400	.29			27,616	72,045
ST JOSEPHS WOMENS HOSPITAL.....	95,187	174				95,361
ST LUKES BEHAVIORAL HOSPITAL.....	13,298				4,348	17,646
ST LUKES EAST HOSPITAL.....	12,674				1,719	14,393
ST LUKES HOSPITAL OF KANSAS.....	19,810	7,295				27,105
ST LUKES MEDICAL CENTER.....	30,013					30,013
ST LUKES NORTHLAND HOSPITAL.....	72,436					72,436
ST LUKES ST VINCENTS HEALTHCAR.....	16,654					16,654
ST MARYS HOSPITAL.....	12,467	41,712				54,179
ST MARYS MEDICAL CENTER.....	84,799	16,047			194	101,040
ST PATRICK HOSPITAL AND HEALTH.....	19,292					19,292
ST ROSE DOMINICAN HOSPITAL.....	1,633,381	137,503	6,456		58,627	1,835,967
ST ROSE DOMINICAN SIENA HOSPITAL.....	8,757,670		61,787	83,242	1,195,176	10,097,875
ST TAMMANY PARISH HOSPITAL.....	10,145	.66				10,211
ST VINCENT HOSPITAL.....					31,648	31,648

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	Aging Analysis of Unpaid Claims						7 Total
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days		
ST VINCENTS EAST.....		10,488				10,488	
STANFORD MEDICAL CENTER.....	109,432				11,304	120,736	
STATE OF FLORIDA.....	20,029					20,029	
STRAUB CLINIC AND HOSPITAL.....	66,023					66,023	
SUMMERLIN HOSPITAL MED CTR LLC.....	7,313,934	507,966	73,878	317,450	1,079,230	9,292,458	
SUMMERLIN HOSPITAL MEDICAL CEN.....	16,609	3,349				19,958	
SUNRISE DIAGNOSTIC CENTER.....	68,030	30,344				98,374	
SUNRISE HOSPITAL AND MEDICAL.....	4,825,767	362,296		249,404	804,196	6,241,663	
SUNRISE HOSPITAL AND MEDICAL.....		32,907				32,907	
SUREVISION EYE CENTERS LLC.....					78,121	78,121	
SUTTER COAST HOSPITAL.....	40,136				20,068	60,204	
SWEDISH COVENANT HOSPITAL.....	32,340	4,570	657		360,206	397,773	
SWEDISH EMERGENCY ASSOC PC.....					102,376	102,376	
SWEDISH MEDICAL CENTER.....		2,510	12,547	41,483		56,540	
T H C LAS VEGAS.....	2,603,826	163,307		5,221	178,764	2,951,118	
TAMPA GENERAL HOSPITAL.....	324,693					324,693	
TAYLOR REGIONAL HOSPITAL.....	4,269	10,340	8,698	8,753	14,282	46,342	
THC CHICAGO.....	47,529	25,240				72,769	
THE BROOK HOSPITAL DUPONT.....	19,879	473				20,352	
THE BROOK HOSPITAL KMI.....	14,137	473			1,890	16,500	
THE SCOOTER STORE.....	13,823					13,823	
THI OF KANSAS.....	65,952					65,952	
TIAN XIA DO.....					635,361	635,361	
TIMOTHY SCHWOB.....	33,771					33,771	
TINLEY WOOD ANESTHESIA.....			1,829	723	26,369	28,921	
TODD HILDRETH OD.....					47,200	47,200	
TRANS HEALTH MANAGEMENT.....	22,027				2,561	24,588	
TRUMAN MED CENTER LAKEWOOD.....	3,838	10,387		495		14,720	
TRUMAN MED CTR HOSP HILL.....	40,190	5,578				45,768	
TUCSON MEDICAL CENTER.....	13,869	18,744				32,613	
UK HEALTHCARE HOSPITAL.....	161,839	44,445		636	26,069	232,989	
UNABLE TO UPDATE PROVIDER INFORMATION.....	50,310	58				50,368	
UNITED SHOCKWAVE SVCS LTD.....	3,895				12,894	16,789	
UNIV OF TENNESSEE MEDICAL CENTER.....	137,951	245	466		10,084	148,746	
UNIVERSITY COMMUNITY HOSPITAL.....	18,657					18,657	
UNIVERSITY COMMUNITY HOSPITAL.....	55,543					55,543	
UNIVERSITY HOSPITAL.....	260,916	3,919		8,959	165,652	439,446	
UNIVERSITY MEDICAL CENTER.....	5,007,990	16,705	53,216	209,106	956,016	6,243,033	
UNIVERSITY OF CHICAGO MED CENTER.....	102,191	7,822	1,258			111,271	
UNIVERSITY OF COLORADO HOSPITAL.....	13,272				18,035	31,307	
UNIVERSITY OF ILLINOIS MED CENTER.....	91,921	1,803	177	1,138	16,897	111,936	
UNIVERSITY OF KANSAS HOSPITAL.....	33,919	50,518			405	84,842	
UNIVERSITY OF KENTUCKY HOSP.....	10,288					10,288	
UNIVERSITY OF LOUISVILLE HOSPITAL.....	72,481	33,618				106,099	
UROLOGICAL SERVICES LTD.....		450	381		63,714	64,545	
US BIOSERVICES CORPORATION.....	10,043					10,043	
USMD HOSPITAL AT ARLINGTON LP.....	14,594					14,594	
UTAH VALLEY REG MEDICAL CENTER.....	24,227					24,227	
VALLEY HOSPITAL MEDICAL CENTER.....	6,814,500	44,525	55,448	284,868	1,009,308	8,208,649	
VANDERBILT CHILDRENS HOSPITAL.....	8,223			222,712		230,935	
VANDERBILT UNIVERSITY MEDICAL CENTER.....	22,884	139,757				162,641	
VANGUARD HEALTH SYSTEM.....	30,039	44,227		2,273	5,432	81,971	
VEGAS VALLEY REHABILITATION HOME.....	544,409	23,581	3,889			571,879	
VEN ABIERA ADUANA MD.....					73,711	73,711	
VILLAGES OF JACKSON CREEK.....	25,563					25,563	
VINCEN T PENG MD.....					163,487	163,487	

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ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
VISTA HILLS MEDICAL CENTER	57,762				19,254	77,016
VNA NAZARETH HOME CARE	12,547				632	13,179
WALGREENS ADVANCE CARE INC					28,197	28,197
WALGREENS INFUSION SERVICES	20,742	68			37	20,847
WASHINGTON REG MED CENTER	17,215	5,657				22,872
WAUKESHA MEMORIAL HOSPITAL	35,589			32	55,426	91,047
WELLSTONE REGIONAL HOSPITAL	3,863		3,785		3,498	11,146
WEST ALLIS MEMORIAL HOSPITAL INC	18,895					18,895
WEST CHESTER MEDICAL	23,945				4,788	28,733
WEST SUBURBAN MEDICAL CENTER	39,522			200	232	39,954
WEST VALLEY HOSP MED CENTER	16,923					16,923
WESTERN ARIZONA REGIONAL MEDICAL	55,313					55,313
WESTERN BAPTIST HOSPITAL	43,722	415				44,137
WESTLAKE HOSPITAL	25,442					25,442
WESTLAKE MEDICAL PRACTICES					207,689	207,689
WILLIAM A JOHNSON MD					642,562	642,562
WILLIAM APPELBAUM MD					52,291	52,291
WILLIAM TOBLER	15,399	5,500			5,988	26,887
WINNIE PALMER HOSPITAL FOR WOMEN	29,710					29,710
MEMORIAL HEALTH CARE SYSTEM	27,035					27,035
ABUBAKAR DURRANI	18,034					18,034
AIR EVAC EMS INC	4,975				5,868	10,843
ALEXANDER MASON	24,141					24,141
ALFRED KAHN III	2,934	1,007	7,927			11,868
ALICE CHERQUI	19,699					19,699
ANESTHESIOLOGY CONSULTANTS	12,093	9,148	2,495			23,736
ANTHONY RINELLA	13,888					13,888
ARIZONA REGIONAL MEDICAL		21,727				21,727
ATHENS REGIONAL MEDICAL CENTER LLC	16,833					16,833
AURORA DIALYSIS CENTER	6,092	12,142	15,096			33,330
CASA GRANDE REGIONAL MEDICAL CENTER	33,729				79	33,808
CHILDRENS HOSPITAL	17,345	216				17,561
CHILDRENS ORTHOPAEDIC AND SCOLIOSIS	75		14,141			14,216
CHRIST WALKER		11,964				11,964
CHRISTINE MUNSON	14,553					14,553
CHRISTOPHER SLIVA		10,434				10,434
CHRISTOPHER WOLFLA	19,955					19,955
CLEVELAND CLINIC FOUNDATION		14,060			8,806	22,866
COMMUNITY HOSPITALS OF INDIANA	40,867					40,867
CRESTWOOD CARE CENTRE	12,742	3,123		3,900		19,765
DALE A GLICKEN MD	34,530	3,096				37,626
DANIEL FASSETT	15,191					15,191
DAVID ARGO	11,673					11,673
DAVID CORAN	11,460					11,460
DENNIS MAIMAN	15,885					15,885
DRAKE OUTPATIENT SERVICES	83,680				160	83,840
DSI LAS VEGAS RENAL CENTER	23,494					23,494
DWIGHT TYNDALL	84	27,592				27,676
EASTON HOSPITAL	14,150					14,150
EDWARD LIM	13,129					13,129
FLORIDA HOSPITAL CELEBRATION HEALTH	18,250					18,250
FMC MOKENA	11,895					11,895
FMC OF OSWEGO		16,712				16,712
FRANKFORT REG MED CTR	13,948	127				14,075

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
FRESENIUS MEDICAL CARE MIDWAY.....		15,671				15,671
FRESENIUS MEDICAL CARE NEPHROLOGY.....	10,315					10,315
FRESENIUS MEDICAL CARE SPRING.....	47,013					47,013
GENERAL FACILITY SERVICES.....	82,420					82,420
GOLDEN LIVINGCENTER-NEW HAVEN.....	12,119					12,119
GREGORY NAZAR.....	10,444			1,528	1,534	13,506
HINES IL VAMC.....	25,766					25,766
HOLMESDALE HEALTHCARE.....	11,050					11,050
HOLY FAMILY MEDICAL CENTER.....	81,111					81,111
HOSP OF THE UNIV OF PENN.....	31,728					31,728
ILLINOIS DEPT OF HEALTHCARE AND FAMILY.....	515		38	174	45,242	45,969
JEAN KELLETT.....	28,994					28,994
JHU NEUROSURGERY.....		13,936				13,936
JOEL WALLSKOG.....	12,103					12,103
JOHN CICCARELLI.....		14,307				14,307
JOHN LARKIN.....	10,152		339		90	10,581
JOHN ROBERTS.....	6,772	5,881		131		12,784
JOSHUA MILLER.....	14,164					14,164
KEITH KATTNER.....	11,116					11,116
KENDALL REGIONAL MEDICAL CENTER.....	30,230					30,230
KENNETH LEE.....		10,377				10,377
KINDRED HOSPITAL DENVER.....	359,832					359,832
LAKEVIEW VILLAGE HEALTH CENTER.....	26,492					26,492
LEONARD J CERULLO MD.....			72,245			72,245
LESLIE SCHAFFER.....	21,496					21,496
LITTLE COMPANY OF MARY.....	71,512					71,512
LORI JACOBS.....	11,030					11,030
MAPLEWOOD CENTER.....	4,635	5,553				10,188
MARC GALLOWAY.....	25,591					25,591
MARK COLLINS.....	15,396					15,396
MARK GARDON.....	11,788					11,788
MARK J CLIFFT MD.....	19,626					19,626
MAYO ROCHESTER METHODIST HOSPITAL.....	749		527	28,196		29,472
MERCY ST VINCENT NW REGION.....					18,651	18,651
MESA VIEW REGIONAL HOSPITAL.....	49,217					49,217
MICHAEL CASNELLIE.....	18,383					18,383
MICHAEL FROMKE.....	12,538					12,538
MICHAEL MITCHELL.....	11,889					11,889
MICHAEL Y CHANG MD.....	11,813	536				12,349
MOBILE INFIRMARY MEDICAL CENTER.....	26,815					26,815
MONTEFIORE MEDICAL CENTER.....					18,944	18,944
MUHAMMAD ALI ZAYDAN.....	11,481					11,481
NEOMEDICA ROLLING MEADOWS.....	10,712					10,712
NICHOLAS BALOGA.....	10,623					10,623
NORTHWEST HILLS SURGICAL HOSPITAL.....	11,401					11,401
NORTHWESTERN HEALTHCARE CORP.....	10,094	396				10,490
NRI GREENWOOD.....	16,973					16,973
OAK PARK HOSPITAL.....	17,832	13,516				31,348
ORTHO COLORADO HOSPITAL ST ANTHONY.....	25,089	74,844	10,127			110,060
ORTHODYNAMICS CO INC.....		11,340		11,340		22,680
OSF SAINT FRANCIS MEDICAL CENTER.....	166,321	164	1,420		736	168,641
PAUL BRADY.....	11,578					11,578
PBS ANESTHESIA LLC.....	18,842	8,374	375		2,218	29,809
PETER CHA.....	19,824					19,824
PLACENTIA LINDA HOSPITAL.....	17,774					17,774
PLEASANT VALLEY MANOR CARE.....	11,476					11,476

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
PREFERRED DIALYSIS.....	63,203	185,607				248,810
PRESBYTERIAN INTERCOMMUNITY.....	28,468					28,468
PROVENA MCAULEY MANOR.....	39,383					39,383
RAJKUMAR RAO.....	14,544					14,544
RANDALL ROBBINS.....	10,014					10,014
RENAL CARE GROUP CORINTH.....	16,136					16,136
RENAL CARE GROUP LAS VEGAS.....	50,854	76,650				127,504
RESEARCH BELTON HOSPITAL.....	10,210			703		10,913
ROANE COUNTY MEDICAL CENTER.....	6,428	996	4,643	871		12,938
ROBERT BOHINSKI.....	3,861	10,424				14,285
ROBERT BURGER.....	11,377			133		11,510
ROGER SUNG.....	14,241					14,241
RONALD HESS.....	10,171	4,103	1,404			15,678
ROSEWOOD HEALTH AND REHAB CENTER.....	12,122					12,122
ROSS DIALYSIS.....		32,023				32,023
ROYAL TERRACE NURSING AND REHABILITATION.....	23,977					23,977
SELECT SPECIALTY HOSPITAL NORTH.....	81,050					81,050
SHAWNEE MISSION SURGERY CENTER.....	13,949					13,949
SHILOH HEALTH AND REHAB LLC.....	10,476					10,476
SIERRA VISTA REGIONAL HEALTH CENTER.....	29,064	20,085				49,149
SOUTH JERSEY HOSPITAL.....	3,566				87,141	90,707
SOUTH TEXAS REGIONAL MEDICAL CENTER.....	15,673					15,673
SOUTHWEST HOME HEALTH CARE INC.....	12,701					12,701
SOUTHWOOD CARE CENTER LP.....	17,793				6,105	23,898
SPRINGHILL MEMORIAL HOSPITAL.....	39,056	15,229				54,285
ST JOSEPH TRANSITIONAL REHABILITATION.....	22,104					22,104
ST MARYS MEDICAL CENTER OF CAMPBELL.....	21,349	192				21,541
ST MARYS MEDICAL IMAGING.....	135,262					135,262
ST VINCENT STRESS CENTER.....	29,084					29,084
STEPHEN YAKAITIS MD.....	9,751	4,150	1,410			15,311
STEVEN MATHER.....	15,065					15,065
SUMON BHATTACHARJEE.....	14,750					14,750
SURGERY CENTER LLC.....	24,782					24,782
THE INDIANA HEART HOSPITAL LLC.....	48,515					48,515
THE REGENTS OF THE UNIV OF CALIFORNIA.....	36,740					36,740
THE REHABILITATION CENTER.....	19,903					19,903
THEODORE MCCRARY.....	12,313					12,313
THI OF NEVADA HENDERSON.....	20,672					20,672
THOMAS PERLEWITZ.....	21,129					21,129
TIMBERLAKE CARE CENTER.....	18,049					18,049
TIMOTHY KREMCHER.....	11,653				603	12,256
TOM YAO.....	12,265					12,265
TRACE AMBULANCE INC.....	15,712					15,712
TWO RIVERS PSYCHIATRIC HOSPITAL.....	16,232					16,232
UHC RIVER VALLEY.....	48,698					48,698
USA MEDICAL CENTER.....	4,044	9,134				13,178
USC UNIVERSITY HOSPITAL.....	52,162					52,162
VALLEY HEALTHCARE & REHAB CENTER.....	10,318					10,318
VALLEY REGIONAL SURGERY CENTER.....	16,061					16,061
VALLEY VIEW MEDICAL CENTER.....	10,945					10,945
VANDERBILT MEDICAL CENTER-LAB.....	19,676			215		19,891
VIBRA LTCH OF DENVER.....	102,539					102,539
WEST SUBURBAN HOSP MED CENTER.....	11,405					11,405
WEST TEXAS DIALYSIS CENTER.....			14,970	12,537	1,762	29,269
WILLIAM PENNINGTON.....	14,530					14,530
0199999 Individually listed claims unpaid.....	87,951,357	5,108,576	736,931	2,417,864	24,615,633	120,830,361
0299999 Aggregate accounts not individually listed-uncovered.....						0

20.10

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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
0199999 Individually listed claims unpaid.....	87,951,357	5,108,576	736,931	2,417,864	24,615,633	120,830,361
0299999 Aggregate accounts not individually listed-uncovered.....						0
0399999 Aggregate accounts not individually listed-covered	9,451,967	995,712	337,073	687,296	8,234,318	19,706,366
0499999 Subtotals	97,403,324	6,104,288	1,074,004	3,105,160	32,849,951	140,536,727
0599999 Unreported claims and other claim reserves						18,207,059
0699999 Total amounts withheld						
0799999 Total claims unpaid						158,743,786
0899999 Accrued medical incentive pool and bonus amounts						1,156,141

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

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	441,043,404	25.8	526,630	134.2		441,043,404
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	441,043,404	25.8	526,630	134.2	0	441,043,404
Other Payments:						
5. Fee-for-service	5,214,016	0.3	XXX	XXX		5,214,016
6. Contractual fee payments	1,265,653,680	73.9	XXX	XXX		1,265,653,680
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	1,270,867,696	74.2	XXX	XXX	0	1,270,867,696
13. Total (Line 4 plus Line 12)	1,711,911,100	100 %	XXX	XXX	0	1,711,911,100

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	6,047,630		4,800,577	1,247,053	1,247,053	
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	5,460,622		4,771,712	688,910	688,910	
6. Total	11,508,252	0	9,572,289	1,935,963	1,935,963	0



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Alabama

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	1,579					23		1,556			
5. Current Year	1,741					25		1,716			
6. Current Year Member Months	17,825					167		17,658			
Total Member Ambulatory Encounters for Year:											
7. Physician	15,231							15,231			
8. Non-Physician	11,163							11,163			
9. Total	26,394	0	0	0	0	0	0	26,394	0	0	
10. Hospital Patient Days Incurred	2,026							2,026			
11. Number of Inpatient Admissions	386							386			
12. Health Premiums Written (b)	13,123,260					5,802		13,117,458			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	13,123,260					5,802		13,117,458			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	8,883,073					331		8,882,742			
18. Amount Incurred for Provision of Health Care Services	9,967,917					388		9,967,529			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$13,117,458

29.AL



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Arizona

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	36,352		24,712				452	11,188			
2. First Quarter	37,414		22,002				547	14,865			
3. Second Quarter	36,224		20,189		557	1,090	541	13,847			
4. Third Quarter	34,873		19,271		537	1,064	546	13,455			
5. Current Year	34,436		19,151		530	1,095	408	13,252			
6. Current Year Member Months	431,809		244,624		6,363	12,689	4,905	163,228			
Total Member Ambulatory Encounters for Year:											
7. Physician	202,879		62,105				2,734	138,040			
8. Non-Physician	177,844		41,955				1,167	134,722			
9. Total	380,723	0	104,060	0	0	0	3,901	272,762	0	0	
10. Hospital Patient Days Incurred	23,375		3,286				105	19,984			
11. Number of Inpatient Admissions	5,494		1,030				39	4,425			
12. Health Premiums Written (b)	194,255,303		53,410,220		64,886	214,424	1,471,704	139,094,069			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	194,255,303		53,410,220		64,886	214,424	1,471,704	139,094,069			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	159,061,438		39,831,423		51,895	107,659	1,479,811	117,590,650			
18. Amount Incurred for Provision of Health Care Services	157,859,056		38,056,456		51,895	113,526	1,594,601	118,042,578			

(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 \$139,094,069

29.AZ



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Arkansas

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2010

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	4,399				653			3,746		
5. Current Year	4,491				641			3,850		
6. Current Year Member Months	51,079				7,745			43,334		
Total Member Ambulatory Encounters for Year:										
7. Physician	42,756							42,756		
8. Non-Physician	32,969							32,969		
9. Total	75,725	0	0	0	0	0	0	75,725	0	0
10. Hospital Patient Days Incurred	3,850							3,850		
11. Number of Inpatient Admissions	761							761		
12. Health Premiums Written (b)	28,317,106				77,281			28,239,825		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	28,317,106				77,281			28,239,825		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	20,538,269				54,329			20,483,940		
18. Amount Incurred for Provision of Health Care Services	22,585,045				54,329			22,530,716		

(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 \$ 28,239,825

29.AR



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Colorado

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	25,420		24,006	2				1,412			
2. First Quarter	24,619		20,851					3,768			
3. Second Quarter	25,238		22,180					3,058			
4. Third Quarter	24,570		21,439					3,131			
5. Current Year	23,169		19,032		275	666		3,196			
6. Current Year Member Months	292,989		243,890		3,139	9,859		36,101			
Total Member Ambulatory Encounters for Year:											
7. Physician	80,290		53,006					27,284			
8. Non-Physician	61,697		30,688					31,009			
9. Total	141,987	0	83,694	0	0	0	0	58,293	0	0	
10. Hospital Patient Days Incurred	6,592		2,668					3,924			
11. Number of Inpatient Admissions	1,471		797					674			
12. Health Premiums Written (b)	60,425,124		34,299,854	8,088	31,340	143,465		25,942,377			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	60,425,131		34,299,854	8,095	31,340	143,465		25,942,377			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	59,869,946		38,992,178	6,097	26,481	107,184		20,738,006			
18. Amount Incurred for Provision of Health Care Services	59,351,229		37,603,741	6,100	26,481	114,022		21,600,885			

(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 \$ 25,942,377

29.CO



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2010

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

29.ID

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Illinois

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2010

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	82,326	350	38,462				16,422	27,092		
2. First Quarter	91,420	350	38,766				17,751	34,553		
3. Second Quarter	85,597	332	38,851			903	17,557	27,954		
4. Third Quarter	99,083	0	53,001			870	17,391	27,821		
5. Current Year	99,007	281	53,097			821	17,205	27,603		
6. Current Year Member Months	1,102,182	3,865	549,482			4,248	209,628	334,959		
Total Member Ambulatory Encounters for Year:										
7. Physician	725,201	1,269	271,284				161,209	291,439		
8. Non-Physician	502,491	1,874	228,100				65,635	206,882		
9. Total	1,227,692	3,143	499,384	0	0	0	226,844	498,321	0	0
10. Hospital Patient Days Incurred	43,429	43	12,114				5,232	26,040		
11. Number of Inpatient Admissions	9,361	6	2,412				1,913	5,030		
12. Health Premiums Written (b)	587,331,615	2,393,322	198,855,786			214,682	93,132,494	292,735,331		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	587,331,615	2,393,322	198,855,786			214,682	93,132,494	292,735,331		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	490,284,671	2,356,034	168,607,583			2,548	75,658,914	243,659,592		
18. Amount Incurred for Provision of Health Care Services	494,068,028	2,607,609	173,947,127			2,548	74,955,973	242,554,771		

(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 \$292,735,331

29.1L



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Indiana

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Indiana		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	2,906	5	2,901								
2. First Quarter	3,341	5	2,658					678			
3. Second Quarter	12,564	5	11,806					753			
4. Third Quarter	871	0	94					777			
5. Current Year	3,603	0	2,801					802			
6. Current Year Member Months	43,686	35	34,848					8,803			
Total Member Ambulatory Encounters for Year:											
7. Physician	17,249	14	11,623					5,612			
8. Non-Physician	12,425	9	7,078					5,338			
9. Total	29,674	23	18,701	0	0	0	0	10,950	0	0	
10. Hospital Patient Days Incurred	769							769			
11. Number of Inpatient Admissions	173							173			
12. Health Premiums Written (b)	14,087,275		7,797,838					6,289,437			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	14,087,275		7,797,838					6,289,437			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	9,939,212		5,915,290					4,023,922			
18. Amount Incurred for Provision of Health Care Services	10,245,269		5,863,845					4,381,424			

(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 \$ 6,289,437

29.IN



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Kansas

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2010							NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	13,430		5,040				478	7,912				
2. First Quarter	13,940		4,501				517	8,922				
3. Second Quarter	13,790		4,273			287	510	8,720				
4. Third Quarter	17,129		7,253			653	508	8,715				
5. Current Year	13,301		3,933			288	371	8,709				
6. Current Year Member Months	164,279		52,283			3,283	4,401	104,312				
Total Member Ambulatory Encounters for Year:												
7. Physician	114,763		15,835				2,297	96,631				
8. Non-Physician	101,136		8,996				666	91,474				
9. Total	215,899	0	24,831	0	0	0	2,963	188,105	0	0		
10. Hospital Patient Days Incurred	3,982		3,950				32					
11. Number of Inpatient Admissions	1,517		97				18	1,402				
12. Health Premiums Written (b)	97,615,285		10,197,427			68,527	1,150,342	86,198,989				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	97,615,285		10,197,427			68,527	1,150,342	86,198,989				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	83,905,290		9,703,286			37,671	768,323	73,396,010				
18. Amount Incurred for Provision of Health Care Services	81,856,744		9,182,588			40,345	752,053	71,881,758				

(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 \$86,198,989

29.KS



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Kentucky

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2010

NAIC Company Code 95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	155,930	17,912	137,827				191			
2. First Quarter	144,842	17,805	126,269				768			
3. Second Quarter	138,980	17,777	120,393				810			
4. Third Quarter	120,752	15,227	104,627				898			
5. Current Year	134,690	17,097	116,636				957			
6. Current Year Member Months	1,671,242	211,277	1,449,907				10,058			
Total Member Ambulatory Encounters for Year:										
7. Physician	678,845	97,694	574,620				6,531			
8. Non-Physician	511,170	90,965	417,621				2,584			
9. Total	1,190,015	188,659	992,241	0	0	0	9,115	0	0	0
10. Hospital Patient Days Incurred	26,205	3,776	22,194				235			
11. Number of Inpatient Admissions	6,831	984	5,785				62			
12. Health Premiums Written (b)	470,568,463	27,865,626	439,295,558				3,407,279			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	470,559,377	27,856,540	439,295,558				3,407,279			
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	379,697,644	18,319,871	358,562,183				2,815,590			
18. Amount Incurred for Provision of Health Care Services	366,204,348	18,278,921	344,823,858				3,101,569			

(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 \$ 0

29.KY



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Missouri

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	21,681	2	2,497				5,444	13,738			
2. First Quarter	23,678	2	2,075				5,854	15,747			
3. Second Quarter	23,837		1,829			447	5,796	15,765			
4. Third Quarter	37,086		6,156			730	5,757	24,443			
5. Current Year	23,617		1,751			426	5,759	15,681			
6. Current Year Member Months	283,760	10	22,473			4,200	69,586	187,491			
Total Member Ambulatory Encounters for Year:											
7. Physician	262,251	1	46,125				52,391	163,734			
8. Non-Physician	217,548	0	35,290				23,071	159,187			
9. Total	479,799	1	81,415	0	0	0	75,462	322,921	0	0	
10. Hospital Patient Days Incurred	39,460		1,075				1,634	36,751			
11. Number of Inpatient Admissions	8,215		104				583	7,528			
12. Health Premiums Written (b)	194,252,572		8,881,643			103,425	30,292,370	154,975,134			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	194,252,572		8,881,643			103,425	30,292,370	154,975,134			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	159,173,287		6,003,875			73,863	25,685,847	127,409,702			
18. Amount Incurred for Provision of Health Care Services	158,433,021		5,790,769			77,842	26,038,597	126,525,813			

(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 \$154,975,134

29.MO



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2010

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

29.NE

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Nevada

NAIC Group Code	0119	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2010							(LOCATION)	
				NAIC Company Code		95885						
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3								Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group									
Total Members at end of:												
1. Prior Year	25,812							25,812				
2. First Quarter	31,605							31,605				
3. Second Quarter	31,696		4,885					26,811				
4. Third Quarter	31,558				1,089	3,747		26,722				
5. Current Year	31,279		0		1,027	3,692		26,560				
6. Current Year Member Months	383,450		4,885		12,765	45,585		320,215				
Total Member Ambulatory Encounters for Year:												
7. Physician	261,731							261,731				
8. Non-Physician	259,461							259,461				
9. Total	521,192	0	0	0	0	0	0	521,192	0	0		
10. Hospital Patient Days Incurred	1,483							1,483				
11. Number of Inpatient Admissions	261							261				
12. Health Premiums Written (b)	346,051,168				127,520	872,450		345,051,198				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	346,051,168				127,520	872,450		345,051,198				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	294,508,349				114,387	452,787		293,941,175				
18. Amount Incurred for Provision of Health Care Services	294,855,587				114,387	478,212		294,262,988				

(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 \$345,051,198

29.NV



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. New Mexico

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	734							734			
2. First Quarter	1,296							1,296			
3. Second Quarter	1,092					57		1,035			
4. Third Quarter	1,124					61		1,063			
5. Current Year	1,146					62		1,084			
6. Current Year Member Months	15,214					2,946		12,268			
Total Member Ambulatory Encounters for Year:											
7. Physician	5,938							5,938			
8. Non-Physician	13,682							13,682			
9. Total	19,620	0	0	0	0	0	0	19,620	0	0	
10. Hospital Patient Days Incurred	1,075							1,075			
11. Number of Inpatient Admissions	212							212			
12. Health Premiums Written (b)	8,578,403					12,605		8,565,798			
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	8,578,403					12,605		8,565,798			
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	6,580,388					20,038		6,560,350			
18. Amount Incurred for Provision of Health Care Services	6,899,007					21,963		6,877,044			

(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 \$ 8,565,798

29.NM



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. South Carolina

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	South Carolina		DURING THE YEAR 2010						NAIC Company Code	95885
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8			9	10
	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	0											
2. First Quarter	0											
3. Second Quarter	0											
4. Third Quarter	726				17			709				
5. Current Year	785				17			768				
6. Current Year Member Months	7,746				206			7,540				
Total Member Ambulatory Encounters for Year:												
7. Physician	6,281							6,281				
8. Non-Physician	5,811							5,811				
9. Total	12,092	0	0	0	0	0	0	12,092	0	0		
10. Hospital Patient Days Incurred	617							617				
11. Number of Inpatient Admissions	135							135				
12. Health Premiums Written (b)	5,409,428				2,060			5,407,368				
13. Life Premiums Direct	0											
14. Property/Casualty Premiums Written	0											
15. Health Premiums Earned	5,409,428				2,060			5,407,368				
16. Property/Casualty Premiums Earned	0											
17. Amount Paid for Provision of Health Care Services	3,658,487				1,505			3,656,982				
18. Amount Incurred for Provision of Health Care Services	4,350,747				1,505			4,349,242				

(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 \$ 5,407,368

29.S.C



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Tennessee

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	1,083		1,083								
2. First Quarter	11,268		11,268								
3. Second Quarter	44,355		44,355								
4. Third Quarter	18,837		18,837								
5. Current Year	20,802		20,802								
6. Current Year Member Months	188,542		188,542								
Total Member Ambulatory Encounters for Year:											
7. Physician	90,303		90,303								
8. Non-Physician	35,708		35,708								
9. Total	126,011	0	126,011	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,186		3,186								
11. Number of Inpatient Admissions	821		821								
12. Health Premiums Written (b)	51,810,217		51,810,217								
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	51,810,217		51,810,217								
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	32,011,110		32,011,110								
18. Amount Incurred for Provision of Health Care Services	36,150,123		36,150,123								

(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 \$ 0

29.TN



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Virginia

NAIC Group Code	0119	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2010							(LOCATION)	NAIC Company Code	95885
				1	Comprehensive (Hospital & Medical)		4	5	6	7	8			9	10
		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		0											
2. First Quarter		0											
3. Second Quarter		0											
4. Third Quarter		712							712				
5. Current Year		734							734				
6. Current Year Member Months		8,120							8,120				
Total Member Ambulatory Encounters for Year:													
7. Physician		4,389							4,389				
8. Non-Physician		4,518							4,518				
9. Total		8,907	0	0	0	0	0	0	8,907	0	0		
10. Hospital Patient Days Incurred		835							835				
11. Number of Inpatient Admissions		141							141				
12. Health Premiums Written (b)		5,403,020							5,403,020				
13. Life Premiums Direct		0											
14. Property/Casualty Premiums Written		0											
15. Health Premiums Earned		5,403,020							5,403,020				
16. Property/Casualty Premiums Earned		0											
17. Amount Paid for Provision of Health Care Services		3,799,935							3,799,935				
18. Amount Incurred for Provision of Health Care Services		4,240,208							4,240,208				

(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 \$ 5,403,020

29.VA



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	0										
2. First Quarter	0										
3. Second Quarter	0										
4. Third Quarter	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician	0	NONE									
8. Non-Physician	0										
9. Total	0										0
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b)	0										
13. Life Premiums Direct	0										
14. Property/Casualty Premiums Written	0										
15. Health Premiums Earned	0										
16. Property/Casualty Premiums Earned	0										
17. Amount Paid for Provision of Health Care Services	0										
18. Amount Incurred for Provision of Health Care Services	0										

(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 \$

29.WA



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2010

NAIC Company Code 95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	0									
2. First Quarter	0									
3. Second Quarter	0									
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician	0									
8. Non-Physician	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b)	0									
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	0									
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

29.WV

(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 \$



ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Consolidated

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2010						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year	365,674	18,269	236,528	2	0	0	22,987	87,888	0	0	
2. First Quarter	383,423	18,162	228,390	0	0	0	25,437	111,434	0	0	
3. Second Quarter	413,373	18,114	268,761	0	557	2,784	25,214	97,943	0	0	
4. Third Quarter	393,299	15,227	230,678	0	2,296	7,148	25,100	112,850	0	0	
5. Current Year	392,801	17,378	237,203	0	2,490	7,075	24,700	103,955	0	0	
6. Current Year Member Months	4,661,923	215,187	2,790,934	0	30,218	82,977	298,578	1,244,029	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	2,508,107	98,978	1,124,901	0	0	0	225,162	1,059,066	0	0	
8. Non-Physician	1,947,623	92,848	805,436	0	0	0	93,123	956,216	0	0	
9. Total	4,455,730	191,826	1,930,337	0	0	0	318,285	2,015,282	0	0	
10. Hospital Patient Days Incurred	156,884	3,819	48,473	0	0	0	7,238	97,354	0	0	
11. Number of Inpatient Admissions	35,779	990	11,046	0	0	0	2,615	21,128	0	0	
12. Health Premiums Written (b)	2,077,228,239	30,258,948	804,548,543	8,088	303,087	1,635,380	129,454,189	1,111,020,004	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	2,077,219,160	30,249,862	804,548,543	8,095	303,087	1,635,380	129,454,189	1,111,020,004	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	1,711,911,099	20,675,905	659,626,928	6,097	248,597	802,081	106,408,485	924,143,006	0	0	
18. Amount Incurred for Provision of Health Care Services	1,707,066,329	20,886,530	651,418,507	6,100	248,597	848,846	106,442,793	927,214,956	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 \$1,111,020,004

29.GT

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal 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 Trust Agreements	11 Funds Deposited by and Withheld from Reinsurers	12 Other	13 Miscellaneous Balances (Credit)	14 Sum of Cols. 9+10+11+12+13 But Not in Excess of Col. 8
NONE													
1199999 Total				0	0	0	0	0	0	0	0	0	0

Schedule S - Part 5

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2010	2 2009	3 2008	4 2007	5 2006
A. OPERATIONS ITEMS					
1. Premiums.....	110,694	136,181	90,630	22,049	308
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total hospital and medical expenses.....	85,213	81,516	95,924	18,375	147
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	1	9,402	8,519	2,991	67
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	409,568,837		409,568,837
2. Accident and health premiums due and unpaid (Line 15).....	55,785,849		55,785,849
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	570	570
5. All other admitted assets (Balance).....	44,553,301		44,553,301
6. Total assets (Line 28)	509,907,987	570	509,908,557
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	158,743,786	570	158,744,356
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,156,141		1,156,141
9. Premiums received in advance (Line 8).....	13,024,706		13,024,706
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	56,101,510		56,101,510
13. Total liabilities (Line 24).....	229,026,143	570	229,026,713
14. Total capital and surplus (Line 33).....	280,881,844	XXX	280,881,844
15. Total liabilities, capital and surplus (Line 34)	509,907,987	570	509,908,557
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	570		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	0		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	570		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	570		

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

States, Etc.		Direct Business Only					Totals
		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	
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
88595	31-0935772	Emphesys Insurance Company					(228,051)				(228,051)	
00000	61-0647538	Humana Inc	(746,600,000)	230,000,000			1,080,754,571				564,154,571	
73288	39-1263473	Humana Insurance Company	201,000,000				(437,833,210)	690,627,172			453,793,962	
	26-3473328	Humana Health Plan of California					(585,808)				(585,808)	
65110	57-0380426	Kanawha Insurance Co					(6,832,910)				(6,832,910)	
60052	37-1326199	Humana Benefit Plan of Illinois					(11,887,588)				(11,887,588)	
10126	65-1137990	Humana AdvantageCare Plan		15,000,000			(6,143,228)				8,856,772	
54739	52-1157181	The Dental Concern, Inc	2,000,000				(2,306,031)				(306,031)	
70580	39-0714280	HumanaDental Insurance Company	15,000,000				(12,716,308)				2,283,692	
52028	39-3654697	The Dental Concern, Ltd					(157,197)				(157,197)	
95348	31-1154200	Humana Health Plan of Ohio, Inc		(35,000,000)			(26,298,112)	(130,108,688)			(191,406,800)	
95342	39-1525003	Humana WI Health Org. Insurance Corp					(12,119,503)	(53,458,326)			(65,577,829)	
95519	58-2209549	Humana Employers Health Plan of GA, Inc					(24,913,043)	(118,295,154)			(143,208,197)	
95270	61-1103898	Humana Medical Plan, Inc	290,000,000	(15,000,000)			(309,494,496)	(170,237,768)			(204,732,264)	
69671	61-1041514	Humana Health Insurance Co FL, Inc	12,000,000				74,803,116	170,237,768			257,040,884	
95754	62-1579044	Cariten Health Plan	22,000,000				(36,571,598)				(14,571,598)	
95885	61-1013183	Humana Health Plan, Inc					(303,672,529)	(110,426,988)			(414,099,517)	
60219	61-1311605	Humana Insurance Company of Kentucky					(2,620,404)				(2,620,404)	
95024	61-0994632	Humana Health Plan of Texas, Inc		(35,000,000)			(70,942,233)	(278,338,016)			(384,280,249)	
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc					509,260				509,260	
00000	66-0291866	Humana Insurance of Puerto Rico, Inc					(1,009,594)				(1,009,594)	
00000	61-1232669	Managed Care Indemnity, Inc	50,000,000				31,025,943				81,025,943	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc	49,000,000				(132,445,216)				(83,445,216)	
95092	59-2598550	CarePlus Health Plans, Inc	67,000,000				(164,906,032)				(97,906,032)	
00000	26-0010657	CAC-Florida Medical Centers, LLC					125,310,480				125,310,480	
12634	20-2888723	Humana Insurance Company of New York	7,500,000				(17,704,038)				(10,204,038)	
82740	62-0729865	Cariten Insurance Company	2,000,000				(1,560,943)				439,057	
00000	61-1343508	Humana Marketpoint, Inc					338,913,603				338,913,603	
00000	61-1316926	Humana Pharmacy, Inc					(3,562,646)				(3,562,646)	
00000	61-1383567	HUM-e-FL, Inc									0	
00000	75-2043865	Corphealth, Inc					(2,539,725)				(2,539,725)	
95158	61-1279717	CHA HMO					(375,635)				(375,635)	
00000	33-0916248	DefenseWeb Technologies, Inc									0	
00000	58-93028	Humana Europe, Ltd									0	
12908	20-8411422	Humana Medical Plan of Utah					(1,381,948)				(1,381,948)	
00000	59-1843760	Humana/CompBenefits, Inc					37,043,034				37,043,034	
95107	56-1796975	American Dental Plan of NC					(172,966)				(172,966)	
11559	58-2302163	American Dental Providers of AR					(40,288)				(40,288)	
52015	59-2531815	CompBenefits Company	2,900,000				(22,323,764)				(19,423,764)	
00000	61-1241225	Humana Military Healthcare Services, Inc					(28,720,444)				(28,720,444)	
00000	20-8418853	Humana Veterans Healthcare Services, Inc					(12,128)				(12,128)	
60984	74-2552026	CompBenefits Insurance Company	3,200,000				(21,764,660)				(18,564,660)	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95161	76-0039628	DentiCare, Inc.	2,000,000				(5,650,361)				(3,650,361)	
00000	36-3512545	Dental Care Plus Mangement, Corp.									0	
11228	36-3686002	CompBenefits Dental, Inc.	1,000,000				(4,155,914)				(3,155,914)	
12250	63-1063101	CompBenefits of Alabama					(182,756)				(182,756)	
00000	58-2198538	CompBenefits of Georgia, Inc.					(720,311)				(720,311)	
95749	62-1546662	Preferred Health Partnership of TN, Inc.	20,000,000				(232,902)				19,767,098	
00000	26-3583438	Humana Holdings International					(6,282)				(6,282)	
00000	20-1377270	KMG America Corporation		(160,000,000)							(160,000,000)	
00000	62-1245230	Kanawha Healthcare Solutions					(430,920)				(430,920)	
00000	62-1552091	PHP Companies Incorporated					294				294	
00000	61-1223418	Health Value Management, Inc.					(16,557,469)				(16,557,469)	
00000	61-1343791	Humana Innovation Enterprises, Inc.					(1,468)				(1,468)	
00000	20-1724127	Preservation on Main Inc.					3,379,510				3,379,510	
00000	04-3185995	CompBenefits Corporation									0	
00000	58-2228851	Compbenefits Direct					78,542				78,542	
00000	74-2352809	Texas Dental Plans, Inc.					(31,830)				(31,830)	
00000	20-2620891	Green Ribbon Health, LLC									0	
00000	62-1250945	Preferred Health Partnership, Inc.					(5,864)				(5,864)	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

39.1

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.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	.....YES.....
2. Will an actuarial opinion be filed by March 1?	.....YES.....
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	.....YES.....
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	.....YES.....
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	.....YES.....
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	.....YES.....
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....YES.....
JUNE FILING	
8. Will an audited financial report be filed by June 1?	.....YES.....
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	.....YES.....
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 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	Responses
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	.....YES.....
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 the 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.....
APRIL FILING	
18. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....NO.....
19. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....NO.....
20. 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.....
21. Will the Supplemental Health Care Exhibit be filed the state of domicile and the NAIC by April 1?	.....YES.....
22. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the sate of domicile and the NAIC by April 1?	.....YES.....
AUGUST FILING	
23. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....YES.....

Explanation:

- 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. This type of business is not written.
- 19. This type of business is not written.
- 20. This type of business is not written.

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 14. 
9 5 8 8 5 2 0 1 0 4 2 0 0 0 0 0
- 15. 
9 5 8 8 5 2 0 1 0 3 7 1 0 0 0 0
- 16. 
9 5 8 8 5 2 0 1 0 3 7 0 0 0 0 0
- 17. 
9 5 8 8 5 2 0 1 0 3 6 5 0 0 0 0
- 18. 
9 5 8 8 5 2 0 1 0 3 0 6 0 0 0 0
- 19. 
9 5 8 8 5 2 0 1 0 2 1 1 5 9 0 0
- 20. 
9 5 8 8 5 2 0 1 0 2 1 3 0 0 0 0

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Deposits.....	43,706	43,706	0	0
2505.	0	0	0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	43,706	43,706	0	0

M016 Additional Aggregate Lines for Page 16 Line 25.

*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504. Deposits.....	43,706	43,706	0
2597. Summary of remaining write-ins for Line 25 from Page 16	43,706	43,706	0



SUPPLEMENT FOR THE YEAR 2010 OF THE Humana Health Plan, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2010
 (To Be Filed by March 1)
 FOR THE STATE OF Colorado

NAIC Group Code 0119 NAIC Company Code 95885
 Address (City, State and Zip Code) Louisville, KY 40202
 Person Completing This Exhibit Murray Gipe
 Title Statutory Reporting Manager Telephone Number 502-580-1548

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2007				Policies Issued in 2008, 2009, 2010			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes.....	MSC01.....	P.....	No.....	0000560.....	12/31/1986.....				Humana Coordinated Care.....	8,088	6,104	75.5	2			0.0	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										8,088	6,104	75.5	2	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
 - Address: Waterside Bldg., 101 E. Main Street Louisville, KY 40202
 - Contact Person and Phone Number: David Burianek Mr. 502-580-8683
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: Waterside Bldg., 101 E. Main Street Louisville, KY 40202
 - Contact Person and Phone Number: Gracie Baldwin Ms. 502-580-7950
- Explain any policies identified above as policy type "O".

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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