



# HEALTH ANNUAL STATEMENT

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

## Humana Benefit Plan of Illinois, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 60052 Employer's ID Number 37-1326199  
(Current) (Prior)

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ ]

Incorporated/Organized 06/20/1994 Commenced Business 02/01/1995

Statutory Home Office 7915 N. Hale Ave., Ste. D, Peoria, IL, US 61615  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 500 West Main Street  
(Street and Number)  
Louisville, KY, US 40202, 502-580-1000  
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Mallory Ray, 502-580-3357  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com, 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

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

### OTHER

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

### DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Neal Curtis Fischer M.D.</u>	<u>Brian Andrew Kane #</u>
<u>James Elmer Murray</u>	<u>William Reed Snyder</u>	<u>Ross Alan Westreich</u>

State of Kentucky SS:  
County of Jefferson

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.

<u>Bruce Dale Broussard</u> President & CEO	<u>Joan Olliges Lenahan</u> VP & Corporate Secretary	<u>Alan James Bailey</u> VP & Treasurer
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Subscribed and sworn to before me this  
22nd day of February, 2016

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.....

Michele Sizemore  
Notary Public  
January 3, 2019





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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	1,817,826	23,287,840	3,957	6,672,688	1,821,783	1,672,304
2. Claim overpayment receivables .....	18,342	0	0	159	18,342	18,342
3. Loans and advances to providers .....	188,771	0	0	0	188,771	188,771
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	0	0	0	1,238,202	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	2,024,939	23,287,840	3,957	7,911,049	2,028,896	1,879,416

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





**EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

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

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	51,274,802	8.8	69,270	100.0	0	51,274,802
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	51,274,802	8.8	69,270	100.0	0	51,274,802
<b>Other Payments:</b>						
5. Fee-for-service .....	11,284,562	1.9	XXX	XXX	0	11,284,562
6. Contractual fee payments .....	523,252,834	89.3	XXX	XXX	0	523,252,834
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	534,537,396	91.2	XXX	XXX	0	534,537,396
13. TOTAL (Line 4 plus Line 12)	585,812,198	100%	XXX	XXX	0	585,812,198

**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
<b>NONE</b>					
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 .....	189,714	0	108,221	81,493	81,493	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	445,297	0	428,480	16,817	16,817	0
6. Total	635,011	0	536,701	98,310	98,310	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	525	0	0	0	0	0	0	525	0	0		
3. Second Quarter .....	566	0	0	0	0	0	0	566	0	0		
4. Third Quarter .....	619	0	0	0	0	0	0	619	0	0		
5. Current Year .....	639	0	0	0	0	0	0	639	0	0		
6. Current Year Member Months	6,918	0	0	0	0	0	0	6,918	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	10,864	0	0	0	0	0	0	10,864	0	0		
8. Non-Physician .....	5,659	0	0	0	0	0	0	5,659	0	0		
9. Total .....	16,523	0	0	0	0	0	0	16,523	0	0		
10. Hospital Patient Days Incurred	1,143	0	0	0	0	0	0	1,143	0	0		
11. Number of Inpatient Admissions	141	0	0	0	0	0	0	141	0	0		
12. Health Premiums Written (b) .....	5,742,157	0	0	0	0	0	0	5,742,157	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 .....	5,742,157	0	0	0	0	0	0	5,742,157	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.....	4,410,351	0	0	0	0	0	0	4,410,351	0	0		
18. Amount Incurred for Provision of Health Care Services	4,905,380	0	0	0	0	0	0	4,905,380	0	0		

(a) For health business: number of persons insured under PPO managed care products .....639 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 \$ .....5,742,157

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1	Alaska		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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Arizona			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Arkansas			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Colorado			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Connecticut		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								2015 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Delaware		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								2015 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF	District of Columbia		DURING THE YEAR 2015						(LOCATION)	
		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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Georgia		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	922	0	0	0	0	0	0	922	0	0		
3. Second Quarter	983	0	0	0	0	0	0	983	0	0		
4. Third Quarter	1,094	0	0	0	0	0	0	1,094	0	0		
5. Current Year	1,179	0	0	0	0	0	0	1,179	0	0		
6. Current Year Member Months	12,192	0	0	0	0	0	0	12,192	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	17,989	0	0	0	0	0	0	17,989	0	0		
8. Non-Physician	8,966	0	0	0	0	0	0	8,966	0	0		
9. Total	26,955	0	0	0	0	0	0	26,955	0	0		
10. Hospital Patient Days Incurred	1,626	0	0	0	0	0	0	1,626	0	0		
11. Number of Inpatient Admissions	221	0	0	0	0	0	0	221	0	0		
12. Health Premiums Written (b)	9,995,730	0	0	0	0	0	0	9,995,730	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	9,995,730	0	0	0	0	0	0	9,995,730	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	8,155,800	0	0	0	0	0	0	8,155,800	0	0		
18. Amount Incurred for Provision of Health Care Services	9,017,893	0	0	0	0	0	0	9,017,893	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,179 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 \$ .....9,995,730

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1	Hawaii		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Illinois		DURING THE YEAR					(LOCATION)	
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
			2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>											
1. Prior Year .....	16,629	0	0	0	1,268	724	1,066	13,571	0	0	
2. First Quarter .....	18,482	0	0	0	0	0	1,010	17,472	0	0	
3. Second Quarter .....	18,413	0	0	0	0	0	1,001	17,412	0	0	
4. Third Quarter .....	18,475	0	0	0	0	0	980	17,495	0	0	
5. Current Year .....	18,476	0	0	0	0	0	980	17,496	0	0	
6. Current Year Member Months	221,383	0	0	0	0	0	11,882	209,501	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....	339,986	0	0	0	0	0	11,437	328,549	0	0	
8. Non-Physician .....	176,220	0	0	0	0	0	4,317	171,903	0	0	
9. Total .....	516,206	0	0	0	0	0	15,754	500,452	0	0	
10. Hospital Patient Days Incurred	52,190	0	0	0	0	0	201	51,989	0	0	
11. Number of Inpatient Admissions	5,293	0	0	0	0	0	52	5,241	0	0	
12. Health Premiums Written (b) .....	169,574,458	0	0	0	0	0	6,608,344	162,966,114	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 .....	169,573,803	0	0	0	0	0	6,607,690	162,966,113	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.....	149,481,889	0	0	0	13,599	4,154	7,055,939	142,408,197	0	0	
18. Amount Incurred for Provision of Health Care Services	147,951,025	0	0	0	0	0	7,273,797	140,677,228	0	0	

(a) For health business: number of persons insured under PPO managed care products .....10,771 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 \$ .....162,966,113

30.LL



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	3,524	0	0	0	0	0	0	3,524	0	0		
3. Second Quarter .....	3,680	0	0	0	0	0	0	3,680	0	0		
4. Third Quarter .....	4,468	0	0	0	0	0	0	4,468	0	0		
5. Current Year .....	4,562	0	0	0	0	0	0	4,562	0	0		
6. Current Year Member Months	48,208	0	0	0	0	0	0	48,208	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	73,115	0	0	0	0	0	0	73,115	0	0		
8. Non-Physician .....	41,622	0	0	0	0	0	0	41,622	0	0		
9. Total	114,737	0	0	0	0	0	0	114,737	0	0		
10. Hospital Patient Days Incurred	8,909	0	0	0	0	0	0	8,909	0	0		
11. Number of Inpatient Admissions	1,104	0	0	0	0	0	0	1,104	0	0		
12. Health Premiums Written (b) .....	42,124,328	0	0	0	0	0	0	42,124,328	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 .....	42,124,328	0	0	0	0	0	0	42,124,328	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.....	33,349,561	0	0	0	0	0	0	33,349,561	0	0		
18. Amount Incurred for Provision of Health Care Services	36,881,163	0	0	0	0	0	0	36,881,163	0	0		

(a) For health business: number of persons insured under PPO managed care products .....4,562 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 \$ .....42,124,328

30 IN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.1A



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Kansas			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.KS



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	14,996	0	0	0	0	0	0	14,996	0	0		
3. Second Quarter .....	15,339	0	0	0	0	0	0	15,339	0	0		
4. Third Quarter .....	15,813	0	0	0	0	0	0	15,813	0	0		
5. Current Year .....	16,093	0	0	0	0	0	0	16,093	0	0		
6. Current Year Member Months	185,291	0	0	0	0	0	0	185,291	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	304,476	0	0	0	0	0	0	304,476	0	0		
8. Non-Physician .....	187,675	0	0	0	0	0	0	187,675	0	0		
9. Total .....	492,151	0	0	0	0	0	0	492,151	0	0		
10. Hospital Patient Days Incurred	31,828	0	0	0	0	0	0	31,828	0	0		
11. Number of Inpatient Admissions	4,265	0	0	0	0	0	0	4,265	0	0		
12. Health Premiums Written (b) .....	180,413,840	0	0	0	0	0	0	180,413,840	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 .....	180,413,840	0	0	0	0	0	0	180,413,840	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.....	146,989,763	0	0	0	0	0	0	146,989,763	0	0		
18. Amount Incurred for Provision of Health Care Services	160,157,555	0	0	0	0	0	0	160,157,555	0	0		

(a) For health business: number of persons insured under PPO managed care products .....16,093 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 \$ .....180,413,840

30.KY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Louisiana		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	611	0	0	0	0	0	0	611	0	0		
3. Second Quarter	669	0	0	0	0	0	0	669	0	0		
4. Third Quarter	843	0	0	0	0	0	0	843	0	0		
5. Current Year	759	0	0	0	0	0	0	759	0	0		
6. Current Year Member Months	8,143	0	0	0	0	0	0	8,143	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	11,886	0	0	0	0	0	0	11,886	0	0		
8. Non-Physician	6,650	0	0	0	0	0	0	6,650	0	0		
9. Total	18,536	0	0	0	0	0	0	18,536	0	0		
10. Hospital Patient Days Incurred	1,611	0	0	0	0	0	0	1,611	0	0		
11. Number of Inpatient Admissions	216	0	0	0	0	0	0	216	0	0		
12. Health Premiums Written (b)	6,948,993	0	0	0	0	0	0	6,948,993	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	6,948,993	0	0	0	0	0	0	6,948,993	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	5,512,446	0	0	0	0	0	0	5,512,446	0	0		
18. Amount Incurred for Provision of Health Care Services	6,085,584	0	0	0	0	0	0	6,085,584	0	0		

(a) For health business: number of persons insured under PPO managed care products .....759 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 \$ .....6,948,993

30.LA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	7	0	0	0	0	0	0	7	0	0		
3. Second Quarter	7	0	0	0	0	0	0	7	0	0		
4. Third Quarter	8	0	0	0	0	0	0	8	0	0		
5. Current Year	8	0	0	0	0	0	0	8	0	0		
6. Current Year Member Months	89	0	0	0	0	0	0	89	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	77	0	0	0	0	0	0	77	0	0		
8. Non-Physician	63	0	0	0	0	0	0	63	0	0		
9. Total	140	0	0	0	0	0	0	140	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	103,183	0	0	0	0	0	0	103,183	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	103,183	0	0	0	0	0	0	103,183	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	28,179	0	0	0	0	0	0	28,179	0	0		
18. Amount Incurred for Provision of Health Care Services	50,038	0	0	0	0	0	0	50,038	0	0		

(a) For health business: number of persons insured under PPO managed care products .....8 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 \$ .....103,183

30 ME



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Maryland			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Massachusetts			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Michigan			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.MI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Minnesota			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	Mississippi			2015							NAIC Company Code
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Missouri			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Montana		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	388	0	0	0	0	0	0	388	0	0		
3. Second Quarter	437	0	0	0	0	0	0	437	0	0		
4. Third Quarter	484	0	0	0	0	0	0	484	0	0		
5. Current Year	494	0	0	0	0	0	0	494	0	0		
6. Current Year Member Months	5,264	0	0	0	0	0	0	5,264	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	4,511	0	0	0	0	0	0	4,511	0	0		
8. Non-Physician	2,893	0	0	0	0	0	0	2,893	0	0		
9. Total	7,404	0	0	0	0	0	0	7,404	0	0		
10. Hospital Patient Days Incurred	714	0	0	0	0	0	0	714	0	0		
11. Number of Inpatient Admissions	74	0	0	0	0	0	0	74	0	0		
12. Health Premiums Written (b)	3,084,216	0	0	0	0	0	0	3,084,216	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	3,084,216	0	0	0	0	0	0	3,084,216	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	2,104,809	0	0	0	0	0	0	2,104,809	0	0		
18. Amount Incurred for Provision of Health Care Services	2,328,892	0	0	0	0	0	0	2,328,892	0	0		

(a) For health business: number of persons insured under PPO managed care products .....494 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 \$ .....3,084,216

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Nebraska			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2015						(LOCATION)	
	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								NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						
	New Hampshire			2015						
	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
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services										

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	1,134	0	0	0	0	0	0	1,134	0	0		
3. Second Quarter	1,129	0	0	0	0	0	0	1,129	0	0		
4. Third Quarter	1,123	0	0	0	0	0	0	1,123	0	0		
5. Current Year	1,117	0	0	0	0	0	0	1,117	0	0		
6. Current Year Member Months	13,539	0	0	0	0	0	0	13,539	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	23,929	0	0	0	0	0	0	23,929	0	0		
8. Non-Physician	13,003	0	0	0	0	0	0	13,003	0	0		
9. Total	36,932	0	0	0	0	0	0	36,932	0	0		
10. Hospital Patient Days Incurred	2,895	0	0	0	0	0	0	2,895	0	0		
11. Number of Inpatient Admissions	324	0	0	0	0	0	0	324	0	0		
12. Health Premiums Written (b)	13,117,719	0	0	0	0	0	0	13,117,719	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	13,117,719	0	0	0	0	0	0	13,117,719	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	10,714,391	0	0	0	0	0	0	10,714,391	0	0		
18. Amount Incurred for Provision of Health Care Services	12,073,221	0	0	0	0	0	0	12,073,221	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,117 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 \$ .....13,117,719



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1	New Mexico		4	5	6	7	8	9	10	
		Comprehensive (Hospital & Medical)									Medicare Supplement
	Total	Individual	Group								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Carolina		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	2,087	0	0	0	0	0	0	2,087	0	0		
3. Second Quarter .....	2,170	0	0	0	0	0	0	2,170	0	0		
4. Third Quarter .....	2,268	0	0	0	0	0	0	2,268	0	0		
5. Current Year .....	2,350	0	0	0	0	0	0	2,350	0	0		
6. Current Year Member Months	26,256	0	0	0	0	0	0	26,256	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	42,472	0	0	0	0	0	0	42,472	0	0		
8. Non-Physician .....	18,329	0	0	0	0	0	0	18,329	0	0		
9. Total .....	60,801	0	0	0	0	0	0	60,801	0	0		
10. Hospital Patient Days Incurred	5,264	0	0	0	0	0	0	5,264	0	0		
11. Number of Inpatient Admissions	537	0	0	0	0	0	0	537	0	0		
12. Health Premiums Written (b) .....	22,216,979	0	0	0	0	0	0	22,216,979	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 .....	22,216,979	0	0	0	0	0	0	22,216,979	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.....	18,226,917	0	0	0	0	0	0	18,226,917	0	0		
18. Amount Incurred for Provision of Health Care Services	19,912,561	0	0	0	0	0	0	19,912,561	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2,350 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 \$ .....22,216,979

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Dakota		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	1	0	0	1	0	0	0	0	0	0	0	
2. First Quarter .....	8	0	0	8	0	0	0	0	0	0	0	
3. Second Quarter .....	9	0	0	9	0	0	0	0	0	0	0	
4. Third Quarter .....	11	0	0	11	0	0	0	0	0	0	0	
5. Current Year	11	0	0	11	0	0	0	0	0	0	0	
6. Current Year Member Months	111	0	0	111	0	0	0	0	0	0	0	
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	190	0	0	190	0	0	0	0	0	0	0	
8. Non-Physician .....	125	0	0	125	0	0	0	0	0	0	0	
9. Total	315	0	0	315	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	7	0	0	7	0	0	0	0	0	0	0	
11. Number of Inpatient Admissions	2	0	0	2	0	0	0	0	0	0	0	
12. Health Premiums Written (b) .....	15,785	0	0	15,785	0	0	0	0	0	0	0	
13. Life Premiums Direct	0	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	0	
15. Health Premiums Earned .....	15,785	0	0	15,785	0	0	0	0	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services.....	21,113	0	0	21,113	0	0	0	0	0	0	0	
18. Amount Incurred for Provision of Health Care Services	22,626	0	0	22,626	0	0	0	0	0	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 \$ .....0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Oklahoma		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								2015 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30. OR



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Pennsylvania		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	13,115	0	0	0	1,268	120	0	11,727	0	0		
2. First Quarter	17,043	0	0	0	0	0	0	17,043	0	0		
3. Second Quarter	17,250	0	0	0	0	0	0	17,250	0	0		
4. Third Quarter	17,453	0	0	0	0	0	0	17,453	0	0		
5. Current Year	17,546	0	0	0	0	0	0	17,546	0	0		
6. Current Year Member Months	207,271	0	0	0	0	0	0	207,271	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	312,884	0	0	0	0	0	0	312,884	0	0		
8. Non-Physician	174,913	0	0	0	0	0	0	174,913	0	0		
9. Total	487,797	0	0	0	0	0	0	487,797	0	0		
10. Hospital Patient Days Incurred	42,359	0	0	0	0	0	0	42,359	0	0		
11. Number of Inpatient Admissions	5,147	0	0	0	0	0	0	5,147	0	0		
12. Health Premiums Written (b)	172,701,138	0	0	0	0	0	0	172,701,138	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	172,701,138	0	0	0	0	0	0	172,701,138	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	143,478,750	0	0	0	0	847	0	143,477,903	0	0		
18. Amount Incurred for Provision of Health Care Services	147,690,463	0	0	0	0	0	0	147,690,463	0	0		

(a) For health business: number of persons insured under PPO managed care products .....17,546 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 \$ .....172,701,138



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Rhode Island			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.RI



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	0	0	0	0	0	0	0	0	0	0		
2. First Quarter .....	893	0	0	0	0	0	0	893	0	0		
3. Second Quarter .....	931	0	0	0	0	0	0	931	0	0		
4. Third Quarter .....	994	0	0	0	0	0	0	994	0	0		
5. Current Year .....	1,020	0	0	0	0	0	0	1,020	0	0		
6. Current Year Member Months	11,344	0	0	0	0	0	0	11,344	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	16,450	0	0	0	0	0	0	16,450	0	0		
8. Non-Physician .....	9,024	0	0	0	0	0	0	9,024	0	0		
9. Total .....	25,474	0	0	0	0	0	0	25,474	0	0		
10. Hospital Patient Days Incurred	2,008	0	0	0	0	0	0	2,008	0	0		
11. Number of Inpatient Admissions	241	0	0	0	0	0	0	241	0	0		
12. Health Premiums Written (b) .....	9,450,023	0	0	0	0	0	0	9,450,023	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 .....	9,450,023	0	0	0	0	0	0	9,450,023	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.....	7,807,813	0	0	0	0	0	0	7,807,813	0	0		
18. Amount Incurred for Provision of Health Care Services	8,584,457	0	0	0	0	0	0	8,584,457	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,020 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 \$ .....9,450,023

30.SC



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

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

**NONE**

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2015						(LOCATION)	
	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								NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						
	Texas			2015						
	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
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services										

NONE

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

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

30.TX



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Vermont			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.VT



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Virginia			DURING THE YEAR 2015						(LOCATION) NAIC Company Code	
	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								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	Washington			2015						NAIC Company Code	
	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	
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		West Virginia		2015							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	4,976	0	0	0	0	0	0	4,976	0	0		
3. Second Quarter	4,978	0	0	0	0	0	0	4,978	0	0		
4. Third Quarter	4,993	0	0	0	0	0	0	4,993	0	0		
5. Current Year	5,016	0	0	0	0	0	0	5,016	0	0		
6. Current Year Member Months	59,903	0	0	0	0	0	0	59,903	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	103,557	0	0	0	0	0	0	103,557	0	0		
8. Non-Physician	65,319	0	0	0	0	0	0	65,319	0	0		
9. Total	168,876	0	0	0	0	0	0	168,876	0	0		
10. Hospital Patient Days Incurred	12,356	0	0	0	0	0	0	12,356	0	0		
11. Number of Inpatient Admissions	1,560	0	0	0	0	0	0	1,560	0	0		
12. Health Premiums Written (b)	64,879,115	0	0	0	0	0	0	64,879,115	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	64,879,115	0	0	0	0	0	0	64,879,115	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	55,530,415	0	0	0	0	0	0	55,530,415	0	0		
18. Amount Incurred for Provision of Health Care Services	60,163,452	0	0	0	0	0	0	60,163,452	0	0		

(a) For health business: number of persons insured under PPO managed care products .....5,016 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 \$ .....64,879,115

30 MW



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Wisconsin		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								2015 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

30.W1



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION \_\_\_\_\_

2. \_\_\_\_\_

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Wyoming		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								2015 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.WY



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)							
			Grand Total		DURING THE YEAR			2015		
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>Total Members at end of:</b>										
1. Prior Year	29,745	0	0	1	2,536	844	1,066	25,298	0	0
2. First Quarter	65,596	0	0	8	0	0	1,010	64,578	0	0
3. Second Quarter	66,561	0	0	9	0	0	1,001	65,551	0	0
4. Third Quarter	68,646	0	0	11	0	0	980	67,655	0	0
5. Current Year	69,270	0	0	11	0	0	980	68,279	0	0
6. Current Year Member Months	805,912	0	0	111	0	0	11,882	793,919	0	0
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician	1,262,386	0	0	190	0	0	11,437	1,250,759	0	0
8. Non-Physician	710,461	0	0	125	0	0	4,317	706,019	0	0
9. Total	1,972,847	0	0	315	0	0	15,754	1,956,778	0	0
10. Hospital Patient Days Incurred	162,910	0	0	7	0	0	201	162,702	0	0
11. Number of Inpatient Admissions	19,125	0	0	2	0	0	52	19,071	0	0
12. Health Premiums Written (b)	700,367,664	0	0	15,785	0	0	6,608,344	693,743,535	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	700,367,009	0	0	15,785	0	0	6,607,690	693,743,534	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	585,812,198	0	0	21,113	13,599	5,001	7,055,939	578,716,546	0	0
18. Amount Incurred for Provision of Health Care Services	615,824,311	0	0	22,626	0	0	7,273,797	608,527,888	0	0

(a) For health business: number of persons insured under PPO managed care products .....61,554 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 \$ .....693,743,535

30.GT

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE S - PART 1 - SECTION 2**

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

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
37273	39-1338397	10/01/2015	AXIS INSURANCE COMPANY	IL	SSL/A/I	CMM	1,475	0	0	0	0	0	0
62308	06-0303370	11/01/2010	CONNECTICUT GENERAL LIFE INSURANCE CO	CT	QA/A/G	MR	233,612	0	0	0	0	0	0
88340	59-2859797	10/01/2014	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	SSL/A/I	CMM	2,391	0	0	0	0	0	0
10357	52-1952955	10/01/2014	RENAISSANCE REINSURANCE U.S. INC.	MD	SSL/A/I	CMM	3,170	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							240,648	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							240,648	0	0	0	0	0	0
1199999. Total General Account Authorized							240,648	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							240,648	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							240,648	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							240,648	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	7	8	6	5	6
2. Title XVIII - Medicare .....	234	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 .....	169	0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	27	0	0	0	0
8. Reinsurance recoverable on paid losses .....	29	0	0	0	0
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	0	0	XXX
18. Funds deposited by and withheld from (F) .....	0	0	0	0	XXX
19. Letters of credit (L) .....	0	0	0	0	XXX
20. Trust agreements (T) .....	0	0	0	0	XXX
21. Other (O) .....	0	0	0	0	XXX

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	141,703,800	0	141,703,800
2. Accident and health premiums due and unpaid (Line 15) .....	21,798,399	0	21,798,399
3. Amounts recoverable from reinsurers (Line 16.1) .....	28,730	(28,730)	0
4. Net credit for ceded reinsurance .....	XXX	33,963	33,963
5. All other admitted assets (Balance) .....	34,054,174	0	34,054,174
6. Total assets (Line 28)	197,585,103	5,233	197,590,336
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	60,450,413	27,091	60,477,504
8. Accrued medical incentive pool and bonus payments (Line 2) .....	0	0	0
9. Premiums received in advance (Line 8) .....	1,587,514	0	1,587,514
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	5,171,464	(21,858)	5,149,606
15. Total liabilities (Line 24) .....	67,209,391	5,233	67,214,624
16. Total capital and surplus (Line 33) .....	130,375,712	XXX	130,375,712
17. Total liabilities, capital and surplus (Line 34)	197,585,103	5,233	197,590,336
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	27,091		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	28,730		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	55,821		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	21,858		
30. Total ceded reinsurance payables/offsets .....	21,858		
31. Total net credit for ceded reinsurance	33,963		

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

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

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

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	*
0119	Humana Inc.	00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	RE	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52028	36-3654697				Humana Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	DE	UDP	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-4535747				HumanaVitality, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	100.000	Humana Inc.	2
0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	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)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(696,513)	0	0	0	(696,513)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-5309363	515-526W MainSt CondoCouncilofCo-Owners	0	0	0	0	347	0	0	0	347	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(627,231)	0	0	0	(627,231)	0
00000	27-0200477	Ambulatory Care Solutions of Arkansas LLC	0	0	0	0	0	0	0	0	0	0
00000	26-4179617	Ambulatory Care Solutions of Ohio LLC	0	0	0	0	0	0	0	0	0	0
00000	37-1485812	Ambulatory Care Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,668,809	0	0	0	3,668,809	0
00000	65-0380198	American Eldercare, Inc.	0	35,000,000	0	0	(20,205,052)	0	0	0	14,794,948	0
00000	27-3387971	Arcadian Choice, Inc.	0	0	0	0	0	0	0	0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(4,846,212)	0	0	0	(4,846,212)	0
00000	86-0836599	Arcadian Management Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(156,649)	0	0	0	(156,649)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(10,895,649)	0	0	0	(10,895,649)	0
00000	13-4106498	Cambridge Companions, LLC	0	0	0	0	0	0	0	0	0	0
00000	13-4076893	Cambridge Personal Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	837,343	0	0	0	837,343	0
95092	59-2598550	CarePlus Health Plans, Inc.	(56,800,000)	0	0	0	(115,775,877)	0	0	0	(172,575,877)	0
95754	62-1579044	Cariten Health Plan Inc.	(16,000,000)	0	0	0	(103,899,557)	0	0	0	(119,899,557)	0
00000	80-0072760	Certify Data Systems, Inc.	0	0	0	0	342,298	0	0	0	342,298	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(7,179,330)	0	0	0	(7,179,330)	0
00000	61-1279716	CHA Service Company	0	0	0	0	347	0	0	0	347	0
00000	01-0510161	CM Occupational Health, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	20-5440995	CNU Blue 2, LLC	0	0	0	0	0	0	0	0	0	0
52015	59-2531815	CompBenefits Company	(15,000,000)	0	0	0	(23,859,501)	0	0	0	(38,859,501)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	(1,122,254)	0	0	0	(1,122,254)	0
11228	36-3686002	CompBenefits Dental, Inc.	(2,000,000)	0	0	0	(4,003,377)	0	0	0	(6,003,377)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(11,023)	0	0	0	(11,023)	0
60984	74-2552026	CompBenefits Insurance Company	(10,000,000)	0	0	0	(18,708,966)	0	0	0	(28,708,966)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(1,451,256)	0	0	0	(1,451,256)	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	(522,545)	0	0	0	(522,545)	0
00000	20-0114482	Concentra Akron, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	62-1691148	Concentra Arkansas, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2510547	Concentra Health Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	26-4823524	Concentra Inc.	0	0	0	0	(11,619,814)	0	0	0	(11,619,814)	0
00000	04-2658593	Concentra Integrated Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	76-0546504	Concentra Laboratory, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2857879	Concentra Occ Health Research Institute	0	0	0	0	0	0	0	0	0	0
00000	23-2901126	Concentra Occ Healthcare Harrisburg, L.P	0	0	0	0	0	0	0	0	0	0
00000	04-3363415	Concentra Operating Corporation	0	0	0	0	0	0	0	0	0	0
00000	75-2678146	Concentra Solutions, Inc.	0	0	0	0	0	0	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois 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	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)
00000	75-2784513	Concentra South Carolina, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	75-2821236	Concentra St. Louis, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	22-3675361	Concentra-UPMC, L.L.C.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	59-2716023	Continucare Corporation	.0	.0	.0	.0	6,267,809	.0	.0	.0	6,267,809	.0
00000	65-0796178	Continucare Managed Care, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	20-5646291	Continucare MDHC, LLC	.0	.0	.0	.0	(307,356)	.0	.0	.0	(307,356)	.0
00000	65-0791417	Continucare Medical Management, Inc.	.0	.0	.0	.0	(8,335,289)	.0	.0	.0	(8,335,289)	.0
00000	65-0780986	Continucare MSO, Inc.	.0	.0	.0	.0	(838,317)	.0	.0	.0	(838,317)	.0
00000	20-8236655	Corphealth Provider Link, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	33-0916248	DefenselWeb Technologies, Inc.	.0	.0	.0	.0	14,398	.0	.0	.0	14,398	.0
00000	36-3512545	Dental Care Plus Management Corp.	.0	.0	.0	.0	17,767	.0	.0	.0	17,767	.0
95161	76-0039628	DentiCare, Inc.	(1,000,000)	.0	.0	.0	(10,109,647)	.0	.0	.0	(11,109,647)	.0
88595	31-0935772	EmpheSyst Insurance Company	.0	.0	.0	.0	24,144	.0	.0	.0	24,144	.0
00000	61-1237697	EmpheSyst, Inc.	.0	.0	.0	.0	17,835	.0	.0	.0	17,835	.0
00000	27-1649291	Harris, Rothenberg International Inc.	.0	.0	.0	.0	(4,583,448)	.0	.0	.0	(4,583,448)	.0
00000	11-2795529	Harte Placements, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	61-1223418	Health Value Management, Inc.	.0	.0	.0	.0	48,288	.0	.0	.0	48,288	.0
00000	46-4912173	HRI Humana of California Inc.	.0	.0	.0	.0	27,322	.0	.0	.0	27,322	.0
00000	26-3592783	HUM INT, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	20-4835394	Humana Active Outlook, Inc.	.0	.0	.0	.0	527	.0	.0	.0	527	.0
00000	04-3580066	Humana at Home (MA), Inc.	.0	.0	.0	.0	261,340	.0	.0	.0	261,340	.0
00000	65-0274594	Humana at Home 1, Inc.	.0	.0	.0	.0	(57,303,466)	.0	.0	.0	(57,303,466)	.0
00000	13-4036798	Humana at Home, Inc.	.0	.0	.0	.0	(4,298,583)	.0	.0	.0	(4,298,583)	.0
00000	75-2043865	Humana Behavioral Health, Inc.	.0	.0	.0	.0	(17,929,626)	.0	.0	.0	(17,929,626)	.0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	.0	70,000,000	.0	.0	(56,454,838)	.0	.0	.0	13,545,162	.0
00000	59-1843760	Humana Dental Company	.0	.0	.0	.0	46,674	.0	.0	.0	46,674	.0
52028	36-3654697	Humana Dental Concern, Ltd.	.0	.0	.0	.0	(70,298)	.0	.0	.0	(70,298)	.0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	.0	675,000,000	.0	.0	(165,671,754)	.0	.0	.0	509,328,246	.0
00000	61-1241225	Humana Government Business, Inc.	.0	.0	.0	.0	(2,866,960)	.0	.0	.0	(2,866,960)	.0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	(75,000,000)	.0	.0	.0	(167,387,175)	.0	.0	.0	(242,387,175)	.0
13558	26-2800286	Humana Health Company of New York, Inc.	.0	.0	.0	.0	(4,439,676)	.0	.0	.0	(4,439,676)	.0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	.0	.0	.0	.0	163,672,219	.0	.0	.0	163,672,219	.0
00000	26-3473328	Humana Health Plan of California, Inc.	.0	35,000,000	.0	.0	(23,938,236)	.0	.0	.0	11,061,764	.0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	.0	55,000,000	.0	.0	(32,962,847)	.0	.0	.0	22,037,153	.0
95024	61-0994632	Humana Health Plan of Texas, Inc.	.0	155,000,000	.0	.0	(60,366,693)	.0	.0	.0	94,633,307	.0
95885	61-1013183	Humana Health Plan, Inc.	.0	125,000,000	.0	.0	(562,987,176)	.0	.0	.0	(437,987,176)	.0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	.0	.0	.0	.0	17,705,226	.0	.0	.0	17,705,226	.0
00000	61-0647538	Humana Inc.	463,300,000	(1,245,000,000)	.0	.0	2,924,868,337	.0	.0	.0	2,143,168,337	.0
00000	61-1343791	Humana Innovation Enterprises, Inc.	.0	.0	.0	.0	(157,970)	.0	.0	.0	(157,970)	.0
73288	39-1263473	Humana Insurance Company	75,000,000	(125,000,000)	.0	.0	(197,285,343)	1,955,019	.0	.0	(245,330,324)	30,610,726
60219	61-1311685	Humana Insurance Company of Kentucky	.0	25,000,000	.0	.0	(6,796,230)	(14,292,524)	.0	.0	3,911,246	(277,154,612)
12634	20-2888723	Humana Insurance Company of New York	.0	.0	.0	.0	(27,782,447)	.0	.0	.0	(27,782,447)	.0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	.0	.0	.0	.0	(17,487,298)	.0	.0	.0	(17,487,298)	.0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois 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	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)
00000	61-1343508	Humana Marketpoint, Inc.	.0	.0	.0	.0	(752,192)	.0	.0	.0	(752,192)	.0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	.0	.0	.0	.0	(10,584,538)	.0	.0	.0	(10,584,538)	.0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	.0	15,000,000	.0	.0	(4,084,076)	.0	.0	.0	10,915,924	.0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	(5,000,000)	15,000,000	.0	.0	(8,232,829)	.0	.0	.0	1,767,171	.0
95270	61-1103898	Humana Medical Plan, Inc.	(305,000,000)	100,000,000	.0	.0	(919,417,887)	.0	.0	.0	(1,124,417,887)	.0
00000	46-5329373	Humana MSO, LLC	.0	.0	.0	.0	2,437,905	.0	.0	.0	2,437,905	.0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	.0	.0	.0	.0	(73,796,510)	.0	.0	.0	(73,796,510)	.0
00000	61-1316926	Humana Pharmacy, Inc.	.0	.0	.0	.0	(204,880,328)	.0	.0	.0	(204,880,328)	.0
12282	20-2036444	Humana Regional Health Plan, Inc.	(1,500,000)	.0	.0	.0	(1,771,742)	.0	.0	.0	(3,271,742)	.0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	.0	.0	.0	.0	(57,728)	.0	.0	.0	(57,728)	.0
00000	26-4522426	Humana WellWorks LLC	.0	.0	.0	.0	(58,028)	.0	.0	.0	(58,028)	.0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	.0	65,000,000	.0	.0	(41,322,271)	.0	.0	.0	23,677,729	.0
70580	39-0714280	HumanaDental Insurance Company	(35,000,000)	.0	.0	.0	(15,846,427)	574,310	.0	.0	(50,272,117)	(19,304)
00000	61-1364005	HumanaDental, Inc.	.0	.0	.0	.0	657,051	.0	.0	.0	657,051	.0
00000	27-4535747	HumanaVitality, LLC	.0	.0	.0	.0	(13,633,872)	.0	.0	.0	(13,633,872)	.0
00000	61-1239538	Humco, Inc.	.0	.0	.0	.0	146,732	.0	.0	.0	146,732	.0
00000	61-1383567	HUM-e-FL, Inc.	.0	.0	.0	.0	295,744	.0	.0	.0	295,744	.0
00000	26-3583438	HUM-Holdings International, Inc.	.0	.0	.0	.0	35,158	.0	.0	.0	35,158	.0
00000	86-1050795	Hummingbird Coaching Systems LLC	.0	.0	.0	.0	1,704,837	.0	.0	.0	1,704,837	.0
00000	39-1769093	Independent Care Health Plan	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	76-0537878	Inteli Home Healthcare, Inc.	.0	.0	.0	.0	176,728	.0	.0	.0	176,728	.0
65110	57-0380426	Kanawha Insurance Company	.0	.0	.0	.0	(46,192,778)	11,763,195	.0	.0	(34,429,583)	246,563,191
00000	20-1377270	KMG America Corporation	.0	.0	.0	.0	4,154	.0	.0	.0	4,154	.0
00000	61-1232669	Managed Care Indemnity, Inc.	(15,000,000)	.0	.0	.0	(5,630,493)	.0	.0	.0	(20,630,493)	.0
00000	65-0879131	METCARE of Florida, Inc.	.0	.0	.0	.0	(1,667,405)	.0	.0	.0	(1,667,405)	.0
00000	65-0635728	Metropolitan Health Networks, Inc.	.0	.0	.0	.0	413,808	.0	.0	.0	413,808	.0
00000	65-0992582	Naples Health Care Specialists, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	11-3273542	National Healthcare Resources, Inc.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	65-0688221	Nursing Solutions, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	04-3353031	OHR/Baystate, LLC	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	04-3353031	OHR/MMC, Limited Liability Company	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	98-0445802	OMP Insurance Company, Ltd.	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
00000	62-1552091	PHP Companies, Inc.	.0	.0	.0	.0	(870)	.0	.0	.0	(870)	.0
00000	62-1250945	Preferred Health Partnership, Inc.	.0	.0	.0	.0	(196)	.0	.0	.0	(196)	.0
00000	20-1724127	Preservation on Main, Inc.	.0	.0	.0	.0	(1,372,873)	.0	.0	.0	(1,372,873)	.0
00000	46-1225873	Primary Care Holdings, Inc.	.0	.0	.0	.0	10,611,649	.0	.0	.0	10,611,649	.0
00000	75-2739333	Reachout Homecare, Inc.	.0	.0	.0	.0	590,208	.0	.0	.0	590,208	.0
00000	75-2844854	ROHC, L.L.C.	.0	.0	.0	.0	262,920	.0	.0	.0	262,920	.0
00000	56-2593719	SeniorBridge (NC), Inc.	.0	.0	.0	.0	(7,696,833)	.0	.0	.0	(7,696,833)	.0
00000	80-0581269	SeniorBridge Care Management, Inc.	.0	.0	.0	.0	154,578	.0	.0	.0	154,578	.0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	.0	.0	.0	.0	(3,310,572)	.0	.0	.0	(3,310,572)	.0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	.0	.0	.0	.0	245,317	.0	.0	.0	245,317	.0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	.0	.0	.0	.0	425,531	.0	.0	.0	425,531	.0

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	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)
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(1,193,000)	0	0	0	(1,193,000)	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	241,093	0	0	0	241,093	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	579,653	0	0	0	579,653	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	153,721	0	0	0	153,721	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(1,197,533)	0	0	0	(1,197,533)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	1,344,022	0	0	0	1,344,022	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	2,424,780	0	0	0	2,424,780	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,526,480)	0	0	0	(3,526,480)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	216,797	0	0	0	216,797	0
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.	0	0	0	0	(7,380,772)	0	0	0	(7,380,772)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(4,616,304)	0	0	0	(4,616,304)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	2,052	0	0	0	2,052	0
00000	27-0338595	Seredor Corporation	0	0	0	0	(7,169)	0	0	0	(7,169)	0
00000	86-0597187	St. Mary's Medical Park Pharmacy, Inc.	0	0	0	0	0	0	0	0	0	0
00000	32-0375132	Symphony Health Partners - Midwest, LLC	0	0	0	0	464	0	0	0	464	0
00000	45-5032192	Symphony Health Partners, Inc.	0	0	0	0	6,845	0	0	0	6,845	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(135,406)	0	0	0	(135,406)	0
54739	52-1157181	The Dental Concern, Inc.	(1,000,000)	0	0	0	(6,644,186)	0	0	0	(7,644,186)	0
00000	75-2600512	TLC Plus of Texas, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-3585174	Valor Healthcare, Inc.	0	0	0	0	0	0	0	0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Responses
<b>MARCH FILING</b>	
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
<b>APRIL FILING</b>	
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
<b>JUNE FILING</b>	
8. Will an audited financial report be filed by June 1? .....	YES
9. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? .....	YES
<b>AUGUST FILING</b>	
10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? .....	YES

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

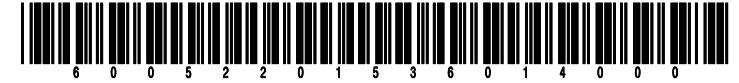
<b>MARCH FILING</b>	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? .....	YES
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? .....	YES
13. Will the Supplemental Property/Casualty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

**Explanations:**

- 13. This type of business is not written.
- 14. This type of business is not written.
- 17. This type of business is not written.
- 18. No relief will be requested
- 19. No relief will be requested
- 20. No relief will be requested
- 21. This type of business is not written.
- 23. This type of business is not written.

**Bar Codes:**

13. Property/Casualty Supplement [Document Identifier 207]	
14. SIS Stockholder Information Supplement [Document Identifier 420]	
17. Medicare Part D Coverage Supplement [Document Identifier 365]	
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
20. Relief from the Requirements for Audit Committees [Document Identifier 226]	
21. Long-Term Care Experience Reporting Forms [Document Identifier 306]	
23. Property/Casualty Supplement Insurance Expense Exhibit [Document Identifier 213]	



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2015  
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....  
 NAIC Group Code ..... NAIC Company Code .....  
 ADDRESS (City, State and Zip Code) .....  
 Person Completing This Exhibit .....  
 Title ..... Telephone Number .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	11 Premiums Earned	Policies Issued Through 2012		14 Number of Covered Lives	Policies Issued in 2013; 2014; 2015		18 Number of Covered Lives
											Incurred Claims			Incurred Claims		
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned	

NONE

NONE

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. 1395a-1(a)(2)(B) for this state.
  - Address: .....
  - Contact Person and Phone Number: .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
  - Address: .....
  - Contact Person and Phone Number: .....
- Explain any policies identified above as policy type "O". .....



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2015  
 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.....  
 NAIC Group Code 0119 ..... NAIC Company Code 60052 .....  
 ADDRESS (City, State and Zip Code) Peoria, IL 61615 .....  
 Person Completing This Exhibit Bryan Oberholtzer .....  
 Title Regional Controller Financial Reporting ..... Telephone Number 502-580-1077 .....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NDMESVA	A	NO	.0234000						0	0	0.0	0	0	0.0	0	
	NDMESVF	F	NO	.0234000						0	0	0.0	12,016	13,970	116.3	6	
	NDMESVF(HD)	F	NO	.0234000						0	0	0.0	721	4,695	651.3	0	
	NDMESVG	G	NO	.0234000						0	0	0.0	136	0	0.0	1	
	NDMESVK	K	NO	.0234000						0	0	0.0	0	0	0.0	0	
	NDMESVN	N	NO	.0234000						0	0	0.0	2,912	3,961	136.0	4	
0199999. Total Experience on Individual Policies										0	0	0.0	0	15,785	22,626	143.3	11

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. 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.  
 2.1 Address: 101 E. Main Street Louisville, KY .....
- 2.2 Contact Person and Phone Number: David Burianek Mr. 502-580-8683 .....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).  
 3.1 Address: 101 E. Main Street Louisville, KY .....
- 3.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448 .....
4. Explain any policies identified above as policy type "O". .....

Life Supplement Cover

**N O N E**

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Life Supplement - Exhibit 5 - Interrogatories

**N O N E**

Life Supplement - Exhibit 7 - Deposit-Type Contracts

**N O N E**

Life Supplement - Schedule S - Part 1 - Section 1

**N O N E**

Life Supplement - Schedule S - Part 3 - Section 1

**N O N E**



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2015
NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-Ins. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 639 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2015
NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various policy types.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Includes rows for Life insurance, Annuity considerations, and Grand Totals.

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind.Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Includes rows for Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$, Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$, Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Includes rows for Group Policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Totals.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Colorado  
NAIC Group Code 0119

DURING THE YEAR 2015  
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). A large 'NONE' watermark is present across the table.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Georgia
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,179 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various policy types.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10,771 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Indiana
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), Totals (sum of Lines 25.1 to 25.5), and Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,562 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various policy types.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kansas
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 16,093 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-Ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), Totals (sum of Lines 25.1 to 25.5), and Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 759 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maine
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2015
NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various policy types.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Minnesota  
NAIC Group Code 0119

DURING THE YEAR 2015  
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). A large 'NONE' watermark is present across the table.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Mississippi  
NAIC Group Code 0119

DURING THE YEAR 2015  
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). A large 'NONE' watermark is present across the table.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Missouri  
NAIC Group Code 0119

DURING THE YEAR 2015  
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_  
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). A large 'NONE' watermark is present across the table.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-Ins. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 494 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products .....



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,117 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,350 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Ohio
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred, and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), Totals (sum of Lines 25.1 to 25.5), Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oregon
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 17,546 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is overlaid on the table.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is overlaid on the table.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,020 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind.Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various policy types.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2015
NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ \_\_\_\_\_, current year \$ \_\_\_\_\_

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products \_\_\_\_\_ and number of persons insured under indemnity only products \_\_\_\_\_



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26 Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,016 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2015

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

(a) Includes Individual Credit Life Insurance prior year \$ ..., current year \$ ... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ..., current year \$ ... Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ..., current year \$ ...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24 Group Policies (b), 24.1 Federal Employees Health Benefits Plan premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies, 25.1 Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6). Large 'NONE' watermark is present.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... and number of persons insured under indemnity only products ...



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and various sub-categories.

NONE

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2015 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Grand Total
NAIC Group Code 0119

DURING THE YEAR 2015
NAIC Company Code 60052

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, Direct Claims and Benefits Paid, and Details of Write-ins.

NONE

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

NONE

(a) Includes Individual Credit Life Insurance prior year \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Credit (Group and Individual), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), Totals (sum of Lines 25.1 to 25.5), and Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 61,554 and number of persons insured under indemnity only products 0.

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