



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2017

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 IL

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 Seeker, 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

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

### DIRECTORS OR TRUSTEES

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

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.

Bruce Dale Broussard  
President & CEO

Joan Olliges Lenahan  
VP & Corporate Secretary

Alan James Bailey  
VP & Treasurer

Subscribed and sworn to before me this  
10th day of May, 2017

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

## STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	165,859,571	0	165,859,571	149,294,497
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....(2,409,804) ), cash equivalents (\$ .....54,978,684 ) and short-term investments (\$ .....49,967,639 ) .....	102,536,519	0	102,536,519	26,691,310
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	0	0	0	0
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	268,396,090	0	268,396,090	175,985,807
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,478,841	0	1,478,841	1,400,756
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,003,638	1,035,054	3,968,584	8,377,825
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....834,316 ) and contracts subject to redetermination (\$ .....36,246,973 ) .....	37,081,289	0	37,081,289	18,813,443
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	6,456	0	6,456	11,382
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	244	0	244	576
17. Amounts receivable relating to uninsured plans .....	24,619,574	0	24,619,574	26,247,439
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
18.2 Net deferred tax asset .....	4,605,208	37,884	4,567,324	4,567,324
19. Guaranty funds receivable or on deposit .....	10	0	10	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	58,458	58,458	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	0	0	0	2,175,183
24. Health care (\$ .....15,166,887 ) and other amounts receivable .....	15,299,628	130,578	15,169,050	10,905,668
25. Aggregate write-ins for other than invested assets .....	1,752,339	1,597,028	155,311	155,695
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	358,301,775	2,859,002	355,442,773	248,641,098
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	358,301,775	2,859,002	355,442,773	248,641,098
<b>DETAILS OF WRITE-INS</b>				
1101. ....				
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Commissions .....	1,530,111	1,530,111	0	0
2502. Federal Contingency Reserves .....	155,311	0	155,311	155,695
2503. Prepaid Expenses .....	38,247	38,247	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	28,670	28,670	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	1,752,339	1,597,028	155,311	155,695

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 43,957 reinsurance ceded)	73,091,955	6,595,079	79,687,034	73,415,042
2. Accrued medical incentive pool and bonus amounts	2,896,471	0	2,896,471	1,159,302
3. Unpaid claims adjustment expenses	568,206	0	568,206	595,222
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	2,594,050	0	2,594,050	2,457,411
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	73,502,278	0	73,502,278	1,619,865
9. General expenses due or accrued	4,175,896	0	4,175,896	1,036,048
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 17,551 on realized gains (losses))	3,244,493	0	3,244,493	5,814,429
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	20,691	0	20,691	11,110
12. Amounts withheld or retained for the account of others	623	0	623	409
13. Remittances and items not allocated	383,414	0	383,414	364,542
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	447,657	0	447,657	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0 ) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	14,803,480	0	14,803,480	404,782
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	175,729,214	6,595,079	182,324,293	86,878,162
25. Aggregate write-ins for special surplus funds	XXX	XXX	5,445,025	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	125,300,000	125,300,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	39,873,455	33,962,936
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0 )	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0 )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	173,118,480	161,762,936
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	355,442,773	248,641,098
<b>DETAILS OF WRITE-INS</b>				
2301.				
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year	XXX	XXX	5,445,025	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	5,445,025	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months	XXX	261,714	256,815	1,040,122
2. Net premium income ( including \$ .....0 non-health premium income)	XXX	261,051,207	241,514,630	969,514,141
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	653	653
4. Fee-for-service (net of \$ .....0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	261,051,207	241,515,283	969,514,794
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits	17,478,500	172,531,024	158,282,580	645,738,187
10. Other professional services	0	7,171,292	7,600,784	33,448,721
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	678,816	8,504,062	6,313,719	29,413,492
13. Prescription drugs	0	28,855,243	31,411,881	94,568,425
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	2,383,818	(4,616)	1,250,054
16. Subtotal (Lines 9 to 15)	18,157,316	219,445,439	203,604,348	804,418,879
<b>Less:</b>				
17. Net reinsurance recoveries	0	54,181	7,700	131,860
18. Total hospital and medical (Lines 16 minus 17)	18,157,316	219,391,258	203,596,648	804,287,019
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ .....6,885,725 cost containment expenses	0	8,393,095	8,196,757	32,736,928
21. General administrative expenses	0	19,210,772	31,840,536	83,582,073
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only)	0	0	0	(3,032,000)
23. Total underwriting deductions (Lines 18 through 22)	18,157,316	246,995,125	243,633,941	917,574,020
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	14,056,082	(2,118,658)	51,940,774
25. Net investment income earned	0	858,188	591,663	2,605,332
26. Net realized capital gains (losses) less capital gains tax of \$ .....17,551	0	32,595	245,428	629,198
27. Net investment gains (losses) (Lines 25 plus 26)	0	890,783	837,091	3,234,530
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )]	0	0	0	0
29. Aggregate write-ins for other income or expenses	0	13	(7,605)	(7,591)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	14,946,878	(1,289,172)	55,167,713
31. Federal and foreign income taxes incurred	XXX	3,226,942	5,518,695	23,088,670
32. Net income (loss) (Lines 30 minus 31)	XXX	11,719,936	(6,807,867)	32,079,043
<b>DETAILS OF WRITE-INS</b>				
0601.	XXX			
0602.	XXX			
0603.	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	0	0
0701.	XXX			
0702.	XXX			
0703.	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.				
1402.				
1403.				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901. Miscellaneous Income / (Loss)	0	13	(7,605)	(7,591)
2902.				
2903.				
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	13	(7,605)	(7,591)

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	161,762,936	130,375,712	130,375,712
34. Net income or (loss) from Line 32.....	11,719,936	(6,807,867)	32,079,043
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ ..... 0	4,438	0	(18,000)
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	0	0	(2,048,571)
39. Change in nonadmitted assets.....	(368,830)	(2,800,558)	1,374,752
40. Change in unauthorized and certified reinsurance.....	0	0	0
41. Change in treasury stock.....	0	0	0
42. Change in surplus notes.....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in.....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in.....	0	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0	0
45.3 Transferred from capital.....	0	0	0
46. Dividends to stockholders.....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47).....	11,355,544	(9,608,425)	31,387,224
49. Capital and surplus end of reporting period (Line 33 plus 48)	173,118,480	120,767,287	161,762,936
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

## STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	319,544,973	228,288,830	965,099,725
2. Net investment income .....	1,398,792	824,135	4,060,663
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	320,943,765	229,112,965	969,160,388
5. Benefit and loss related payments .....	215,331,629	185,825,567	793,433,794
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	8,457,639	19,819,682	123,805,840
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 99,911 tax on capital gains (losses) .....	5,814,429	(33,560)	17,579,479
10. Total (Lines 5 through 9) .....	229,603,697	205,611,689	934,819,113
11. Net cash from operations (Line 4 minus Line 10) .....	91,340,068	23,501,276	34,341,275
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	9,160,745	15,165,848	77,486,120
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	85	4,279,023	60,000
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	9,160,830	19,444,871	77,546,120
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	26,290,009	45,497,449	143,343,092
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	26,290,009	45,497,449	143,343,092
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	(17,129,179)	(26,052,578)	(65,796,972)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	1,634,320	(3,936,132)	1,093,977
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,634,320	(3,936,132)	1,093,977
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	75,845,209	(6,487,434)	(30,361,720)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	26,691,310	57,053,030	57,053,030
19.2 End of period (Line 18 plus Line 19.1) .....	102,536,519	50,565,596	26,691,310

Note: Supplemental disclosures of cash flow information for non-cash transactions:

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	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 .....	87,846	0	0	30	0	0	512	87,304	0	0
2. First Quarter .....	87,165	0	0	39	0	0	0	87,126	0	0
3. Second Quarter .....	0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	261,714	0	0	113	0	0	18	261,583	0	0
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	460,944	0	0	87	0	0	479	460,378	0	0
8. Non-Physician .....	266,593	0	0	76	0	0	234	266,283	0	0
9. Total	727,537	0	0	163	0	0	713	726,661	0	0
10. Hospital Patient Days Incurred	73,333	0	0	3	0	0	21	73,309	0	0
11. Number of Inpatient Admissions	7,162	0	0	1	0	0	2	7,159	0	0
12. Health Premiums Written (a) .....	261,127,418	0	0	13,803	0	0	(9,251)	261,122,866	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	261,127,418	0	0	13,803	0	0	(9,251)	261,122,866	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....	215,359,239	0	0	10,042	0	0	547,042	214,802,155	0	0
18. Amount Incurred for Provision of Health Care Services	219,445,439	0	0	12,497	0	0	(7,340)	219,440,282	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....261,122,866



## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	0	0	0	0	0	0
2. Medicare Supplement .....	4,068	5,974	940	7,321	5,008	5,806
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	547,042	0	1,989	0	549,031	585,670
6. Title XVIII - Medicare .....	55,089,958	159,042,864	6,489,900	73,186,884	61,579,858	72,823,566
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	55,641,068	159,048,838	6,492,829	73,194,205	62,133,897	73,415,042
10. Healthcare receivables (a) .....	77,473	15,219,992	0	0	77,473	11,343,007
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	646,649	0	2,896,471	0	1,159,302
13. Totals (Lines 9-10+11+12)	55,563,595	144,475,495	6,492,829	76,090,676	62,056,424	63,231,337

(a) Excludes \$ .....0 loans or advances to providers not yet expensed.

**STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Insurance.

The Illinois Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Illinois Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Illinois. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Illinois is shown below:

	SSAP #	F/S Page	F/S Line #	2017	2016
Net Income					
1. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ 11,719,936	\$ 32,079,043
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
4. NAIC SAP	xxx	xxx	xxx	\$ 11,719,936	\$ 32,079,043
Surplus					
5. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ 173,118,480	\$ 161,762,936
6. State Prescribed Practices that is and increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ 173,118,480	\$ 161,762,936

On July 2, 2015, Humana entered into an Agreement and Plan of Merger, which is referred to herein as the Merger Agreement, with Aetna Inc. and certain wholly owned subsidiaries of Aetna Inc., (Aetna), which sets forth the terms and conditions under which Humana agreed to merge with, and become a wholly owned subsidiary of Aetna.

The Merger was subject to customary closing conditions, including, among other things, the expiration or termination of the applicable waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended, the receipt of necessary approvals under state insurance and healthcare laws and regulations pursuant to certain licenses of certain Humana subsidiaries, and the absence of legal restraints and prohibitions on the consummation of the Merger.

On December 22, 2016, in order to extend the "End Date" (as defined in the Merger Agreement), Aetna and Humana each agreed to waive until 11:59 p.m. (Eastern time) on February 15, 2017 its right to terminate the Merger Agreement due to a failure of the Mergers to have been completed on or before December 31, 2016.

On July 21, 2016, the U.S. Department of Justice (DOJ) and the attorneys general of certain U.S. jurisdictions filed a civil antitrust complaint in the U.S. District Court for the District of Columbia against Humana and Aetna, alleging that the Merger would violate Section 7 of the Clayton Antitrust Act and seeking a permanent injunction to prevent the Merger from being completed. On January 23, 2017, the Court ruled in favor of the DOJ and granted a permanent injunction of the proposed transaction. On February 14, 2017, Humana and Aetna agreed to mutually terminate the Merger Agreement, as Humana's Board determined that an appeal of the Court's ruling would not be in the best interest of its stockholders. Under terms of the Merger Agreement, Humana received a breakup fee of \$1 billion on February 16, 2017.

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

**STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.
- (14) Not Applicable.

STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(15) Not Applicable.

D. Going Concern

Effective December 31, 2016, the Company adopted revisions to SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). The revisions require management of the Company to evaluate whether there is substantial doubt about the Company's ability to continue as a going concern and provide certain disclosures if substantial doubt exists. Management of the Company has completed its evaluation of the Company and determined that there is no substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at March 31, 2017.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at March 31, 2017:

(a) The aggregate amount of unrealized losses:		
1. Less than Twelve Months	\$	(494,422)
2. Twelve Months or Longer	\$	(140)
(b) The aggregate related fair value of securities with unrealized losses:		
1. Less than Twelve Months	\$	28,282,705
2. Twelve Months or Longer	\$	37,343

(5) Unrealized losses are primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

E. Repurchase Agreements and/or Securities Lending Transactions

- (1) The Company has no repurchase agreements or securities lending transactions.
- (2) The Company has not pledged any of its assets as collateral.
- (3-7) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets	7 Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	3,217,077	3,225,196	(8,119)	-	3,217,077	0.90%	0.91%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 3,217,077</b>	<b>\$ 3,225,196</b>	<b>\$ (8,119)</b>	<b>-</b>	<b>\$ 3,217,077</b>	<b>0.90%</b>	<b>0.91%</b>

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

(3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

(4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not Applicable.

I. Working Capital Finance Investments

Not Applicable.

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

- L. 5\* Securities  
Not Applicable.
- M. Short Sales  
Not Applicable.
- N. Prepayment Penalty and Acceleration Fees  
Not Applicable.
- 6. Joint Ventures, Partnerships and Limited Liability Companies
  - A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
  - B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.
- 7. Investment Income
  - A. Due and accrued income was excluded from surplus on the following basis:  

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.
  - B. The total amount excluded was \$0.
- 8. Derivative Instruments  
Not Applicable.
- 9. Income Taxes  
No material change since year-end December 31, 2016.
- 10. Information Concerning Parent, Subsidiaries and Affiliates
  - A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2016 and 2015 were \$96,560,031 and \$49,147,735, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana Inc. is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.  

No dividends were paid by the Company as of March 31, 2017.

At March 31, 2017, the Company reported \$447,657 due to Humana Inc. Amounts due to or from parent are generally settled within 30 days.
  - G. All outstanding shares of the Company are owned by the Parent Company.
  - H. Not Applicable.
  - I. Not Applicable.
  - J. Not Applicable.
  - K. Not Applicable.
  - L. Not Applicable.
  - M. Not Applicable.
  - N. Not Applicable.
- 11. Debt
  - A. Debt Including Capital Notes  

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

NOTES TO THE FINANCIAL STATEMENTS

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

No material change since year-end December 31, 2016.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

(1) The Company has \$25 par value common stock with 100,000 shares authorized and 100,000 shares issued and 100,000 outstanding. All shares are common stock shares.

(2) The Company has no preferred stock outstanding.

(3-5) Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Illinois Department of Insurance statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Illinois Department of Insurance is the greater of 10% of unassigned funds or net income. Based on these restrictions, the Company was permitted to pay a maximum dividend or return of capital to shareholders of approximately \$32,070,000 for the period ended March 31, 2017 without prior regulatory approval.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

No dividends were paid by the Company as of March 31, 2017.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) Not Applicable.

(8) Not Applicable.

(9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2018.

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$4,438.

(11) Not Applicable.

(12) Not Applicable.

(13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

**STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

B. Assessments

Penn Treaty is a financially distressed unaffiliated long-term care insurance company. On March 1, 2017, the Pennsylvania Commonwealth Court approved the liquidation of Penn Treaty. Under state guaranty assessment laws, including those related to state cooperative failures in the industry, the Company may be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of insolvent insurance companies that write the same line or lines of business as the Company. This court ruling triggered a guarantee fund assessment for the Company in the first quarter of 2017. Based on current information, the assessment is estimated at approximately \$3,267,655. Currently, there is not enough information available to determine the periods over which the assessments are expected to be paid. The Company has also recognized an asset for premium tax credits associated with the assessment of \$10, which are expected to be realized over the next 5 years.

Activity in the recoverable related guarantee funds during the year is summarized as follows:

Balance at January 1, 2016	\$	-
Recoverable accrued for new assessments during the year		10
Change in recoverable due to change in estimates		-
Balance at March 31, 2017	\$	<u>10</u>

The following table summarizes the guaranty fund liabilities and assets:

	Guaranty Fund Assessment Payables	Guaranty Fund Assessment Recoverables
Undiscounted Balance	\$ 3,267,655	\$ 11
Discounted Balance	\$ 3,267,655	\$ 10
Discount Rate Applied	0.00%	3.50%
Number of Jurisdictions Discounted	0	1 state
Range of Years Used to Discount	0	0 to 5 years
Weighted Average Number of Years	0	5 years

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of March 31, 2017.

15. Leases

No material change since year-end December 31, 2016.

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

The Company has no investment in Financial Instruments with Off-Balance Sheet Risk or Concentrations of Credit Risk.

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of March 31, 2017, the Company has recorded a receivable from CMS of \$24,619,574 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The fair value of financial assets at March 31, 2017 were as follows:

	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Bonds				
U.S. governments	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-
Residential mortgage-backed	-	-	-	-
Corporate debt securities	-	761,438	-	761,438
Total bonds	-	761,438	-	761,438
Total assets at fair value	\$ -	\$ 761,438	\$ -	\$ 761,438
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2016 and March 31, 2017.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2016 and March 31, 2017.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended March 31, 2017.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

**STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$ 268,509,009	\$ 270,805,894	\$ 102,636,056	\$ 165,872,953	\$ -	\$ -

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through May 8, 2017 for the Statutory Statement issued on May 8, 2017.

NOTES TO THE FINANCIAL STATEMENTS

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes ( ) No (X)

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes ( ) No (X)

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes ( ) No (X)

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes ( ) No (X)

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes ( ) No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

- B. The Company records accrued retrospective premium as an adjustment to earned premiums.

- C. The amount of net premiums written by the Company at March 31, 2017 that are subject to retrospective rating features was \$261,037,404, or 99.99% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

**STATEMENT AS OF March 31, 2017 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ -	\$ (653)	\$ -	\$ (653)
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	-	-	-	-
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	-	-	-	-
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$74,010,264. As of March 31, 2017, \$66,749,878 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$6,539,126 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$721,260 favorable prior-year development since December 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen in Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2017	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2017	-	-	-	-	-
6/30/2017	-	-	-	-	-
3/31/2017	15,180,015	15,180,015	-	-	-
12/31/2016	10,919,064	10,919,064	10,918,886	-	-
9/30/2016	10,837,783	10,837,783	10,837,092	-	-
6/30/2016	9,489,041	9,489,041	9,476,192	-	-
3/31/2016	8,083,506	8,083,506	8,075,965	-	7,541
12/31/2015	6,676,645	6,676,645	6,676,645	87,493	13,357
9/30/2015	7,917,303	7,917,303	7,907,700	3,475	6,128
6/30/2015	6,123,535	6,123,535	6,115,745	-	7,790
3/31/2015	3,884,247	3,884,247	3,880,383	-	3,863

B. Risk Sharing Receivables

No material change since year-end December 31, 2016.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

## GENERAL INTERROGATORIES

### PART 1 - COMMON INTERROGATORIES

#### GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? ..... Yes [ ] No [ X ]
- 1.2 If yes, has the report been filed with the domiciliary state? ..... Yes [ ] No [ ]
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]
- 2.2 If yes, date of change: .....
- 3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
If yes, complete Schedule Y, Parts 1 and 1A.
- 3.2 Have there been any substantial changes in the organizational chart since the prior quarter end? ..... Yes [ ] No [ X ]
- 3.3 If the response to 3.2 is yes, provide a brief description of those changes.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? ..... Yes [ ] No [ X ]
- 4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. .... 12/31/2015
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. .... 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). .... 07/21/2012
- 6.4 By what department or departments?  
Illinois Department of Insurance
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? ..... Yes [ X ] No [ ] N/A [ ]
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]
- 7.2 If yes, give full information:
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? ..... Yes [ ] No [ X ]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? ..... Yes [ ] No [ X ]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

**GENERAL INTERROGATORIES**

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

**FINANCIAL**

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [ ] No [ X ]
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....0

**INVESTMENT**

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]
- 11.2 If yes, give full and complete information relating thereto:
12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ .....0
13. Amount of real estate and mortgages held in short-term investments: ..... \$ .....0
- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes [ ] No [ X ]
- 14.2 If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ .....0   | \$ .....0  |
| 14.22 Preferred Stock .....   | \$ .....0   | \$ .....0  |
| 14.23 Common Stock .....  | \$ .....0   | \$ .....0  |
| 14.24 Short-Term Investments .....  | \$ .....0   | \$ .....0  |
| 14.25 Mortgage Loans on Real Estate .....   | \$ .....0   | \$ .....0  |
| 14.26 All Other .....   | \$ .....0   | \$ .....0  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ .....0   | \$ .....0  |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ .....0   | \$ .....0  |
- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [ ] No [ X ]
- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ]
- If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**GENERAL INTERROGATORIES**

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0
  - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....\$ .....0
  - 16.3 Total payable for securities lending reported on the liability page .....\$ .....0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase .....	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh .....

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

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [ ] No [ X ]

- 17.4 If yes, give full information relating thereto:

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

- 17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC .....	U.....
W. Mark Preston .....	I.....

- 17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [ X ] No [ ]

- 17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [ X ] No [ ]

- 17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105 .....	BLACKROCK FINANCIAL MANAGEMENT, INC .....	549300LVXY1VJKE13M84 .....	The SEC .....	DS.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? ..... Yes [ X ] No [ ]

- 18.2 If no, list exceptions:

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....86.7 %
  - 1.2 A&H cost containment percent .....2.6 %
  - 1.3 A&H expense percent excluding cost containment expenses .....7.9 %
- 2.1 Do you act as a custodian for health savings accounts? ..... Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....\$.....0
- 2.3 Do you act as an administrator for health savings accounts? ..... Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date .....\$.....0

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Reinsurer	8 Certified Reinsurer Rating (1 through 6)	9 Effective Date of Certified Reinsurer Rating
<b>NONE</b>								

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

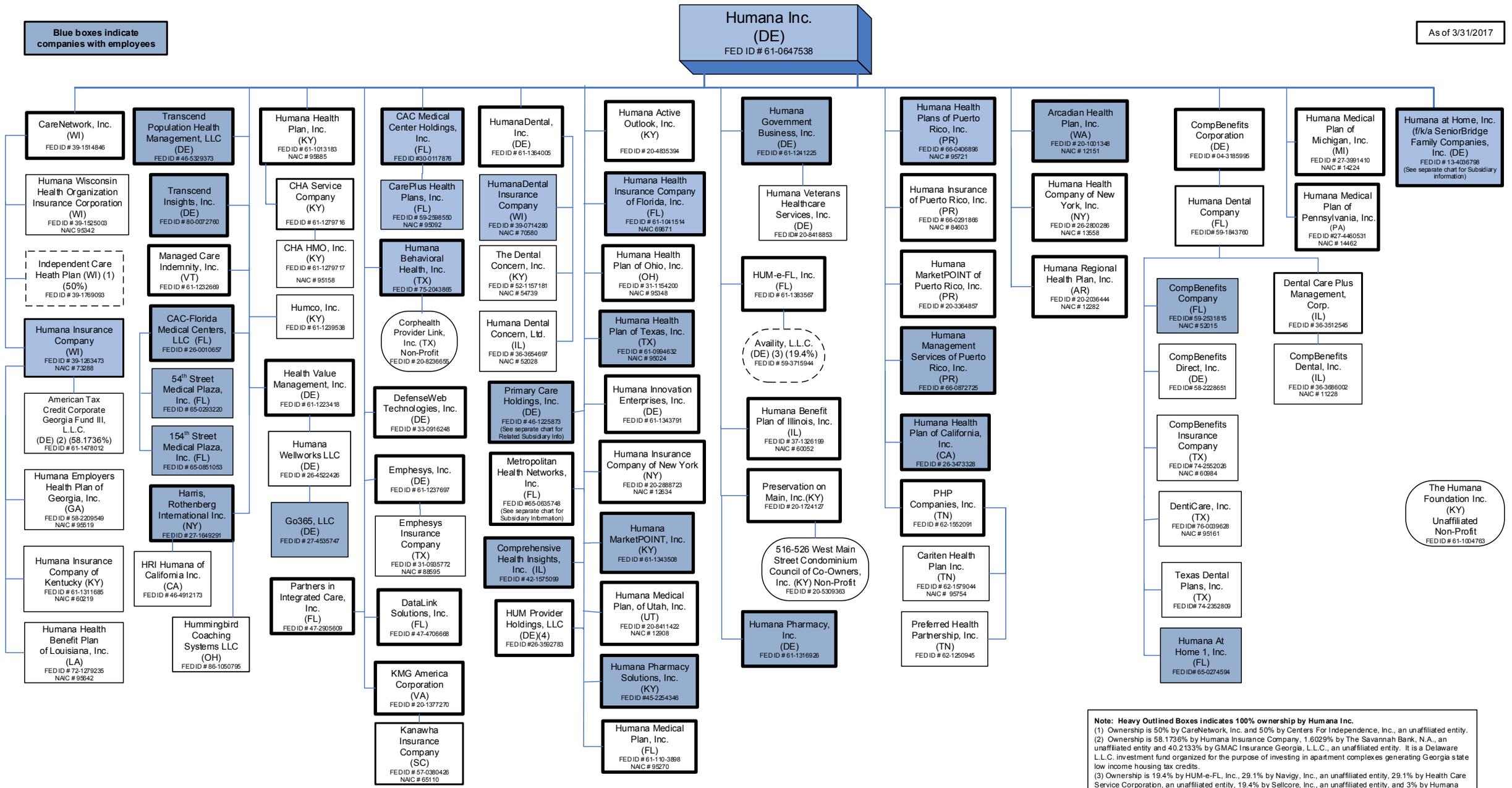
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama AL	L	0	5,622,297	0	0	0	0	5,622,297	0	
2. Alaska AK	L	0	0	0	0	0	0	0	0	
3. Arizona AZ	L	0	0	0	0	0	0	0	0	
4. Arkansas AR	L	0	0	0	0	0	0	0	0	
5. California CA	N	0	0	0	0	0	0	0	0	
6. Colorado CO	L	0	0	0	0	0	0	0	0	
7. Connecticut CT	L	0	0	0	0	0	0	0	0	
8. Delaware DE	L	0	0	0	0	0	0	0	0	
9. District of Columbia DC	L	0	0	0	0	0	0	0	0	
10. Florida FL	N	0	0	0	0	0	0	0	0	
11. Georgia GA	L	0	7,347,252	0	0	0	7,347,252	0	0	
12. Hawaii HI	L	0	0	0	0	0	0	0	0	
13. Idaho ID	L	0	0	0	0	0	0	0	0	
14. Illinois IL	L	0	47,639,646	0	(9,251)	0	47,630,395	0	0	
15. Indiana IN	L	0	15,633,151	0	0	0	15,633,151	0	0	
16. Iowa IA	L	0	0	0	0	0	0	0	0	
17. Kansas KS	L	0	0	0	0	0	0	0	0	
18. Kentucky KY	L	0	69,403,836	0	0	0	69,403,836	0	0	
19. Louisiana LA	L	0	4,104,020	0	0	0	4,104,020	0	0	
20. Maine ME	L	0	4,805	0	0	0	4,805	0	0	
21. Maryland MD	L	0	0	0	0	0	0	0	0	
22. Massachusetts MA	L	0	0	0	0	0	0	0	0	
23. Michigan MI	L	0	0	0	0	0	0	0	0	
24. Minnesota MN	L	0	0	0	0	0	0	0	0	
25. Mississippi MS	L	0	0	0	0	0	0	0	0	
26. Missouri MO	L	0	0	0	0	0	0	0	0	
27. Montana MT	L	0	1,292,109	0	0	0	1,292,109	0	0	
28. Nebraska NE	L	0	0	0	0	0	0	0	0	
29. Nevada NV	L	0	0	0	0	0	0	0	0	
30. New Hampshire NH	L	0	0	0	0	0	0	0	0	
31. New Jersey NJ	L	0	2,229,153	0	0	0	2,229,153	0	0	
32. New Mexico NM	L	0	0	0	0	0	0	0	0	
33. New York NY	N	0	0	0	0	0	0	0	0	
34. North Carolina NC	L	0	13,535,338	0	0	0	13,535,338	0	0	
35. North Dakota ND	L	13,803	0	0	0	0	13,803	0	0	
36. Ohio OH	L	0	22,204,539	0	0	0	22,204,539	0	0	
37. Oklahoma OK	L	0	0	0	0	0	0	0	0	
38. Oregon OR	L	0	0	0	0	0	0	0	0	
39. Pennsylvania PA	L	0	47,971,684	0	0	0	47,971,684	0	0	
40. Rhode Island RI	L	0	0	0	0	0	0	0	0	
41. South Carolina SC	L	0	2,503,183	0	0	0	2,503,183	0	0	
42. South Dakota SD	L	0	0	0	0	0	0	0	0	
43. Tennessee TN	L	0	0	0	0	0	0	0	0	
44. Texas TX	L	0	0	0	0	0	0	0	0	
45. Utah UT	N	0	0	0	0	0	0	0	0	
46. Vermont VT	L	0	0	0	0	0	0	0	0	
47. Virginia VA	L	0	0	0	0	0	0	0	0	
48. Washington WA	L	0	0	0	0	0	0	0	0	
49. West Virginia WV	L	0	21,631,853	0	0	0	21,631,853	0	0	
50. Wisconsin WI	L	0	0	0	0	0	0	0	0	
51. Wyoming WY	L	0	0	0	0	0	0	0	0	
52. American Samoa AS	N	0	0	0	0	0	0	0	0	
53. Guam GU	N	0	0	0	0	0	0	0	0	
54. Puerto Rico PR	N	0	0	0	0	0	0	0	0	
55. U.S. Virgin Islands VI	N	0	0	0	0	0	0	0	0	
56. Northern Mariana Islands MP	N	0	0	0	0	0	0	0	0	
57. Canada CAN	N	0	0	0	0	0	0	0	0	
58. Aggregate Other Aliens OT	XXX	0	0	0	0	0	0	0	0	
59. Subtotal	XXX	13,803	261,122,866	0	(9,251)	0	261,127,418	0	0	
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0	
61. Totals (Direct Business)	(a) 47	13,803	261,122,866	0	(9,251)	0	261,127,418	0	0	
DETAILS OF WRITE-INS										
58001.	XXX									
58002.	XXX									
58003.	XXX									
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0	
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0	

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

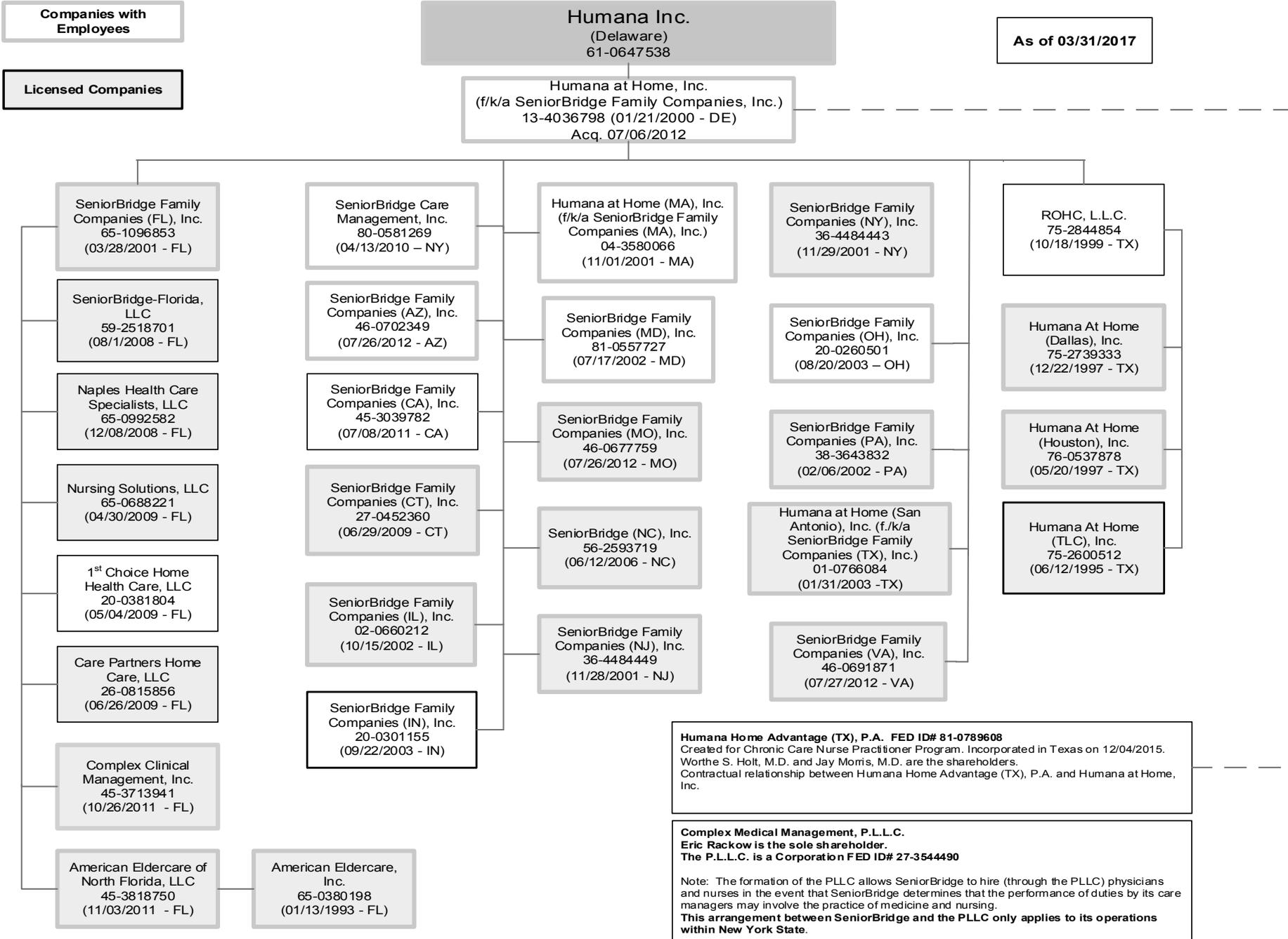
(a) Insert the number of L responses except for Canada and Other Alien.

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.



The Humana Foundation Inc. (KY)  
Unaffiliated Non-Profit  
FED ID # 61-104793

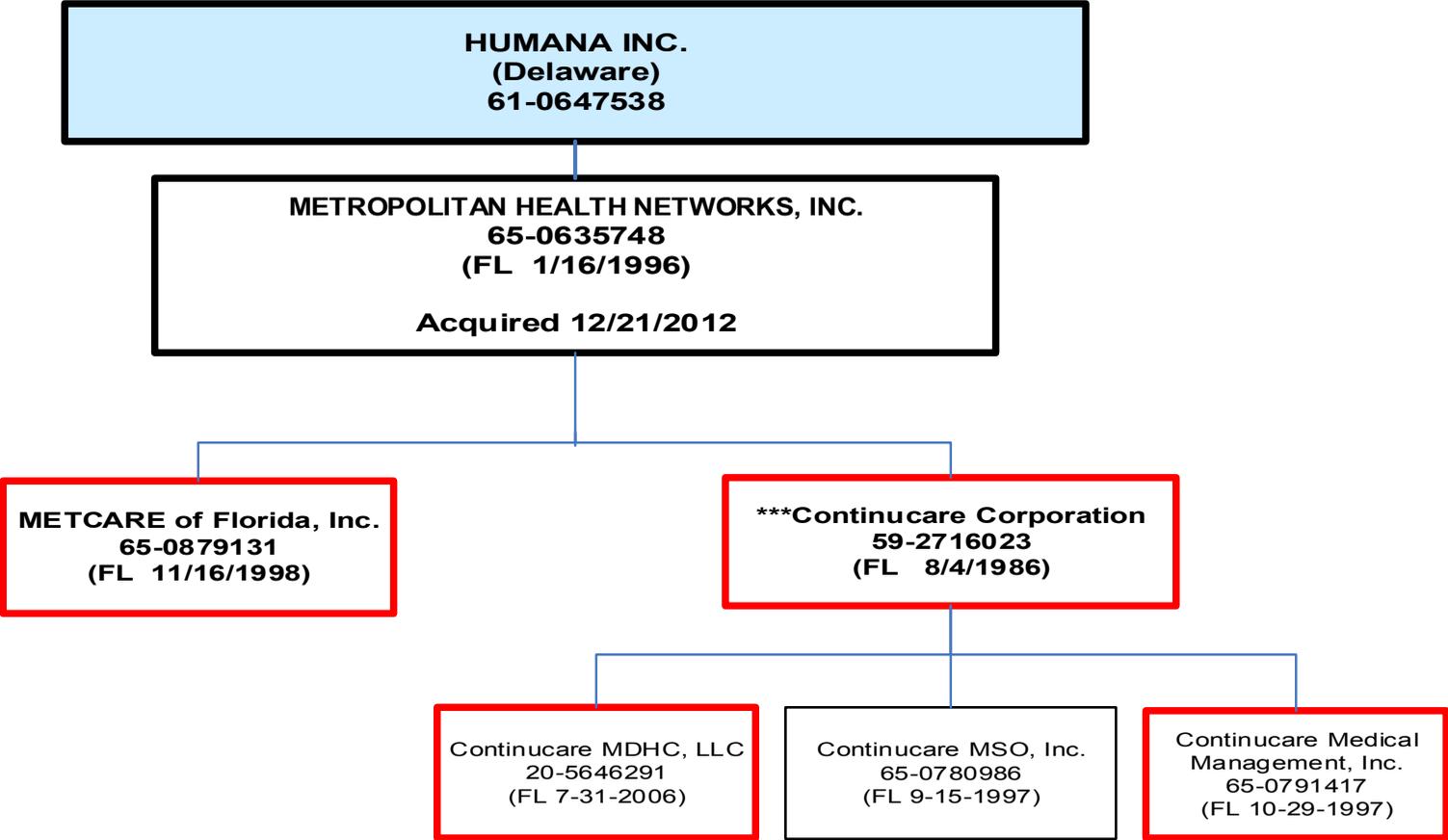
STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.



15.1

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

As of 03-31-2017



15.2

Employees

STATEMENT AS OF MARCH 31, 2017 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	16
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)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council 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	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	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	NIA	CAC Medical Center 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.	.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	36-3886002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2043965				Humana Behavioral Health, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				EmpheSys Insurance Company	TX	IA	EmpheSys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				EmpheSys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	DE	NIA	Humana 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
.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

STATEMENT AS OF MARCH 31, 2017 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	16
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)	Is an SCA Filing Required? (Y/N)	*
.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	LOP	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				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1238538				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	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Humana Behavioral Health, 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
.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

STATEMENT AS OF MARCH 31, 2017 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	16
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	Domi-ciliary Loca-tion	Relation-ship 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 Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), 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	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 Population Health Management, 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 For Independence, Inc. owns the other 50%.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	Response
1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....	NO

Explanation:

1. This type of business is not written.

Bar Code:

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



**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Deposits .....	28,670	28,670	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	28,670	28,670	0	0

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE**

**SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE**

**SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

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

**NONE**

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	149,294,497	84,590,770
2. Cost of bonds and stocks acquired	26,290,009	143,343,092
3. Accrual of discount	(2,401)	30,269
4. Unrealized valuation increase (decrease)	4,438	(18,000)
5. Total gain (loss) on disposals	50,061	967,996
6. Deduct consideration for bonds and stocks disposed of	9,160,745	77,486,120
7. Deduct amortization of premium	616,288	2,133,510
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	165,859,571	149,294,497
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	165,859,571	149,294,497

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE D - PART 1B**

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

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	169,628,789	490,732,832	403,635,639	(2,070,645)	254,655,337	0	0	169,628,789
2. NAIC 2 (a) .....	9,721,855	3,978,454	328,755	1,477,566	14,849,120	0	0	9,721,855
3. NAIC 3 (a) .....	1,222,563	0	0	(46,125)	1,176,438	0	0	1,222,563
4. NAIC 4 (a) .....	74,438	0	0	50,562	125,000	0	0	74,438
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	180,647,645	494,711,286	403,964,394	(588,642)	270,805,895	0	0	180,647,645
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	180,647,645	494,711,286	403,964,394	(588,642)	270,805,895	0	0	180,647,645

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 104,946,323 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

**SCHEDULE DA - PART 1**

## Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	49,967,639	xxx	49,993,656	56,431	667

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	21,354,970	61,891,511
2. Cost of short-term investments acquired .....	254,230,131	1,171,131,002
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	225,603,710	1,211,629,527
7. Deduct amortization of premium .....	13,752	38,016
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	49,967,639	21,354,970
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	49,967,639	21,354,970

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**NONE**

Schedule DB - Part B - Verification - Futures Contracts

**NONE**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**NONE**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**NONE**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**NONE**

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	9,998,178	0
2. Cost of cash equivalents acquired .....	214,191,146	666,260,469
3. Accrual of discount .....	39,360	87,709
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	169,250,000	656,350,000
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	54,978,684	9,998,178
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	54,978,684	9,998,178

Schedule A - Part 2 - Real Estate Acquired and Additions Made

**NONE**

Schedule A - Part 3 - Real Estate Disposed

**NONE**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**NONE**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**NONE**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**NONE**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**NONE**

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE D - PART 3**

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
3135G0-S2-0	FED NTL MTG ASSO		.01/13/2017	BARCLAYS CAPITAL		2,000,600	2,000,000	1,653	1FE
912828-T7-5	US TREASURY N/B		.01/20/2017	CITIGROUP GLOBAL MARKETS INC		1,501,149	1,500,000	2,314	1
912828-U8-1	UNITED STATES TREASURY GOVERNMENT		.01/20/2017	HSBC SECURITIES INC.		1,502,463	1,500,000	1,906	1
<b>0599999. Subtotal - Bonds - U.S. Governments</b>						5,004,212	5,000,000	5,873	XXX
373884-6T-8	GEORGIA ST		.01/24/2017	CITIGROUP GLOBAL MARKETS INC		398,871	330,000	3,208	1
45506D-ZJ-7	INDIANA ST FIN AUTH REV		.01/17/2017	JEFFERIES		144,622	120,000	1,633	1FE
574193-MU-9	MARYLAND ST		.01/13/2017	CITIGROUP GLOBAL MARKETS INC		264,992	220,000	1,467	1FE
658256-T8-5	NORTH CAROLINA ST		.01/17/2017	BARCLAYS CAPITAL		119,686	110,000	1,207	1FE
68609B-A3-1	OREGON ST FOR PREVIOUS ISSUES		.02/09/2017	CITIGROUP GLOBAL MARKETS INC		142,370	120,000	.0	1FE
68609B-A4-9	OREGON ST FOR PREVIOUS ISSUES		.02/09/2017	CITIGROUP GLOBAL MARKETS INC		141,667	120,000	.0	1FE
70914P-D7-4	PENNSYLVANIA STATE		.02/01/2017	CITIGROUP GLOBAL MARKETS INC		287,845	250,000	5,799	1FE
928109-T9-8	VIRGINIA ST		.01/13/2017	WELLS FARGO		268,901	240,000	2,300	1FE
928109-U2-1	VIRGINIA ST		.01/13/2017	WELLS FARGO		160,825	140,000	1,342	1FE
97705M-FT-7	WISC ST FOR ISSUES DTD PR		.03/10/2017	CITIGROUP GLOBAL MARKETS INC		57,825	50,000	.0	1FE
<b>1799999. Subtotal - Bonds - U.S. States, Territories and Possessions</b>						1,987,604	1,700,000	16,956	XXX
13032U-DU-9	CALIFORNIA HEALTH FACS FING AU		.01/18/2017	CITIGROUP GLOBAL MARKETS INC		272,222	240,000	5,200	1FE
25484J-AL-4	DISTRICT COLUMBIA REV		.02/06/2017	LOOP CAPITAL MARKETS		534,225	500,000	9,333	1FE
3138WD-HJ-3	FED NTL MTG ASSO FNMA 15YR		.03/23/2017	SUNTRUST ROBINSON HUMPHREY INC		218,531	212,715	479	1
3138Y6-TX-3	FED NTL MTG ASSO FNMA15YR		.03/23/2017	INTL FCSTONE PARTNERS L.P.		1,316,543	1,280,139	2,880	1
3138Y3-BQ-3	FED NTL MTG ASSO FNMA 15YR		.03/23/2017	J.P. MORGAN		2,576,658	2,507,315	5,641	1
396784-MJ-6	GREENWICH CONN		.01/17/2017	CITIGROUP GLOBAL MARKETS INC		148,190	130,000	.0	1FE
54466H-EH-5	LOS ANGELES CNTY CALIF MET TRA		.01/26/2017	WELLS FARGO		149,349	130,000	.0	1FE
54466H-EJ-1	LOS ANGELES CNTY CALIF MET TRA		.01/26/2017	WELLS FARGO		152,178	130,000	.0	1FE
54466H-EL-6	LOS ANGELES CNTY CALIF MET TRA		.01/26/2017	WELLS FARGO		180,339	150,000	.0	1FE
54466H-EM-4	LOS ANGELES CNTY CALIF MET TRA		.01/26/2017	WELLS FARGO		182,681	150,000	.0	1FE
54466H-EN-2	LOS ANGELES CNTY CALIF MET TRA		.01/26/2017	WELLS FARGO		184,617	150,000	.0	1FE
59259N-3K-7	METROPOLITAN TRANSN AUTH N Y D		.01/23/2017	MERRILL LYNCH, PIERCE, FENNER & SM		253,884	220,000	2,169	1FE
650116-AR-7	NEW YORK TRANSN DEV CORP SPL		.01/04/2017	WELLS FARGO		145,936	140,000	156	2FE
650116-AV-8	NEW YORK TRANSN DEV CORP SPL		.01/04/2017	WELLS FARGO		242,790	230,000	268	2FE
65821D-SN-2	NORTH CAROLINA ST MED CARE COMMISS		.01/12/2017	MERRILL LYNCH, PIERCE, FENNER & SM		142,652	130,000	849	1FE
796269-WM-6	SAN ANTONIO TEX INDPST SCH DIS MUNI		.01/12/2017	J.P. MORGAN		123,276	100,000	3,042	1FE
797412-CW-1	SAN DIEGO CNTY CALIF WTR AUTH MUNI		.01/17/2017	JEFFERIES		106,403	90,000	988	1FE
91412G-J3-0	UNIVERSITY CALIF REVS FOR PREVIOUS		.01/24/2017	RBC DOMINION SECURITIES CORP.		274,085	240,000	2,400	1FE
<b>3199999. Subtotal - Bonds - U.S. Special Revenues</b>						7,204,559	6,730,169	33,405	XXX
038222-AL-9	APPLIES MATERIAL		.03/28/2017	J.P. MORGAN		149,468	150,000	.0	1FE
06738E-AU-9	BARCLAYS BANK PLC		.01/03/2017	BARCLAYS CAPITAL		525,000	525,000	.0	2FE
07330N-AQ-8	BRANCH BANK & TRUST		.01/23/2017	MORGAN STANLEY		1,199,172	1,200,000	.0	1FE
14042R-FH-9	CAPITAL ONE NA/MCLEAN VA		.01/26/2017	MORGAN STANLEY		499,700	500,000	.0	2FE
233851-CU-6	DAIMLER FINANCE		.01/03/2017	J.P. MORGAN		776,864	780,000	.0	1FE
25156P-AW-3	DEUTSCHE TELEKOM INT FIN		.01/09/2017	MORGAN STANLEY		184,889	185,000	.0	2FE
31428X-BM-7	FEDERAL EXPRESS		.01/03/2017	WELLS FARGO		408,352	410,000	.0	2FE
361448-AZ-6	GATX CORPORATION		.02/06/2017	CITIGROUP GLOBAL MARKETS INC		109,718	110,000	.0	2FE
37045X-BS-4	GENERAL MOTORS FINANCIAL CO INC		.01/11/2017	DEUTSCHE BANK		374,505	375,000	.0	2FE
38141G-WC-4	GOLDMAN SACHS GROUP INC		.02/13/2017	GOLDMAN SACHS		1,874,356	1,880,000	2,000	1FE
44920U-AJ-7	HYUNDAI CAPITAL SERVICES INC		.02/28/2017	MERRILL LYNCH, PIERCE, FENNER & SM		199,200	200,000	.0	2FE
458200-JN-2	INTL BUSINESS MACHINES CORP		.01/24/2017	RBC DOMINION SECURITIES CORP.		349,664	350,000	.0	1FE
46625H-RY-8	JP MORGAN CHASE & CO		.01/25/2017	CHASE SECURITIES		600,000	600,000	.0	1FE
55336V-AK-6	MPLX LP		.02/07/2017	CITIGROUP GLOBAL MARKETS INC		99,834	100,000	.0	2FE
69353R-FB-9	PNC BANK CORP		.02/14/2017	CITIGROUP GLOBAL MARKETS INC		249,883	250,000	.0	1FE
709599-AX-2	PENSKE TRUCK LEASING COMPANY LP		.03/13/2017	MERRILL LYNCH, PIERCE, FENNER & SM		399,444	400,000	.0	2FE
91159H-HP-8	US BANCORP		.01/19/2017	U.S. BANCORP INVESTMENTS, INC		698,796	700,000	.0	1FE
92343V-DY-7	VERIZON COMMUNICATIONS		.03/13/2017	MORGAN STANLEY		789,085	795,000	.0	2FE
927804-FX-7	VIRGINIA ELECTRIC & POWER		.03/13/2017	WELLS FARGO		179,834	180,000	.0	1FE
949746-SK-8	WELLS FARGO COMPANY		.01/17/2017	WELLS FARGO		1,425,000	1,425,000	.0	1FE
89114Q-BE-7	TORONTO DOM BANK		.01/18/2017	TD SECURITIES		1,000,870	1,000,000	162	1FE
<b>3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						12,093,634	12,115,000	2,162	XXX
<b>8399997. Total - Bonds - Part 3</b>						26,290,009	25,545,169	58,396	XXX
<b>8399998. Total - Bonds - Part 5</b>						XXX	XXX	XXX	XXX
<b>8399999. Total - Bonds</b>						26,290,009	25,545,169	58,396	XXX
<b>8999997. Total - Preferred Stocks - Part 3</b>						0	XXX	0	XXX

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STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	XXX
9799997. Total - Common Stocks - Part 3						0	XXX	0	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	XXX
9999999 - Totals						26,290,009	XXX	58,396	XXX

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

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**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
36179S-JS-7	GOVERNMENT NATIONAL MORTGAGE GNMA		03/20/2017	MBS PAYDOWN		12,870	12,870	13,466	12,875	0	(5)	0	(5)	0	12,870	0	0	0	59	08/01/2046	1
36179S-QH-0	GOVERNMENT NATIONAL MORTGAGE GNMA		03/20/2017	MBS PAYDOWN		45,567	45,567	48,397	45,588	0	(21)	0	(21)	0	45,567	0	0	0	265	11/01/2046	1
912828-U7-3	US TREASURY N/B GOVERNMENT		01/12/2017	MORGAN STANLEY		998,670	1,000,000	994,884	994,903	0	54	0	54	0	994,957	0	3,713	3,713	1,095	12/15/2019	1
912828-U8-1	UNITED STATES TREASURY GOVERNMENT		02/02/2017	GOLDMAN SACHS		1,507,087	1,500,000	1,502,463	0	0	(16)	0	(16)	0	1,502,446	0	4,642	4,642	2,818	12/31/2021	1
912828-UH-1	UNITED STATES TREASURY CPI		01/13/2017	UBS SECURITIES		1,046,490	1,045,280	1,042,301	1,051,956	0	(6,676)	0	(6,676)	0	1,045,280	0	1,210	1,210	661	01/15/2023	1
<b>0599999 Subtotal - Bonds - U.S. Governments</b>						<b>3,610,684</b>	<b>3,603,717</b>	<b>3,601,511</b>	<b>2,105,322</b>	<b>0</b>	<b>(6,664)</b>	<b>0</b>	<b>(6,664)</b>	<b>0</b>	<b>3,601,120</b>	<b>0</b>	<b>9,565</b>	<b>9,565</b>	<b>4,898</b>	<b>XXX</b>	<b>XXX</b>
373384-6T-8	GEORGIA ST MUNI		02/09/2017	BARCLAYS CAPITAL RBC DOMINION SECURITIES CORP.		401,019	330,000	398,871	0	0	(383)	0	(383)	0	398,489	0	2,530	2,530	3,988	12/01/2024	1
88258H-AQ-1	TEXAS MUN GAS ACQUISITION & SU		01/10/2017	CORP.		92,288	85,000	86,990	86,441	0	(8)	0	(8)	0	86,433	0	5,855	5,855	330	12/15/2028	2FE
<b>1799999 Subtotal - Bonds - U.S. States, Territories and Possessions</b>						<b>493,307</b>	<b>415,000</b>	<b>485,861</b>	<b>86,441</b>	<b>0</b>	<b>(391)</b>	<b>0</b>	<b>(391)</b>	<b>0</b>	<b>484,922</b>	<b>0</b>	<b>8,385</b>	<b>8,385</b>	<b>4,318</b>	<b>XXX</b>	<b>XXX</b>
606092-DT-8	MISSOURI JT MUN ELEC UTIL COMM PW		01/03/2017	CALLED SECURITY at 100.000		270,000	270,000	272,822	271,829	0	(1,829)	0	(1,829)	0	270,000	0	0	0	6,075	01/01/2037	1FE
<b>2499999 Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>						<b>270,000</b>	<b>270,000</b>	<b>272,822</b>	<b>271,829</b>	<b>0</b>	<b>(1,829)</b>	<b>0</b>	<b>(1,829)</b>	<b>0</b>	<b>270,000</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6,075</b>	<b>XXX</b>	<b>XXX</b>
254764-JH-4	DISTRICT COLUMBIA MUNI		01/10/2017	MESIRROW		74,038	65,000	73,026	72,173	0	(22)	0	(22)	0	72,151	0	1,887	1,887	1,607	07/15/2032	1FE
254764-JX-2	DISTRICT COLUMBIA MUNI		01/10/2017	MESIRROW		73,743	65,000	72,728	71,908	0	(21)	0	(21)	0	71,887	0	1,855	1,855	1,607	07/15/2033	1FE
3128MJ-Y2-0	FGOLD 30YR GIANY		03/01/2017	MBS PAYDOWN		17,967	17,967	19,222	17,982	0	(15)	0	(15)	0	17,967	0	0	0	126	10/01/2046	1
3128MJ-Y8-7	FGOLD 30YR GIANY		03/01/2017	MBS PAYDOWN		8,792	8,792	9,410	8,797	0	(5)	0	(5)	0	8,792	0	0	0	62	11/01/2046	1
312942-F9-1	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		2,534	2,534	2,669	2,534	0	(1)	0	(1)	0	2,534	0	0	0	10	09/01/2040	1
3132JN-LY-1	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		11,864	11,864	12,480	11,867	0	(3)	0	(3)	0	11,864	0	0	0	41	08/01/2043	1
3132M3-T6-4	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		5,909	5,909	6,047	5,910	0	(1)	0	(1)	0	5,909	0	0	0	49	12/01/2043	1
3132WF-UP-2	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		1,181	1,181	1,232	1,181	0	0	0	0	0	1,181	0	0	0	3	08/01/2046	1
3132WG-GL-5	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		462	462	495	463	0	0	0	0	0	462	0	0	0	3	09/01/2046	1
3132WG-TS-6	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		11,600	11,600	12,416	11,603	0	(2)	0	(2)	0	11,600	0	0	0	47	09/01/2046	1
3132WH-EE-1	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		5,107	5,107	5,106	5,107	0	0	0	0	0	5,107	0	0	0	26	10/01/2046	1
3132WH-GW-9	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		402	402	430	402	0	0	0	0	0	402	0	0	0	2	09/01/2046	1
31335A-BG-2	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		17,482	17,482	18,253	17,491	0	(9)	0	(9)	0	17,482	0	0	0	87	04/01/2043	1
31335A-ZF-8	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		6,282	6,282	6,280	6,282	0	0	0	0	0	6,282	0	0	0	26	10/01/2046	1
3137BP-DH-6	FEDERAL HOME LOAN MTGE CO		03/01/2017	MBS PAYDOWN		6,878	6,878	7,195	6,880	0	(3)	0	(3)	0	6,878	0	0	0	35	07/01/2045	1
3137BS-ZE-6	STRU_AM-9241:PA		03/01/2017	MBS PAYDOWN		11,642	11,642	12,467	11,649	0	(8)	0	(8)	0	11,642	0	0	0	69	03/01/2046	1
3138AU-RL-3	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		5,898	5,898	6,217	5,905	0	(7)	0	(7)	0	5,898	0	0	0	32	10/01/2026	1
3138AW-H2-2	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		8,567	8,567	9,035	8,572	0	(5)	0	(5)	0	8,567	0	0	0	39	12/01/2041	1
3138AX-HC-8	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		992	992	1,046	992	0	0	0	0	0	992	0	0	0	5	11/01/2041	1
3138E4-F6-3	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		4,545	4,545	4,793	4,547	0	(3)	0	(3)	0	4,545	0	0	0	26	02/01/2042	1
3138ED-LJ-3	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		1,475	1,475	1,554	1,475	0	0	0	0	0	1,475	0	0	0	8	05/01/2042	1
3138EJ-ZR-2	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		9,308	9,308	9,920	9,314	0	(6)	0	(6)	0	9,308	0	0	0	40	10/01/2042	1
3138EK-G7-4	FANNIE MAE		03/01/2017	MBS PAYDOWN		2,894	2,894	3,086	2,897	0	(3)	0	(3)	0	2,894	0	0	0	15	08/01/2042	1
3138EK-GU-3	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		10,840	10,840	11,781	10,871	0	(32)	0	(32)	0	10,840	0	0	0	73	03/01/2042	1
3138EL-B3-6	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		1,461	1,461	1,559	1,463	0	(2)	0	(2)	0	1,461	0	0	0	9	06/01/2043	1
3138EM-FX-4	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		5,504	5,504	5,871	5,504	0	(4)	0	(4)	0	5,504	0	0	0	33	12/01/2043	1
3138EP-S4-7	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		10,419	10,419	11,114	10,425	0	(6)	0	(6)	0	10,419	0	0	0	47	07/01/2045	1
3138EP-WL-4	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		16,963	16,963	18,189	16,990	0	(27)	0	(27)	0	16,963	0	0	0	102	12/01/2042	1
3138EQ-HY-1	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		16,438	16,438	17,532	16,456	0	(18)	0	(18)	0	16,438	0	0	0	95	10/01/2045	1
3138EQ-ZF-2	FNMA 30 YR POOL		03/01/2017	MBS PAYDOWN		32,715	32,715	35,659	32,746	0	(31)	0	(31)	0	32,715	0	0	0	201	02/01/2046	1
3138ER-K8-2	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		54,512	54,512	58,609	54,576	0	(64)	0	(64)	0	54,512	0	0	0	327	10/01/2043	1
3138ER-LX-6	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		1,248	1,248	1,256	1,248	0	0	0	0	0	1,248	0	0	0	6	11/01/2031	1
3138ET-TP-1	FNMA 30 YR POOL		03/01/2017	MBS PAYDOWN		33,978	33,978	37,280	34,016	0	(38)	0	(38)	0	33,978	0	0	0	208	07/01/2046	1
3138ET-YV-2	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		14,331	14,331	15,341	14,344	0	(13)	0	(13)	0	14,331	0	0	0	71	05/01/2044	1
3138LV-CV-3	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		7,269	7,269	7,750	7,274	0	(5)	0	(5)	0	7,269	0	0	0	32	06/01/2042	1
3138M0-SE-1	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		3,765	3,765	4,015	3,767	0	(2)	0	(2)	0	3,765	0	0	0	22	07/01/2042	1
3138M9-KQ-2	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		1,261	1,261	1,267	1,261	0	0	0	0	0	1,261	0	0	0	6	08/01/2043	1
3138ND-6X-4	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		816	816	842	816	0	0	0	0	0	816	0	0	0	4	02/01/2030	1
3138NE-AJ-8	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		9,693	9,693	10,169	9,702	0	(9)	0	(9)	0	9,693	0	0	0	42	02/01/2030	1
3138NE-AM-1	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		16,818	16,818	17,656	16,837	0	(19)	0	(19)	0	16,818	0	0	0	88	02/01/2030	1
3138WJ-EQ-7	FED NTL MTG ASSO		03/01/2017	MBS PAYDOWN		33,772	33,772	33,974	33,775	0	(2)	0	(2)	0	33,772	0	0	0	144	11/01/2031	1
3138WJ-MD-7	FED NTL MTG ASSO		01/13/2017	VARIOUS		765,502	742,040	757,925	757,948	0	(86										

STATEMENT AS OF MARCH 31, 2017 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE D - PART 4**

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

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in Book/Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book/Adjusted Carrying Value	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
3140F3-C3-0	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		581	581	579	581	0	0	0	0	0	581	0	0	0	3	10/01/2046	1	
3140FB-6X-3	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		2,211	2,211	2,330	2,211	0	(1)	0	(1)	0	2,211	0	0	0	13	07/01/2045	1	
3140FE-X3-3	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		272	272	291	272	0	0	0	0	0	272	0	0	0	2	10/01/2046	1	
3140FG-5N-5	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		8,733	8,733	8,700	8,733	0	0	0	0	0	8,733	0	0	0	36	11/01/2046	1	
3140FG-6S-3	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		5,327	5,327	5,307	5,327	0	0	0	0	0	5,327	0	0	0	27	11/01/2046	1	
3140FG-7G-8	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		111	111	111	111	0	0	0	0	0	111	0	0	0	1	11/01/2046	1	
3140FG-7L-7	FED NTL MTG ASSO FNMA		01/13/2017	VARIOUS		266,855	258,237	263,280	263,287	0	(67)	0	(67)	0	263,220	0	3,635	3,635	1,175	11/01/2046	1	
3140FK-S3-5	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		2,394	2,394	2,386	2,394	0	0	0	0	0	2,394	0	0	0	12	11/01/2046	1	
31417A-JK-6	FED NTL MTG ASSO FNMA		03/01/2017	MBS PAYDOWN		1,288	1,288	1,375	1,289	0	(1)	0	(1)	0	1,288	0	0	0	7	11/01/2041	1	
373384-Y6-7	GEORGIA ST MUNI		02/01/2017	MATURITY		615,000	615,000	656,898	617,265	0	(2,265)	0	(2,265)	0	615,000	0	0	0	15,375	02/01/2017	1FE	
59259Y-30-0	METROPOLITAN TRANSN AUTH NY REV F		02/02/2017	CITIGROUP GLOBAL MARKETS INC		126,908	115,000	127,643	126,108	0	(115)	0	(115)	0	125,993	0	915	915	1,310	11/15/2045	1FE	
64966L-RC-7	NEW YORK NY MUNI		03/03/2017	J.P. MORGAN		152,710	150,000	162,533	153,792	0	(1,118)	0	(1,118)	0	152,673	0	36	36	4,417	08/01/2017	1FE	
64990A-OH-5	NEW YORK ST DORM AUTH SALES TA		03/15/2017	MATURITY		1,000,000	1,000,000	1,071,540	1,009,076	0	(9,074)	0	(9,074)	0	1,000,000	0	0	0	25,000	03/15/2017	1FE	
64990B-JU-8	NEW YORK ST DORM AUTH REVS		02/09/2017	MORGAN STANLEY		84,419	70,000	83,502	81,872	0	(143)	0	(143)	0	81,730	0	2,689	2,689	1,291	10/01/2025	1FE	
658196-5H-9	NORTH CAROLINA ESATN MUN PWIR A		01/01/2017	MATURITY		90,000	90,000	95,362	90,000	0	0	0	0	0	90,000	0	0	0	2,250	01/01/2017	1FE	
667825-UJ-0	NORTHWEST TEX INDPT SCH DIST		02/15/2017	CALLED SECURITY at 100.000		85,000	85,000	90,582	85,466	0	(466)	0	(466)	0	85,000	0	0	0	2,125	02/15/2031	1FE	
796253-X4-9	SAN ANTONIO TEX ELEC & GAS RE		02/01/2017	CALLED SECURITY at 100.000		165,000	165,000	175,375	165,621	0	(621)	0	(621)	0	165,000	0	0	0	4,125	02/01/2032	1FE	
842329-AA-2	SOUTHERN BAPTIST HOSPITAL		01/10/2017	RAYMOND JAMES		60,378	55,000	56,713	56,682	0	0	0	0	0	56,682	0	3,697	3,697	1,321	07/15/2045	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					3,986,700	3,912,424	4,150,138	3,988,688	0	(14,344)	0	(14,344)	0	3,974,345	0	22,354	22,354	67,365	XXX	XXX	
07388R-AF-4	BEAR STEARNS CO. CMBS		02/28/2017	CALLED SECURITY at 100.000		32,372	32,372	35,819	32,485	0	(114)	0	(114)	0	32,372	0	0	0	203	02/01/2044	1FM	
12631D-BG-7	COMM_14-CR18 CMBS		01/05/2017	MERRILL LYNCH, PIERCE, FENNER & SM		300,338	300,000	312,691	311,312	0	(19)	0	(19)	0	311,293	0	(10,955)	(10,955)	1,539	05/01/2047	1FM	
142339-AE-0	CARLISLE COMPANIES INC CORPORATE		01/10/2017	MERRILL LYNCH, PIERCE, FENNER & SM		160,728	150,000	149,325	149,688	0	0	0	0	0	149,688	0	11,040	11,040	598	12/15/2020	2FE	
46632H-AG-6	JPMCC_07-LD12 CMBS		03/15/2017	CALLED SECURITY at 100.000		16,277	16,277	18,537	16,599	0	(322)	0	(322)	0	16,277	0	0	0	99	02/01/2051	1FM	
50180J-AD-7	LBUBS 07-C2 CMBS		02/28/2017	CALLED SECURITY at 100.000		24,631	24,631	26,831	24,794	0	(162)	0	(162)	0	24,631	0	0	0	189	02/15/2040	1FM	
59156R-BQ-0	METLIFE FUNDING INC CORPORATE		01/13/2017	CITIGROUP GLOBAL MARKETS INC		56,156	55,000	54,996	54,994	0	0	0	0	0	54,994	0	1,162	1,162	363	11/13/2025	1FE	
665772-CN-7	NORTHERN STATES POWER CORPORATE		02/02/2017	KEY CAPITAL MARKETS		98,991	100,000	98,367	98,403	0	6	0	6	0	98,408	0	583	583	1,910	08/15/2045	1FE	
675553-AA-9	OCHSNER CLINIC FOUNDATION CORPORATE		01/31/2017	MORGAN STANLEY		64,116	55,000	57,688	57,638	0	(5)	0	(5)	0	57,634	0	6,482	6,482	703	05/15/2045	2FE	
747262-AH-6	QVC INC CORPORATE		03/20/2017	BARCLAYS CAPITAL		36,445	35,000	35,000	35,000	0	0	0	0	0	35,000	0	1,445	1,445	1,300	07/02/2022	2FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					790,054	768,280	789,254	780,913	0	(616)	0	(616)	0	780,297	0	9,757	9,757	6,904	XXX	XXX	
8399997	Total - Bonds - Part 4					9,160,745	8,969,421	9,299,586	7,233,193	0	(23,844)	0	(23,844)	0	9,110,684	0	50,061	50,061	89,560	XXX	XXX	
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999	Total - Bonds					9,160,745	8,969,421	9,299,586	7,233,193	0	(23,844)	0	(23,844)	0	9,110,684	0	50,061	50,061	89,560	XXX	XXX	
8999997	Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997	Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999	Totals					9,160,745	8,969,421	9,299,586	7,233,193	0	(23,844)	0	(23,844)	0	9,110,684	0	50,061	50,061	89,560	XXX	XXX	

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open

**NONE**

Schedule DB - Part B - Section 1 - Futures Contracts Open

**NONE**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made

**NONE**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By

**NONE**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To

**NONE**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned

**NONE**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned

**NONE**



