



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2018  
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 4501 North Sterling Ave., 2nd Floor, 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 Stephen Jackson, 502-580-2715  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com, 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

President & CEO <u>Bruce Dale Broussard</u>	Sr. VP & CFO <u>Brian Andrew Kane</u>
VP & Corporate Secretary <u>Joseph Christopher Ventura</u>	VP & Chief Actuary <u>Vanessa Marie Olson</u>

### OTHER

<u>Alan James Bailey, VP &amp; Treasurer</u>	<u>Elizabeth Diane Bierbower, Pres. Group Segment</u>	<u>John Gregory Catron, VP &amp; Chief Compliance Officer</u>
<u>Charles Wilbur Dow Jr., Reg. Pres-Sr Products/Great Lakes Reg./Central North Region</u>	<u>Douglas Allen Edwards, Vice President</u>	<u>Jeffrey Carl Fernandez, Seg. VP, Retail West and MarketPOINT</u>
<u>Brian Phillip LeClaire, Ph.D., Sr. VP &amp; Chief Information Officer</u>	<u>Heidi Suzanne Margulis, Sr. Vice President</u>	<u>Susan Lynn Mateja, Appointed Actuary</u>
<u>Mark Matthew Matzke, Seg. VP &amp; Pres., Small Business and Large Group</u>	<u>Steven Edward McCulley, SVP, Medicare Operations</u>	<u>William Mark Preston, VP-Investment Management</u>
<u>Richard Donald Remmers, VP, Group Segment</u>	<u>George Renaudin II, Seg. VP, Retail East &amp; Provider Experience</u>	<u>Donald Hank Robinson, Vice President - Tax</u>
<u>Timothy Alan Wheatley, President, Retail Segment</u>	<u>Ralph Martin Wilson, Vice President</u>	<u>Cynthia Hillebrand Zipperle, VP &amp; Chief Accounting Officer</u>

### DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Neal Curtis Fischer M.D.</u>	<u>Brian Andrew Kane</u>
<u>Ross Alan Westreich</u>	<u>Timothy Alan Wheatley</u>	<u>Patricia Ann Laughren</u>

State of Kentucky SS:  
County of Jefferson

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

<u>Bruce Dale Broussard</u> President & CEO	<u>Joseph Christopher Ventura</u> VP & Corporate Secretary	<u>Alan James Bailey</u> VP & Treasurer
Subscribed and sworn to before me this		a. Is this an original filing? ..... Yes [ X ] No [ ]
<u>11th</u> day of <u>May</u> , 2018		b. If no,
		1. State the amendment number.....
		2. Date filed .....
		3. Number of pages attached.....

Julia Wentworth  
Notary Public  
January 10, 2021

STATEMENT AS OF MARCH 31, 2018 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 .....	231,834,320	0	231,834,320	198,838,983
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 (\$ .....141,598,277 ), cash equivalents (\$ .....96,247,394 ) and short-term investments (\$ .....3,855,678 ) .....	241,701,349	0	241,701,349	118,091,192
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	260,000
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) .....	473,535,669	0	473,535,669	317,190,175
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	1,803,485	0	1,803,485	1,851,383
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	9,884,694	3,290,685	6,594,009	7,659,155
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 (\$ .....64,669 ) and contracts subject to redetermination (\$ .....41,072,281 ) .....	41,136,950	0	41,136,950	18,652,985
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	35,712	0	35,712	22,882
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	1,486	0	1,486	764
17. Amounts receivable relating to uninsured plans .....	4,376,851	0	4,376,851	5,454,528
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	0
18.2 Net deferred tax asset .....	1,961,174	188,021	1,773,153	1,773,153
19. Guaranty funds receivable or on deposit .....	10	0	10	10
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	1,494,558	1,494,558	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 .....	1,255,985	0	1,255,985	0
24. Health care (\$ .....28,169,525 ) and other amounts receivable .....	28,178,711	8,505	28,170,206	14,327,707
25. Aggregate write-ins for other than invested assets .....	5,276,282	5,176,355	99,927	99,924
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	568,941,567	10,158,124	558,783,443	367,032,666
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	568,941,567	10,158,124	558,783,443	367,032,666
<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 .....	4,949,760	4,949,760	0	0
2502. Deposits .....	214,479	214,479	0	0
2503. Federal Contingency Reserves .....	99,927	0	99,927	99,924
2598. Summary of remaining write-ins for Line 25 from overflow page .....	12,116	12,116	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	5,276,282	5,176,355	99,927	99,924

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 9,869 reinsurance ceded)	135,892,642	8,750,284	144,642,926	74,679,071
2. Accrued medical incentive pool and bonus amounts	8,888,177	0	8,888,177	11,084,563
3. Unpaid claims adjustment expenses	1,005,916	0	1,005,916	586,638
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	9,619,625	0	9,619,625	7,568,356
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	142,382,479	0	142,382,479	1,413,788
9. General expenses due or accrued	39,988,558	0	39,988,558	2,331,565
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 39,427 on realized gains (losses))	4,170,500	0	4,170,500	7,308,993
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	27,596	0	27,596	27,605
12. Amounts withheld or retained for the account of others	3	0	3	0
13. Remittances and items not allocated	403,828	0	403,828	338,222
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	0	0	0	2,392,103
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	49,974,181
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	26,328,744	0	26,328,744	283,111
23. Aggregate write-ins for other liabilities (including \$ 30,936 current)	156,130	0	156,130	129,945
24. Total liabilities (Lines 1 to 23)	368,864,198	8,750,284	377,614,482	158,118,141
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	35,347,291
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	53,368,961	45,767,234
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	181,168,961	208,914,525
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	558,783,443	367,032,666
<b>DETAILS OF WRITE-INS</b>				
2301. Unclaimed Property	156,130	0	156,130	129,945
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)	156,130	0	156,130	129,945
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year	XXX	XXX	0	35,347,291
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	0	35,347,291
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	500,598	261,714	1,050,027
2. Net premium income ( including \$ .....0 non-health premium income)	XXX	474,245,994	261,051,207	1,016,511,828
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	0	0
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	474,245,994	261,051,207	1,016,511,828
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits	23,609,495	345,429,613	172,531,024	684,665,585
10. Other professional services	0	6,184,305	7,171,292	26,124,548
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	1,314,323	13,059,216	8,504,062	34,524,838
13. Prescription drugs	0	44,203,457	28,855,243	78,501,932
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	3,192,950	2,383,818	12,265,864
16. Subtotal (Lines 9 to 15)	24,923,817	412,069,541	219,445,439	836,082,768
<b>Less:</b>				
17. Net reinsurance recoveries	0	76,733	54,181	246,631
18. Total hospital and medical (Lines 16 minus 17)	24,923,817	411,992,808	219,391,258	835,836,137
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ .....11,454,567 cost containment expenses	0	14,059,467	8,393,095	34,302,364
21. General administrative expenses	0	67,917,997	19,210,772	74,446,892
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only)	0	0	0	0
23. Total underwriting deductions (Lines 18 through 22)	24,923,817	493,970,272	246,995,125	944,585,393
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(19,724,278)	14,056,082	71,926,435
25. Net investment income earned	0	1,706,185	858,188	4,227,320
26. Net realized capital gains (losses) less capital gains tax of \$ .....39,427	0	148,321	32,595	(75,132)
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,854,506	890,783	4,152,188
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	154	13	(44,859)
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	(17,869,618)	14,946,878	76,033,764
31. Federal and foreign income taxes incurred	XXX	4,131,073	3,226,942	24,224,067
32. Net income (loss) (Lines 30 minus 31)	XXX	(22,000,691)	11,719,936	51,809,697
<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	154	13	(44,859)
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	154	13	(44,859)

**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.....	208,914,525	161,762,936	161,762,936
34. Net income or (loss) from Line 32.....	(22,000,691)	11,719,936	51,809,697
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	(56,632)	4,438	(34,363)
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0	0
38. Change in net deferred income tax.....	0	0	(2,644,034)
39. Change in nonadmitted assets.....	(5,688,241)	(368,830)	(1,979,711)
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).....	(27,745,564)	11,355,544	47,151,589
49. Capital and surplus end of reporting period (Line 33 plus 48)	181,168,961	173,118,480	208,914,525
<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, 2018 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 .....	593,518,649	319,544,972	1,022,707,663
2. Net investment income .....	2,404,345	1,398,792	6,301,531
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	595,922,994	320,943,764	1,029,009,194
5. Benefit and loss related payments .....	358,179,571	215,331,629	827,553,921
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 .....	16,735,358	8,457,638	86,689,552
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... (33,964) tax on capital gains (losses) .....	7,308,993	5,814,429	22,689,047
10. Total (Lines 5 through 9) .....	382,223,922	229,603,696	936,932,520
11. Net cash from operations (Line 4 minus Line 10) .....	213,699,072	91,340,068	92,076,674
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	31,033,027	9,160,745	39,968,520
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 .....	260,000	85	49,974,266
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	31,293,027	9,160,830	89,942,786
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	64,547,510	26,290,009	92,187,880
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 .....	49,974,181	0	260,000
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	114,521,691	26,290,009	92,447,880
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) .....	(83,228,664)	(17,129,179)	(2,505,094)
<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) .....	(6,860,251)	1,634,320	1,828,301
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(6,860,251)	1,634,320	1,828,301
<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) .....	123,610,157	75,845,209	91,399,881
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	118,091,192	26,691,310	26,691,310
19.2 End of period (Line 18 plus Line 19.1) .....	241,701,349	102,536,519	118,091,192

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

STATEMENT AS OF MARCH 31, 2018 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 .....	88,054	0	0	91	0	0	0	87,963	0	0
2. First Quarter .....	167,243	0	0	885	0	0	0	166,358	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	500,598	0	0	1,998	0	0	0	498,600	0	0
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	734,829	0	0	1,504	0	0	12	733,313	0	0
8. Non-Physician .....	371,530	0	0	672	0	0	0	370,858	0	0
9. Total	1,106,359	0	0	2,176	0	0	12	1,104,171	0	0
10. Hospital Patient Days Incurred	93,513	0	0	62	0	0	0	93,451	0	0
11. Number of Inpatient Admissions	11,033	0	0	15	0	0	0	11,018	0	0
12. Health Premiums Written (a) .....	474,316,356	0	0	311,284	0	0	0	474,005,073	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 .....	474,316,356	0	0	311,284	0	0	0	474,005,073	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.....	358,169,056	0	0	148,382	0	0	(1,978)	358,022,652	0	0
18. Amount Incurred for Provision of Health Care Services	412,069,541	0	0	217,628	0	0	(2,254)	411,854,167	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....474,005,073



## 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 .....	15,087	133,295	1,486	76,285	16,573	8,527
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	(1,978)	0	4,343	0	2,365	4,481
6. Title XVIII - Medicare .....	55,241,066	297,295,661	5,307,653	139,253,159	60,548,719	74,666,063
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) .....	55,254,175	297,428,956	5,313,482	139,329,444	60,567,657	74,679,071
10. Healthcare receivables (a) .....	799,214	27,378,816	0	0	799,214	14,330,902
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	5,389,336	0	5,368,754	3,519,423	10,758,090	11,084,563
13. Totals (Lines 9-10+11+12)	59,844,297	270,050,140	10,682,236	142,848,867	70,526,533	71,432,732

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

**STATEMENT AS OF March 31, 2018 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 #	2018	2017
Net (Loss)/Income					
1. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ (22,000,691)	\$ 51,809,697
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	\$ <u>(22,000,691)</u>	\$ <u>51,809,697</u>
Surplus					
5. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ 181,168,961	\$ 208,914,525
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ <u>181,168,961</u>	\$ <u>208,914,525</u>

On February 16, 2017, under the terms of the Agreement and Plan of Merger, or Merger Agreement, with Aetna Inc., and certain wholly owned subsidiaries of Aetna Inc., which Humana collectively refers to as Aetna, Humana received a breakup fee of \$1 billion from Aetna.

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.

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.

STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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.
- (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.

NOTES TO THE FINANCIAL STATEMENTS

- 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, 2018.  
  
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, 2018:
      - (a) The aggregate amount of unrealized losses:
 

1. Less than Twelve Months	\$	(724,777)
2. Twelve Months or Longer	\$	(487,475)
      - (b) The aggregate related fair value of securities with unrealized losses:
 

1. Less than Twelve Months	\$	51,794,790
2. Twelve Months or Longer	\$	10,761,778
  - (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.
- E. Dollar 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. Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing  
Not Applicable.

STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
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	3,554,234	2,894,800	659,434	-	3,554,234	0.62%	0.64%
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	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 3,554,234	\$ 2,894,800	\$ 659,434	-	\$ 3,554,234	0.62%	0.64%

(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.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. Structured Notes

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

P. 5\* Securities

Not Applicable.

Q. Short Sales

Not Applicable.

R. Prepayment Penalty and Acceleration Fees

No material change since year-end December 31, 2017.

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, 2017.

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, 2017 and 2016 were \$104,594,192 and \$96,560,031, respectively. As a part of this agreement, the Company 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, 2018.

At March 31, 2018, the Company reported \$1,255,985 due from 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.

STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.

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, 2017.

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. All ordinary dividends are limited to available and accumulated surplus funds. Based on these restrictions, the Company is permitted to pay a maximum dividend or return of capital to shareholders of approximately \$45,760,000 in 2018 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, 2018.

(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 moratorium of the 2019 Health Insurer Fee.

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(56,632).

(11) Not Applicable.

(12) Not Applicable.

(13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

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 with a

**STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

remaining unpaid balance as of March 31, 2018 of \$1,311,059. 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. While the ultimate payment timing and associated recovery is currently unknown, the Company anticipates that the majority of the assessments will be paid within the next 5 years.

- a) Discount rate applied: 3.50%
- b) The Undiscounted and Discounted Amount of the Guaranty Fund assessments and Related Assets by Insolvency:

Name of the Insolvency	Guaranty Fund Assessment		Related Assets	
	Undiscounted	Discounted	Undiscounted	Discounted
Penn Treaty	\$ 4,655,498	\$ 3,267,655	\$ 16	\$ 10

- c) Number of Jurisdictions, Ranges of Years Used to Discount and Weighted Average Number of Years of the Discounting Time Period for Payables and Recoverables by Insolvency:

Name of the Insolvency	Payables			Recoverables		
	Number of Jurisdictions	Range of Years	Weighted Average Number of Years	Number of Jurisdictions	Range of Years	Weighted Average Number of Years
Penn Treaty	3 states	1 to 70 years	12.76 years	1 state	1 to 5 years	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, 2018.

15. Leases

No material change since year-end December 31, 2017.

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.

B. ASC Plans

Not Applicable.

**STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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, 2018, the Company has recorded a receivable from CMS of \$4,376,851 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any 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, 2018 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	-	2,782,063	-	2,782,063
Total bonds	-	2,782,063	-	2,782,063
Total assets at fair value	\$ -	\$ 2,782,063	\$ -	\$ 2,782,063
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, 2017 and March 31, 2018.

(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, 2017 and March 31, 2018.

(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, 2018.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

**STATEMENT AS OF March 31, 2018 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	\$ 327,834,152	\$ 331,937,392	\$ 96,247,394	\$ 231,586,758	\$ -	\$ -

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.

STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 9, 2018 for the Statutory Statement issued on May 9, 2018.

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, 2018 that are subject to retrospective rating features was \$473,934,711, or 99.93% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

Not Applicable.

- E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

**STATEMENT AS OF March 31, 2018 OF Humana Benefit Plan of Illinois, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2017 were \$75,265,709. As of March 31, 2018, \$68,917,360 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$5,350,434 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$997,915 favorable prior-year development since December 31, 2017. 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
12/31/2018	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2018	-	-	-	-	-
6/30/2018	-	-	-	-	-
3/31/2018	27,380,640	27,380,640	-	-	-
12/31/2017	14,326,617	14,326,617	13,532,177	-	-
9/30/2017	15,710,327	15,710,327	15,704,324	-	-
6/30/2017	15,205,890	15,205,890	15,195,597	10,288	3
3/31/2017	15,180,015	15,180,015	15,178,538	-	1,477
12/31/2016	10,919,063	10,919,063	10,918,886	177	-
9/30/2016	10,837,783	10,837,783	10,837,092	-	691
6/30/2016	9,489,041	9,489,041	9,476,192	-	12,849
3/31/2016	8,083,506	8,083,506	8,075,965	-	7,541

B. Risk Sharing Receivables

Not Applicable.

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.
- 3.4 Is the reporting entity publicly traded or a member of a publicly traded group? ..... Yes [ X ] No [ ]
- 3.5 If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. .... 0000049071
- 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	2	3
Name of Entity	NAIC Company Code	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. .... 12/31/2015
- 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). .... 06/13/2017
- 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	2	3	4	5	6
Affiliate Name	Location (City, State)	FRB	OCC	FDIC	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  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
- 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
- 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
- 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 1,255,985

### 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
- 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
- 14.2 If yes, please complete the following:
- |   | 1<br>Prior Year-End<br>Book/Adjusted<br>Carrying Value | 2<br>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
- 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.

**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:

19. By self-designating 5\*GI securities, the reporting entity is certifying the following elements for each self-designated 5\*GI security:

- a. Documentation necessary to permit a full credit analysis of the security does not exist.
- b. Issuer or obligor is current on all contracted interest and principal payments.
- c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

- Has the reporting entity self-designated 5\*GI securities? ..... Yes [ ] No [ X ]

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent .....89.3 %
  - 1.2 A&H cost containment percent .....2.4 %
  - 1.3 A&H expense percent excluding cost containment expenses .....14.9 %
- 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
3. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? ..... Yes [ X ] No [ ]
- 3.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? ..... Yes [ ] No [ ]

**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 (a)	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	5,729,986	0	0	0	0	5,729,986	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	54,615	8,093,562	0	0	0	0	8,148,176	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	68,853	258,845,546	0	0	0	0	258,914,399	0
15. Indiana IN	L	0	12,204,294	0	0	0	0	12,204,294	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	71,067,651	0	0	0	0	71,067,651	0
19. Louisiana LA	L	0	5,397,156	0	0	0	0	5,397,156	0
20. Maine ME	L	0	4,450	0	0	0	0	4,450	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	31,845	0	0	0	0	0	31,845	0
26. Missouri MO	L	0	0	0	0	0	0	0	0
27. Montana MT	L	0	5,745,561	0	0	0	0	5,745,561	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	1,834,562	0	0	0	0	1,834,562	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	14,441,335	0	0	0	0	14,441,335	0
35. North Dakota ND	L	21,239	0	0	0	0	0	21,239	0
36. Ohio OH	L	24,910	20,232,550	0	0	0	0	20,257,459	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	46,088,205	0	0	0	0	46,088,205	0
40. Rhode Island RI	L	0	0	0	0	0	0	0	0
41. South Carolina SC	L	0	2,563,971	0	0	0	0	2,563,971	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	21,756,245	0	0	0	0	21,756,245	0
50. Wisconsin WI	L	109,822	0	0	0	0	0	109,822	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	311,284	474,005,073	0	0	0	0	474,316,356	0
60. Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Totals (Direct Business)	XXX	311,284	474,005,073	0	0	0	0	474,316,356	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

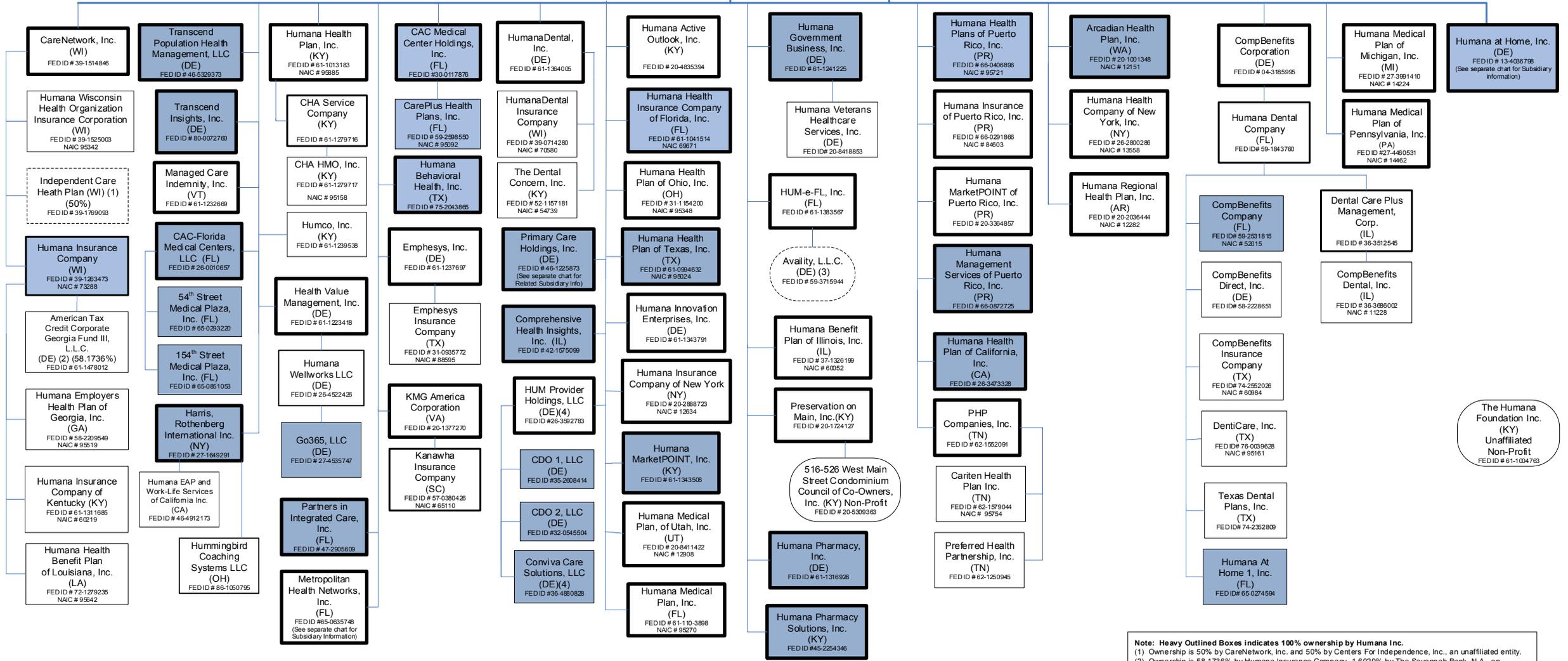
(a) Active Status Counts:  
 L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....47 R - Registered - Non-domiciled RRGs.....0  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
 N - None of the above - Not allowed to write business in the state.....10

STATEMENT AS OF MARCH 31, 2018 OF THE Humana Benefit Plan of Illinois Inc.

**Humana Inc.**  
(DE)  
FED ID # 61-0647538

As of 3/31/2018

Blue boxes indicate companies with employees



15

**Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.**

- Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.
- Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits.
- Common Unit Ownership is 19.4% by HUM-e-FL, Inc., 29.1% by Navigy, Inc., an unaffiliated entity, 29.1% by Health Care Service Corporation, an unaffiliated entity, 19.4% by Sellcore, Inc., an unaffiliated entity, and 3% by MII Services, Inc., an unaffiliated entity. Preferred Unit Ownership is 8.33% by HUM-e-FL, Inc., 8.34% by Navigy, Inc., an unaffiliated entity, 8.33% by Health Care Service Corporation, an unaffiliated entity, and 75% by AV Investor, L.L.C., an unaffiliated entity.
- Conviva Care Solutions, LLC's ownership is 45% by Continucare Corporation (a wholly owned subsidiary of Metropolitan Health Networks, Inc.), 45% by Outside Investors and 10% by company management/physicians/ others.
- See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

STATEMENT AS OF MARCH 31, 2018 OF THE Humana Benefit Plan of Illinois Inc.

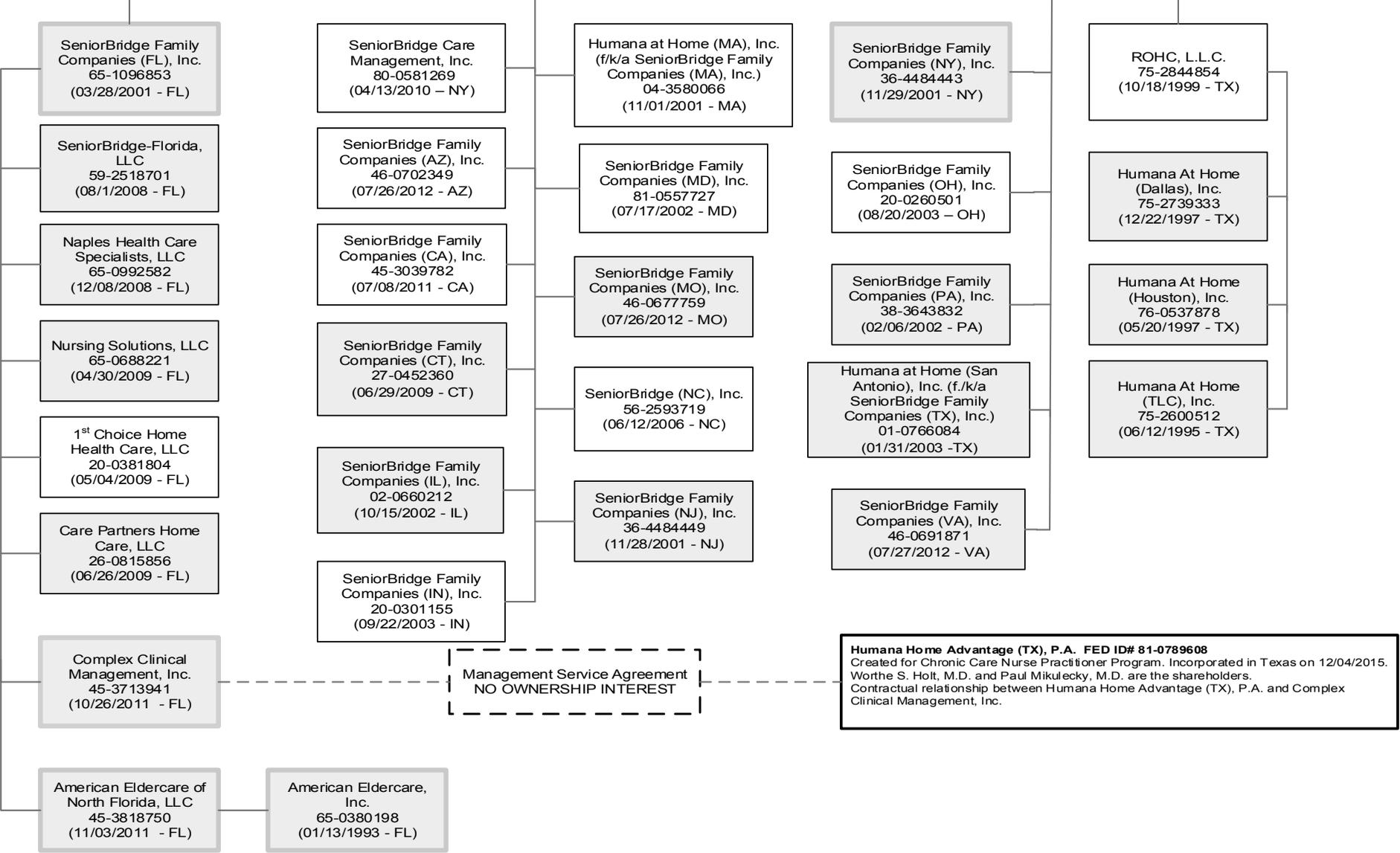
Companies with Employees

Licensed Companies

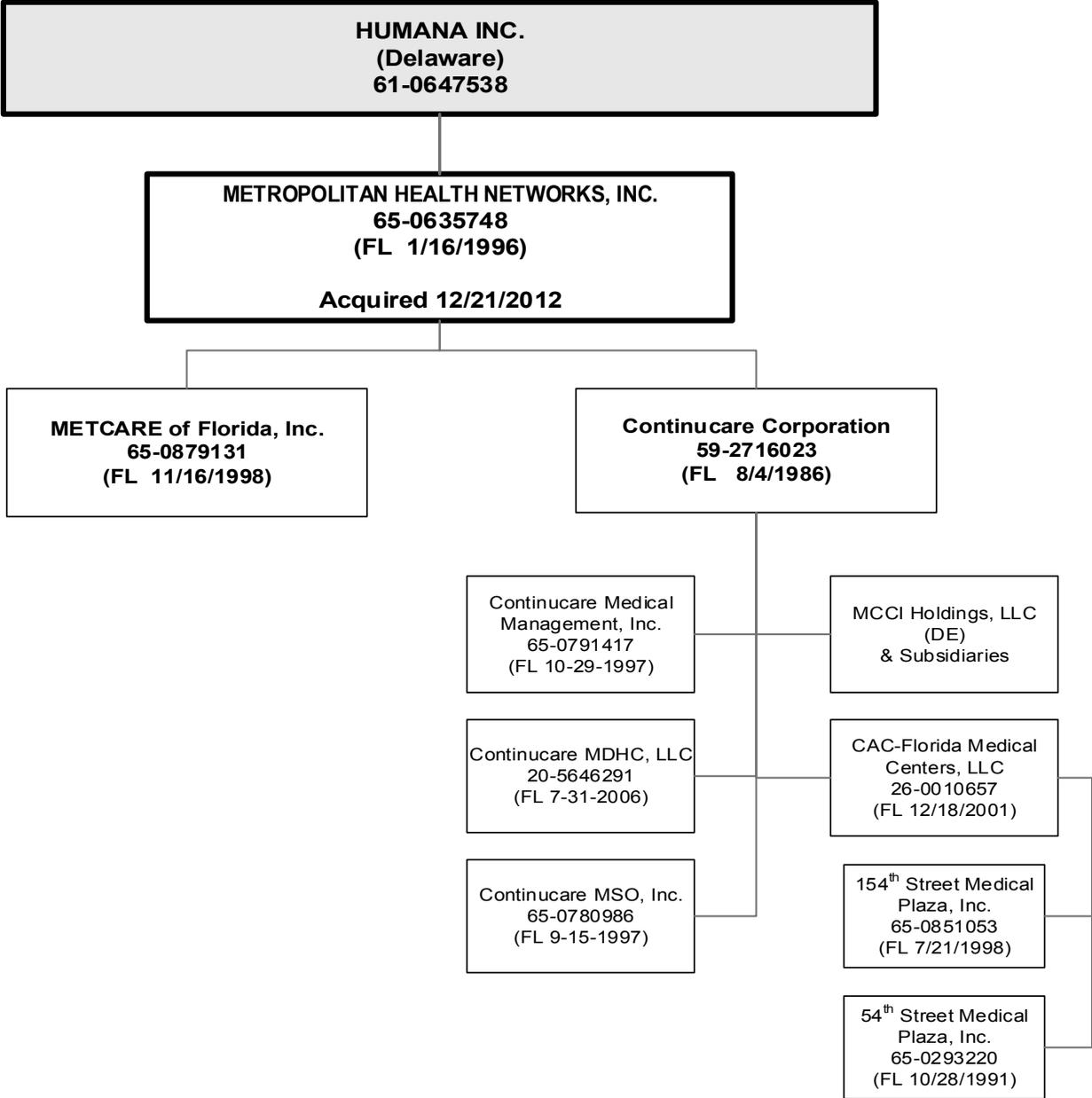
**Humana Inc.**  
(Delaware)  
61-0647538

As of 03.31.2018

Humana at Home, Inc.  
(f/k/a SeniorBridge Family Companies, Inc.)  
13-4036798 (01/21/2000 - DE)  
Acq. 07/06/2012



As of 03/31/2018



STATEMENT AS OF MARCH 31, 2018 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	47-1018778				917 Port Avenue - MCC1, Inc.	TX	NIA	MCC1 Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8662297				Aguirre Internal Medicine Group of the Palm Beaches, LLC	DE	NIA	MCC1 Group Holdings, 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	American Eldercare of North Florida, LLC	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	20-8662801				Atlantis Physician Group, LLC	DE	NIA	MCC1 Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	DTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	20-8662752				BCG Health Care Management, LLC	DE	NIA	MCC1 Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	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.	.00000	35-2608414				CDO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	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	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continuicare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continuicare MDHC, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continuicare Medical Management, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continuicare MSO, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	DTH	See Footnote 4	Other	40.000	Humana Inc.		.4
.0119	Humana Inc.	.00000	75-2043865				Humana Behavioral Health, Inc.	TX	IA	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				Empheys Insurance Company	TX	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	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				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HJM 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 (IA), Inc.	IA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0

STATEMENT AS OF MARCH 31, 2018 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	65-0274594				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.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-0647538			NYSE	Humana Inc.	DE	LDP	See Footnote 2	Other	0.000	See Footnote 2		.2
.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	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 3	Other	50.000	Humana Inc.		.3
.0119	Humana Inc.	.00000					Island Doctors of New Smyrna Beach Medical Center, LLC	FL	OTH	See Footnote 5	Other	50.000	Humana Inc.		.5
.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	20-5569419				Margate Primary Care, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-5310641				MCCI/Antiporda, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5569675				MCCI Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5904436				MCCI Group Holdings, LLC	DE	NIA	MCCI Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4493313				MCCI/Lifetime of Aventura, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0645502				MCCI Mayfair/Jaffer, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1846260				MCCI of Texas Primary Care Group, PLLC	TX	NIA	Medical Care Consortium Incorporated of Texas	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1853023				MCCI of Texas Hospitalist Group, PLLC	TX	NIA	Medical Care Consortium Incorporated of Texas	Ownership	100.000	Humana Inc.		.0

STATEMENT AS OF MARCH 31, 2018 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	81-2957926				MCCI Specialty, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					MCCI Wellness Center, LLC	TX	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5569499				Medical Care Consortium, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
							Medical Care Consortium Incorporated of Texas								
.0119	Humana Inc.	.00000	27-4379634					TX	NIA	MCCI Group Holdings, LLC	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	20-5575063				Midway Medical Center, LLC	DE	NIA	MCCI Group Holdings, LLC	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	20-5569616				Pricare of Broward, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
							Primary Care Associates of North Palm Beach, LLC								
.0119	Humana Inc.	.00000	20-5569262					DE	NIA	MCCI Group Holdings, LLC	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
							Primary Care Specialist of the Palm Beaches, LLC								
.0119	Humana Inc.	.00000	56-2655900					DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA Island Doctors Daytona MSO, LLC	FL	OTH	See Footnote 6	Other	50.000	Humana Inc.		.6
.0119	Humana Inc.	.00000					RMA Island Doctors Orlando MSO, LLC	FL	OTH	See Footnote 7	Other	62.660	Humana Inc.		.7
.0119	Humana Inc.	.00000					RMA Management Services Organization, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA Medical Center of Orlando, LLC	FL	OTH	See Footnote 8	Other	50.000	Humana Inc.		.8
.0119	Humana Inc.	.00000					RMA Medical Center of South Orlando, LLC	FL	OTH	See Footnote 9	Other	62.660	Humana Inc.		.9
.0119	Humana Inc.	.00000					RMA Medical Center of Sunrise, LLC	FL	OTH	See Footnote 10	Other	62.660	Humana Inc.		.10
.0119	Humana Inc.	.00000	90-1021973				RMA Medical Centers of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0806075				RMA Medical Group of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA of Palm Beach MSO, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA of South Florida MSO, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA Orlando MSO, LLC	FL	OTH	See Footnote 11	Other	40.000	Humana Inc.		.11
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				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

STATEMENT AS OF MARCH 31, 2018 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0119	Humana Inc. ....	.....00000	66-0872725	.....	.....	.....	Humana Management Services of Puerto Rico, Inc. ....	...PR.....	.....NIA.....	Humana Inc. ....	Ownership.....	100.000	Humana Inc. ....	.....	.....0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company (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. The following companies have Common Unit ownership in the Company: HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 29.1% ownership interest, Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and a Member, has 3% ownership interest.
2	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
3	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%.
4	Conviva Care Solutions, LLC, a Delaware limited liability company (Company), was formed by affiliates of HUM Provider Holdings, LLC (45%), Meta Healthcare Holdings, LLC (45%) and Reserved Meta Managemant (10%).
5	Island Doctors of New Smyrna Beach Medical Center, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
6	RMA Island Doctors Daytona MSO, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
7	RMA Island Doctors Orlando MSO, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Florida Sports and Family Health Center, PA (33 1/3%)
8	RMA Medical Center of Orlando, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (50%) and Mito Holdings, LLC (50%)
9	RMA Medical Center of South Orlando, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (75%) and Mito Holdings, LLC (25%)
10	RMA Medical Center of Sunrise, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Neil Tytler (33 1/3%)
11	RMA Orlando MSO, LLC, a Florida Limited Liability Company (Company) is a joint venture between MCCI Group Holdings, LLC (40%), Roy H. Hinman, MD, PA (40%), and Florida Sports and Family Health Center, PA (20%)

16.3

# 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. Prepaid Expenses .....	12,116	12,116	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	12,116	12,116	0	0

STATEMENT AS OF MARCH 31, 2018 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 .....	198,838,983	149,294,497
2. Cost of bonds and stocks acquired .....	64,547,510	92,187,880
3. Accrual of discount .....	9,007	11,823
4. Unrealized valuation increase (decrease) .....	(56,632)	(34,363)
5. Total gain (loss) on disposals .....	187,748	(115,673)
6. Deduct consideration for bonds and stocks disposed of .....	31,033,027	39,968,520
7. Deduct amortization of premium .....	659,269	2,536,661
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. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	231,834,320	198,838,983
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	231,834,320	198,838,983

STATEMENT AS OF MARCH 31, 2018 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) .....	269,215,852	1,095,629,041	1,056,171,125	(189,572)	308,484,196	0	0	269,215,852
2. NAIC 2 (a) .....	18,479,584	1,335,187	3,970,678	(19,463)	15,824,630	0	0	18,479,584
3. NAIC 3 (a) .....	4,285,188	0	1,464,055	(13,650)	2,807,483	0	0	4,285,188
4. NAIC 4 (a) .....	50,500	0	0	(50,500)	0	0	0	50,500
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	292,031,124	1,096,964,228	1,061,605,858	(273,185)	327,116,309	0	0	292,031,124
<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	292,031,124	1,096,964,228	1,061,605,858	(273,185)	327,116,309	0	0	292,031,124

(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 \$ 95,281,990 ; 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	3,855,678	XXX	3,885,645	(9,416)	14,974

**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 .....	2,788,729	21,354,970
2. Cost of short-term investments acquired .....	16,093,334	799,902,368
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 .....	15,000,000	818,439,798
7. Deduct amortization of premium .....	26,385	28,811
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) .....	3,855,678	2,788,729
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,855,678	2,788,729

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

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

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

**N O N E**

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

**N O N E**

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

**N O N E**

**SCHEDULE E - PART 2 - VERIFICATION**

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	118,770,283	9,998,178
2. Cost of cash equivalents acquired .....	1,247,152,595	2,201,548,367
3. Accrual of discount .....	460,094	453,905
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	1,270,135,578	2,093,230,167
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) .....	96,247,394	118,770,283
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	96,247,394	118,770,283

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, 2018 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)
912828-3T-5	UNITED STATES TREASURY GOVERNMENT		.03/28/2018	CITIGROUP GLOBAL MARKETS INC		5,996,453	6,000,000	15,400	1
912828-3X-6	US TREASURY N/B GOVERNMENT		.02/07/2018	UBS SECURITIES		7,989,076	8,000,000	.0	1
912828-X0-2	UNITED STATES TREASURY GOVERNMENT		.02/22/2018	NOMURA SECURITIES		253,750	250,000	1,489	1
912828-LJ-7	UNITED STATES TREASURY GOVERNMENT		.02/21/2018	BARCLAYS CAPITAL		586,927	575,000	403	1
<b>0599999. Subtotal - Bonds - U.S. Governments</b>						14,826,206	14,825,000	17,292	XXX
130630-D6-0	CALIFORNIA STATE MUNI FTST		.02/09/2018	MORGAN STANLEY		193,010	200,000	1,338	1FE
373384-5T-9	GEORGIA ST MUNI		.01/23/2018	MERRILL LYNCH, PIERCE, FENNER & SM		441,130	420,000	1,400	1FE
57582P-UT-5	MASSACHUSETTS ST MUNI FTST		.02/02/2018	WELLS FARGO		861,681	760,000	9,847	1FE
64966M-EE-5	NEW YORK NY MUNI FTST		.02/09/2018	WELLS FARGO		1,693,742	1,780,000	1,175	1FE
763631-V7-0	RICHLAND CNTY S C ST MUNI		.02/06/2018	WELLS FARGO		944,629	930,000	.0	1FE
<b>1799999. Subtotal - Bonds - U.S. States, Territories and Possessions</b>						4,134,192	4,090,000	13,760	XXX
3128MM-XB-4	FGOLD 15YR GIANT FHLMC		.02/01/2018	WELLS FARGO		2,595,419	2,587,334	3,019	1
3128MM-XF-5	FGOLD 15YR GIANT FHLMC		.02/01/2018	CITIGROUP GLOBAL MARKETS INC		1,625,734	1,620,922	1,891	1
3136AY-7L-1	FED NTL MTG ASSO FNMA		.02/02/2018	VARIOUS		1,879,854	1,900,000	1,875	1
3136B0-YM-2	FED NTL MTG ASSO FNMA 18-M2		.02/07/2018	MERRILL LYNCH, PIERCE, FENNER & SM		5,259,539	5,420,000	11,362	1
3136B1-FP-4	FED NTL MTG ASSO FNMA		.02/08/2018	CITIGROUP GLOBAL MARKETS INC		4,259,063	4,200,000	11,025	1
3137F2-LJ-3	FEDERAL HOME LOAN MTGE CO FHLMC		.02/02/2018	MORGAN STANLEY		198,406	200,000	104	1
3138ES-BF-4	FED NTL MTG ASSO FNMA		.02/01/2018	J.P. MORGAN		2,196,107	2,178,070	2,541	1
3138LL-2P-9	FED NTL MTG ASSO FNMA		.02/01/2018	CITIGROUP GLOBAL MARKETS INC		394,438	400,000	164	1
3138LM-AV-5	FED NTL MTG ASSO FNMA		.02/01/2018	CITIGROUP GLOBAL MARKETS INC		686,410	700,000	285	1
3138LM-FA-6	FED NTL MTG ASSO FNMA		.02/01/2018	CITIGROUP GLOBAL MARKETS INC		397,344	400,000	169	1
3138W9-GK-0	FED NTL MTG ASSO FNMA		.01/02/2018	MORGAN STANLEY		1,250,217	1,241,487	414	1
3140J7-RW-7	FED NTL MTG ASSO FNMA		.01/24/2018	NOMURA SECURITIES		826,958	830,201	830	1
3140J7-UA-1	FED NTL MTG ASSO FNMA		.02/01/2018	WELLS FARGO		2,246,927	2,189,454	2,980	1
3140J7-Z2-4	FED NTL MTG ASSO FNMA		.02/01/2018	WELLS FARGO		1,386,817	1,350,316	1,838	1
31417D-F7-3	FED NTL MTG ASSO FNMA		.01/24/2018	NOMURA SECURITIES		1,014,655	1,020,555	1,021	1
31417E-CS-8	FEDERAL NATIONAL MORTGAGE ASSOCIATION		.01/24/2018	NOMURA SECURITIES		156,249	157,158	157	1
31417G-5H-2	FED NTL MTG ASSO FNMA		.01/24/2018	NOMURA SECURITIES		40,790	41,040	41	1
31418C-UB-8	FED NTL MTG ASSO FNMA		.03/14/2018	GOLDMAN SACHS		2,515,934	2,449,530	4,080	1
414191-AT-3	HARRIS CNTY TEX INDL DEV CORP SOLI		.01/02/2018	LOOP CAPITAL MARKETS		466,285	440,000	2,016	2FE
451174-AC-0	IDAHO ENERGY RES AUTH TRANSMIS		.02/07/2018	WELLS FARGO		741,949	770,000	8,182	1FE
58261A-PA-9	METROPOLITAN TRANSN AUTH NY R MUNI		.01/23/2018	WELLS FARGO		350,448	340,000	3,400	1FE
58261A-UZ-8	METROPOLITAN TRANSN AUTH NY R MUNI		.01/23/2018	JEFFERIES		735,958	710,000	158	1FE
650035-7C-6	NEW YORK ST URBAN DEVELOPMENT MUNI		.02/06/2018	WELLS FARGO		257,200	260,000	1,012	1FE
650035-7D-4	NEW YORK ST URBAN DEVELOPMENT MUNI		.02/06/2018	WELLS FARGO		257,049	260,000	1,042	1FE
<b>3199999. Subtotal - Bonds - U.S. Special Revenues</b>						31,739,750	31,666,067	59,606	XXX
03764D-AH-4	APIDOS CLO		.01/26/2018	RBC CAPITAL MARKETS		727,088	725,000	.0	1FE
06739F-JJ-1	BARCLAYS BANK PLC CORPORATE		.01/04/2018	BARCLAYS CAPITAL		679,340	680,000	.0	1FE
14040H-BW-4	CAPITAL ONE FINANCIAL CORP CORPORATE		.01/25/2018	MORGAN STANLEY		553,901	555,000	.0	2FE
17322M-AW-6	CGCMT 14-GC21 CMBS		.01/04/2018	GOLDMAN SACHS		2,053,289	1,950,000	1,462	1FE
3137FC-LD-4	FEDERAL HOME LOAN MTGE CO K071		.02/02/2018	MORGAN STANLEY		1,205,469	1,200,000	657	1FE
3137FE-BQ-2	FHMS_K072 CMBS		.02/02/2018	VARIOUS		1,550,986	1,510,000	3,645	1
46646G-AA-5	JPMCC 16-NINE CMBS		.02/09/2018	J.P. MORGAN		485,795	510,000	485	1FE
61763M-AF-7	MSBAM 14-C16 CMBS		.01/05/2018	GOLDMAN SACHS		2,056,641	1,950,000	1,687	1FE
67110D-AN-7	ONEX CREDIT PARTNERS CLO		.01/09/2018	KGS-ALPHA CAPITAL MARKETS		2,016,800	2,000,000	11,296	1FE
67590G-BG-3	OCTAGON INVESTMENT PARTNERS ABS FTST		.02/07/2018	CREDIT SUISSE FIRST BOSTON CORP		775,000	775,000	.0	1FE
69688X-AS-0	PALMER SQUARE CAPITAL MARKETS CLO		.02/08/2018	J.P. MORGAN		291,856	290,000	599	1FE
74988L-AA-2	ALM LOAN FUNDING 14-14A:A1R2 CLO		.01/18/2018	BNP PARIBAS		300,000	300,000	.0	1FE
85208N-AD-2	SPRINT SPECTRUM CO LLC CORPORATE		.03/14/2018	GOLDMAN SACHS		315,000	315,000	.0	2FE
94989W-AS-6	WFCM 15-C31 CMBS		.01/04/2018	VARIOUS		526,197	505,000	363	1FE
11042T-AA-1	BRITISH AIR 18-1 AA PTT CORPORATE	D.	.03/14/2018	CITIGROUP GLOBAL MARKETS INC		310,000	310,000	.0	1FE
<b>3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						13,847,362	13,575,000	20,194	XXX
<b>8399997. Total - Bonds - Part 3</b>						64,547,510	64,156,067	110,852	XXX
<b>8399998. Total - Bonds - Part 5</b>						XXX	XXX	XXX	XXX
<b>8399999. Total - Bonds</b>						64,547,510	64,156,067	110,852	XXX
<b>8999997. Total - Preferred Stocks - Part 3</b>						0	XXX	0	XXX
<b>8999998. Total - Preferred Stocks - Part 5</b>						XXX	XXX	XXX	XXX
<b>8999999. Total - Preferred Stocks</b>						0	XXX	0	XXX
<b>9799997. Total - Common Stocks - Part 3</b>						0	XXX	0	XXX

E04

STATEMENT AS OF MARCH 31, 2018 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 Designation or Market Indicator (a)
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						64,547,510	XXX	110,852	XXX

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

STATEMENT AS OF MARCH 31, 2018 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)
36179S-QW-0	GOVERNMENT NATIONAL MORTGAGE GNMA		03/20/2018	MBS PAYDOWN		40,829	40,829	44,396	40,868	0	(39)	0	(39)	0	40,829	0	0	0	237	11/01/2046	1
912828-2M-1	UNITED STATES TREASURY GOVERNMENT		01/09/2018	VARIOUS		2,502,357	2,500,000	2,499,996	2,499,996	0	0	0	0	0	2,499,997	0	2,360	2,360	6,349	07/31/2019	1
912828-3B-4	US TREASURY N/B GOVERNMENT		02/07/2018	BARCLAYS CAPITAL		8,007,991	8,000,000	8,002,476	8,002,466	0	(132)	0	(132)	0	8,002,334	0	5,657	5,657	30,778	10/31/2019	1
912828-3H-1	US TREASURY N/B GOVERNMENT		02/13/2018	J.P. MORGAN		2,980,425	3,000,000	2,994,028	2,994,115	0	355	0	355	0	2,994,470	0	(14,045)	(14,045)	10,962	11/30/2019	1
912828-PN-4	UNITED STATES TREASURY GOVERNMENT		01/08/2018	PRIOR YEAR INCOME		0	0	0	0	0	0	0	0	0	0	0	0	0	3,575	12/31/2017	1
912828-PY-0	UNITED STATES TREASURY GOVERNMENT		02/28/2018	MATURITY		575,000	575,000	595,979	576,522	0	(1,522)	0	(1,522)	0	575,000	0	0	0	7,907	02/28/2018	1
912828-17-5	US TREASURY N/B GOVERNMENT		01/09/2018	J.P. MORGAN		1,252,237	1,250,000	1,250,958	1,251,447	0	(42)	0	(42)	0	1,251,405	0	832	832	3,628	10/31/2018	1
<b>0599999 Subtotal - Bonds - U.S. Governments</b>						<b>15,358,839</b>	<b>15,365,829</b>	<b>15,387,833</b>	<b>15,365,414</b>	<b>0</b>	<b>(1,380)</b>	<b>0</b>	<b>(1,380)</b>	<b>0</b>	<b>15,364,035</b>	<b>0</b>	<b>(5,196)</b>	<b>(5,196)</b>	<b>63,436</b>	<b>XXX</b>	<b>XXX</b>
246381-KS-5	DELAWARE STATE MUNI		01/10/2018	CITIGROUP GLOBAL MARKETS INC		274,082	221,000	272,939	272,691	0	(161)	0	(161)	0	272,530	0	1,552	1,552	859	01/01/2027	1FE
373385-AL-7	GEORGIA ST MUNI		01/10/2018	GOLDMAN SACHS		136,234	110,000	138,302	137,906	0	(85)	0	(85)	0	137,820	0	(1,586)	(1,586)	2,658	02/01/2028	1FE
373385-AM-5	GEORGIA ST MUNI		01/10/2018	WELLS FARGO		134,954	110,000	137,459	137,076	0	(82)	0	(82)	0	136,994	0	(2,040)	(2,040)	2,658	02/01/2029	1FE
373385-AN-3	GEORGIA ST MUNI		01/10/2018	WELLS FARGO		134,347	110,000	136,622	136,252	0	(80)	0	(80)	0	136,173	0	(1,825)	(1,825)	2,658	02/01/2030	1FE
373385-AP-8	GEORGIA ST MUNI		01/10/2018	WELLS FARGO		133,745	110,000	135,792	135,435	0	(77)	0	(77)	0	135,358	0	(1,614)	(1,614)	2,658	02/01/2031	1FE
373385-AQ-6	GEORGIA ST MUNI		01/10/2018	WELLS FARGO		133,047	110,000	135,275	134,926	0	(75)	0	(75)	0	134,851	0	(1,804)	(1,804)	2,658	02/01/2032	1FE
57582P-JQ-4	MASSACHUSETTS ST MUNI		02/02/2018	MERRILL LYNCH, PIERCE, FENNER & SMII		386,040	400,000	368,000	377,892	0	97	0	97	0	377,989	0	8,051	8,051	1,601	05/01/2037	1FE
613340-7N-2	MONTGOMERY CNTY MD MUNI		01/10/2018	WELLS FARGO		249,356	200,000	252,510	251,891	0	(148)	0	(148)	0	251,744	0	(2,388)	(2,388)	1,583	10/01/2027	1FE
646136-Z8-7	NEW JERSEY ST TRANSN TR FD MUNI		01/23/2018	MERRILL LYNCH, PIERCE, FENNER & SMII		267,312	240,000	269,074	264,354	0	(279)	0	(279)	0	264,075	0	3,237	3,237	1,333	06/15/2023	1FE
88609B-A3-1	OREGON ST FOR PREVIOUS ISSUES MUNI		01/23/2018	GOLDMAN SACHS		144,260	120,000	142,370	140,753	0	(130)	0	(130)	0	140,623	0	3,637	3,637	900	06/01/2033	1FE
88609B-A4-9	OREGON ST FOR PREVIOUS ISSUES MUNI		01/23/2018	GOLDMAN SACHS		143,929	120,000	141,667	140,106	0	(125)	0	(125)	0	139,980	0	3,949	3,949	900	06/01/2034	1FE
70914P-07-4	PENNSYLVANIA STATE MUNI		01/23/2018	WELLS FARGO		288,644	250,000	287,845	283,032	0	(356)	0	(356)	0	282,675	0	5,970	5,970	4,514	09/15/2023	1FE
801546-QE-5	SANTA CLARA CNTY CA MUNI		01/10/2018	WEDBUSH SECURITIES		137,712	110,000	138,424	138,424	0	(83)	0	(83)	0	138,342	0	(630)	(630)	856	08/01/2028	1FE
801546-QF-2	SANTA CLARA CNTY CA MUNI		01/10/2018	WEDBUSH SECURITIES		136,494	110,000	137,881	137,554	0	(80)	0	(80)	0	137,474	0	(980)	(980)	856	08/01/2029	1FE
801546-QG-0	SANTA CLARA CNTY CA MUNI		01/10/2018	WELLS FARGO		135,552	110,000	136,897	136,583	0	(77)	0	(77)	0	136,506	0	(955)	(955)	856	08/01/2030	1FE
801546-QH-8	SANTA CLARA CNTY CA MUNI		01/10/2018	WELLS FARGO		135,022	110,000	136,137	135,833	0	(74)	0	(74)	0	135,758	0	(737)	(737)	856	08/01/2031	1FE
801546-QJ-4	SANTA CLARA CNTY CA MUNI		01/10/2018	WELLS FARGO		134,495	110,000	135,383	135,088	0	(72)	0	(72)	0	135,016	0	(521)	(521)	856	08/01/2032	1FE
801546-QK-1	SANTA CLARA CNTY CA MUNI		01/10/2018	MORGAN STANLEY		133,761	110,000	134,740	134,453	0	(70)	0	(70)	0	134,384	0	(622)	(622)	856	08/01/2033	1FE
<b>1799999 Subtotal - Bonds - U.S. States, Territories and Possessions</b>						<b>3,238,986</b>	<b>2,761,000</b>	<b>3,237,656</b>	<b>3,230,249</b>	<b>0</b>	<b>(1,957)</b>	<b>0</b>	<b>(1,957)</b>	<b>0</b>	<b>3,228,292</b>	<b>0</b>	<b>10,694</b>	<b>10,694</b>	<b>30,116</b>	<b>XXX</b>	<b>XXX</b>
239019-P7-1	DAVIS CNTY UTAH SCH DIST MUNI		01/30/2018	WELLS FARGO		69,291	60,000	72,686	69,060	0	(133)	0	(133)	0	68,928	0	363	363	500	06/01/2023	1FE
239019-P8-9	DAVIS CNTY UTAH SCH DIST MUNI		01/30/2018	WELLS FARGO		82,068	70,000	85,726	81,801	0	(144)	0	(144)	0	81,658	0	410	410	583	06/01/2024	1FE
3128MJ-Y2-0	FGOLD 30YR GIANY FNMA		03/01/2018	MBS PAYDOWN		20,165	20,165	21,574	20,185	0	(20)	0	(20)	0	20,165	0	0	0	119	10/01/2046	1
3128MJ-Y8-7	FGOLD 30YR GIANY FNMA		03/01/2018	MBS PAYDOWN		19,907	19,907	21,307	19,929	0	(22)	0	(22)	0	19,907	0	0	0	127	11/01/2046	1
3128MJ-YB-4	FGOLD 15YR GIANT FHLMC		03/01/2018	MBS PAYDOWN		18,431	18,431	18,488	18,431	0	0	0	0	0	18,431	0	0	0	46	01/01/2033	1
3128MI-XF-5	FGOLD 15YR GIANT FHLMC		03/01/2018	MBS PAYDOWN		13,074	13,074	13,113	13,074	0	0	0	0	0	13,074	0	0	0	33	02/01/2033	1
312942-F9-1	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		3,486	3,486	3,672	3,487	0	(11)	0	(11)	0	3,486	0	0	0	13	09/01/2040	1
3132JN-LY-1	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		16,633	16,633	17,496	16,647	0	(14)	0	(14)	0	16,633	0	0	0	97	08/01/2043	1
3132W3-T6-4	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		1,794	1,794	1,836	1,794	0	0	0	0	0	1,794	0	0	0	8	12/01/2043	1
3132WF-UP-2	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		180	180	187	180	0	0	0	0	0	180	0	0	0	1	08/01/2046	1
3132WG-GL-5	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		426	426	456	426	0	0	0	0	0	426	0	0	0	3	09/01/2046	1
3132WG-TS-6	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		7,968	7,968	8,528	7,971	0	(3)	0	(3)	0	7,968	0	0	0	54	09/01/2046	1
3132WH-EE-1	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		16,486	16,486	16,482	16,486	0	0	0	0	0	16,486	0	0	0	74	10/01/2046	1
3132WH-GW-9	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		410	410	439	410	0	0	0	0	0	410	0	0	0	2	09/01/2046	1
3132XS-LN-8	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		802	802	827	802	0	0	0	0	0	802	0	0	0	6	08/01/2047	1
3132XT-RX-8	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		742	742	766	743	0	0	0	0	0	742	0	0	0	5	10/01/2047	1
31335A-ZF-8	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		8,152	8,152	8,150	8,152	0	0	0	0	0	8,152	0	0	0	29	10/01/2044	1
31335B-KG-0	FEDERAL HOME LOAN MTGE CO FHLMC		03/01/2018	MBS PAYDOWN		23,185	23,185	23,985	23,197	0	(11)	0	(11)	0	23,185	0	0	0	128	08/01/2044	1
3136B1-PP-4	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		19,895	19,895	20,175	19,895	0	0	0	0	0	19,895	0	0	0	58	04/01/2047	1
3137BP-DW-6	FEDERAL HOME LOAN MTGE CO ABS FTSI		03/01/2018	MBS PAYDOWN		9,596	10,038	9,602	9,602	0	(5)	0	(5)	0	9,596	0	0	0	48	07/01/2045	1
3137BS-ZE-6	STRU AM-9241-PA CMO		03/01/2018	MBS PAYDOWN		20,026	20,026	21,447	20,045	0	(19)	0	(19)	0	20,026	0	0	0	117	03/01/2046	1
3138AU-RL-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		4,256	4,256	4,486	4,261	0	(5)	0	(5)	0	4,256	0	0	0	17	10/01/2026	1
3138AW-H2-2	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		4,725	4,725	4,983	4,726	0	(1)	0	(1)	0	4,725	0	0	0	29	12/01/2041	1
3138AX-HC-8	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN																	

STATEMENT AS OF MARCH 31, 2018 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)
3138EK-G7-4	FANNIE MAE FNMA		03/01/2018	MBS PAYDOWN		2,243	2,243	2,391	2,244	.0	(2)	.0	(2)	.0	2,243	.0	.0	.0	.12	08/01/2042	1
3138EL-B3-6	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		1,170	1,170	1,249	1,172	.0	(1)	.0	(1)	.0	1,170	.0	.0	.0	.07	06/01/2043	1
3138EP-S4-7	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		8,910	8,910	9,505	8,919	.0	(9)	.0	(9)	.0	8,910	.0	.0	.0	.57	07/01/2045	1
3138EP-WL-4	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		7,477	7,477	8,017	7,483	.0	(7)	.0	(7)	.0	7,477	.0	.0	.0	.49	12/01/2042	1
3138EQ-HY-1	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		18,594	18,594	19,832	18,622	.0	(28)	.0	(28)	.0	18,594	.0	.0	.0	.123	10/01/2045	1
3138EQ-ZF-2	FNMA 30 YR POOL FNMA		03/01/2018	MBS PAYDOWN		26,293	26,293	28,659	26,317	.0	(25)	.0	(25)	.0	26,293	.0	.0	.0	.188	02/01/2046	1
3138ER-K8-2	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		31,325	31,325	33,679	31,352	.0	(27)	.0	(27)	.0	31,325	.0	.0	.0	.202	10/01/2043	1
3138ER-LX-6	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		1,383	1,383	1,391	1,383	.0	.0	.0	.0	.0	1,383	.0	.0	.0	.7	11/01/2031	1
3138ER-VZ-0	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		626	626	628	626	.0	.0	.0	.0	.0	626	.0	.0	.0	.4	12/01/2046	1
3138ES-BF-4	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		28,775	28,775	29,013	.0	.0	.0	.0	.0	28,775	.0	.0	.0	.72	09/01/2030	1	
3138ET-TP-1	FNMA 30 YR POOL FNMA		03/01/2018	MBS PAYDOWN		27,339	27,339	29,996	27,368	.0	(30)	.0	(30)	.0	27,339	.0	.0	.0	.178	07/01/2046	1
3138LV-CV-3	FED NTL MTG ASSO FNMA	30YR	03/01/2018	MBS PAYDOWN		3,567	3,567	3,803	3,567	.0	(2)	.0	(2)	.0	3,567	.0	.0	.0	.21	06/01/2042	1
3138M0-SE-1	FED NTL MTG ASSO FNMA	30YR	03/01/2018	MBS PAYDOWN		6,059	6,059	6,460	6,061	.0	(2)	.0	(2)	.0	6,059	.0	.0	.0	.22	07/01/2042	1
3138W9-GK-0	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		14,053	14,053	14,152	.0	.0	.0	.0	.0	14,053	.0	.0	.0	.0	.22	08/01/2043	1
3138W9-KQ-2	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		950	950	954	950	.0	.0	.0	.0	.0	950	.0	.0	.0	.4	08/01/2043	1
3138W0-GX-4	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		737	737	761	737	.0	.0	.0	.0	.0	737	.0	.0	.0	.3	02/01/2030	1
3138WD-HJ-3	FED NTL MTG ASSO FNMA	15YR	03/01/2018	MBS PAYDOWN		9,962	9,962	10,235	9,968	.0	(6)	.0	(6)	.0	9,962	.0	.0	.0	.42	11/01/2029	1
3138WE-AJ-8	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		7,488	7,488	7,856	7,494	.0	(5)	.0	(5)	.0	7,488	.0	.0	.0	.29	02/01/2030	1
3138WE-AM-1	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		5,515	5,515	5,790	5,519	.0	(3)	.0	(3)	.0	5,515	.0	.0	.0	.28	02/01/2030	1
3138WJ-EQ-7	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		52,930	52,930	53,247	52,935	.0	(5)	.0	(5)	.0	52,930	.0	.0	.0	.235	11/01/2031	1
3138X6-TX-3	FED NTL MTG ASSO FNMA	15YR	03/01/2018	MBS PAYDOWN		50,662	50,662	52,103	50,689	.0	(28)	.0	(28)	.0	50,662	.0	.0	.0	.224	09/01/2028	1
3138Y3-BQ-3	FED NTL MTG ASSO FNMA	15YR	03/01/2018	MBS PAYDOWN		122,468	122,468	125,855	122,545	.0	(77)	.0	(77)	.0	122,468	.0	.0	.0	.575	10/01/2029	1
3138Y6-XL-1	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		724	724	726	724	.0	.0	.0	.0	.0	724	.0	.0	.0	.4	04/01/2045	1
3140EW-3I-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		387	387	387	387	.0	.0	.0	.0	.0	387	.0	.0	.0	.2	10/01/2046	1
3140F3-C3-0	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		288	288	287	288	.0	.0	.0	.0	.0	288	.0	.0	.0	.1	10/01/2046	1
3140F5-A4-5	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		2,247	2,247	2,252	2,247	.0	.0	.0	.0	.0	2,247	.0	.0	.0	.11	11/01/2046	1
3140FB-6X-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		9,580	9,580	10,096	9,582	.0	(2)	.0	(2)	.0	9,580	.0	.0	.0	.34	07/01/2045	1
3140FE-X3-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		3,121	3,121	3,340	3,122	.0	(1)	.0	(1)	.0	3,121	.0	.0	.0	.21	10/01/2046	1
3140FG-5N-5	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		5,661	5,661	5,698	5,661	.0	.0	.0	.0	.0	5,661	.0	.0	.0	.35	11/01/2046	1
3140FG-6S-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		5,965	5,965	5,980	5,965	.0	.0	.0	.0	.0	5,965	.0	.0	.0	.30	11/01/2046	1
3140FG-7G-8	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		1,756	1,756	1,751	1,756	.0	.0	.0	.0	.0	1,756	.0	.0	.0	.12	11/01/2046	1
3140FG-DZ-9	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		745	745	746	745	.0	.0	.0	.0	.0	745	.0	.0	.0	.4	09/01/2046	1
3140FK-S3-5	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		3,978	3,978	3,972	3,978	.0	.0	.0	.0	.0	3,978	.0	.0	.0	.26	11/01/2046	1
3140J5-NU-9	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		6,311	6,311	6,326	6,311	.0	.0	.0	.0	.0	6,311	.0	.0	.0	.30	02/01/2047	1
3140J7-K4-6	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		10,137	10,137	10,499	10,141	.0	(4)	.0	(4)	.0	10,137	.0	.0	.0	.63	02/01/2045	1
3140J7-RW-7	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		8,280	8,280	8,247	.0	.0	.0	.0	.0	8,280	.0	.0	.0	.21	01/01/2048	1	
3140J7-UA-1	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		10,833	10,833	11,118	.0	.0	.0	.0	.0	10,833	.0	.0	.0	.32	12/01/2032	1	
3140J7-Z2-4	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		13,420	13,420	13,782	.0	.0	.0	.0	.0	13,420	.0	.0	.0	.39	01/01/2033	1	
31417A-JK-6	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		1,854	1,854	1,979	1,856	.0	(1)	.0	(1)	.0	1,854	.0	.0	.0	.10	11/01/2041	1
31417C-JL-0	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		870	870	900	870	.0	(1)	.0	(1)	.0	870	.0	.0	.0	.5	07/01/2042	1
31417D-F7-3	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		7,964	7,964	7,918	.0	.0	.0	.0	.0	7,964	.0	.0	.0	.20	10/01/2042	1	
31417E-CS-8	FEDERAL NATIONAL MORTGAGE ASSOCIATION		03/01/2018	MBS PAYDOWN		561	561	558	.0	.0	.0	.0	.0	561	.0	.0	.0	.1	12/01/2042	1	
31417G-SH-2	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		132	132	131	.0	.0	.0	.0	.0	132	.0	.0	.0	.0	.07	07/01/2043	1
31418C-SF-2	FED NTL MTG ASSO FNMA		03/01/2018	MBS PAYDOWN		2,339	2,339	2,337	2,339	.0	.0	.0	.0	.0	2,339	.0	.0	.0	.10	12/01/2032	1
495289-SY-7	KING COUNTY SWEER REV	MUNI	01/02/2018	100.000		115,000	115,000	128,508	115,000	.0	.0	.0	.0	115,000	.0	.0	.0	.0	3,306	01/01/2043	1FE
544525-WJ-3	LOS ANGELES CA DEPT WATER & P	MUNI	01/23/2018	MORGAN STANLEY		305,445	299,941	299,941	299,403	.0	(63)	.0	(63)	.0	299,340	.0	6,106	6,106	7,367	07/01/2044	1FE
54468H-EN-2	LOS ANGELES CNTY CALIF MET TRA		01/23/2018	MESIROW		185,837	150,000	184,617	181,615	.0	(228)	.0	(228)	.0	181,388	.0	4,449	4,449	4,250	07/01/2026	1FE
57582P-O5-2	MASSACHUSETTS ST	MUNI	01/30/2018	VARIOUS		116,609	105,000	123,507	116,068	.0	(247)	.0	(247)	.0	115,821	.0	788	788	2,625	08/01/2021	1FE
592112-DF-0	MET GOVT NASHVILLE & DAVIDSON	MUNI	01/02/2018	100.000		120,000	120,000	126,438	120,000	.0	.0	.0	.0	120,000	.0	.0	.0	.0	3,000	01/01/2027	1FE
59259N-3K-7	METROPOLITAN TRANSN AUTH N Y D		02/02/2018	BARCLAYS CAPITAL		252,982	220,000	253,882	251,099	.0	(299)	.0	(299)	.0	250,799	.0	2,183	2,183	2,475	11/15/2036	1FE
64990A-GB-5	NEW YORK ST DORM AUTH SALES TA		01/10/2018	MORGAN STANLEY		316,560	260,000	322,842	320,603	.0	(180)	.0	(180)	.0	320,423	.0	(3,863)	(3,863)	5,958	03/15/2029	1FE
64990A-GC-3	NEW YORK ST DORM AUTH SALES TA		01/10/2018	MORGAN STANLEY		315,125	260,000	318,266	316,004	.0	(165)	.0	(165)	.0	315,839	.0	(714)	(714)	5,958	03/15/2030	1FE
91412G-J3-0	UNIVERSITY CALIF REVS FOR PREVIOUS		02/02/2018	CITIGROUP GLOBAL MARKETS		272,539	240,000	274,085	271,122	.0	(319)	.0	(319)	.0	270,804	.0	1,736	1,736	2,700	05/15/2046	1FE
91802R-BV-0	UTILITY DEBT SECURITIZATION AU		01/24/2018	WELLS FARGO		328,065	280,000	329,840	320,692	.0	(320)										

STATEMENT AS OF MARCH 31, 2018 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)	
92818F-BG-9	VIRGINIA ST PUB SCH AUTH SPL 0		01/10/2018	WELLS FARGO		134,548	110,000	140,375	137,277	0	(83)	0	(83)	0	137,194	0	(2,647)	(2,647)	2,460	02/01/2027	1FE	
3199999	Subtotal - Bonds - U.S. Special Revenues					3,370,703	3,006,635	3,445,570	3,221,339	0	(2,558)	0	(2,558)	0	3,354,199	0	16,505	16,505	46,380	XXX	XXX	
02005N-AV-2	ALLY FINANCIAL INC	CORPORATE	01/30/2018	VARIOUS		590,169	560,000	583,450	581,947	0	(230)	0	(230)	0	581,717	0	8,451	8,451	9,646	09/30/2024	3FE	
030981-AK-0	AMERIGAS PARTNERS LP	CORPORATE	02/01/2018	SUNTRUST ROBINSON HUMPHREY INC		40,900	40,000	40,400	40,382	0	(5)	0	(5)	0	40,377	0	523	523	458	05/20/2025	3FE	
04351L-AB-6	ASCENSION HEALTH ALLIANCE	CORPORATE	01/23/2018	RAYMOND JAMES		763,497	736,000	736,000	736,000	0	0	0	0	0	736,000	0	27,497	27,497	5,846	11/15/2046	1FE	
05367A-AE-3	AVIATION CAPITAL GROUP TRUST	CORPORATE	01/31/2018	MATURITY		75,000	75,000	75,000	75,000	0	0	0	0	0	75,000	0	0	0	1,734	01/31/2018	2FE	
06738E-AU-9	BARCLAYS BANK PLC	CORPORATE	01/23/2018	BARCLAYS CAPITAL		536,188	525,000	525,000	525,000	0	0	0	0	0	525,000	0	11,188	11,188	12,333	01/10/2028	2FE	
120111-BN-8	BUILDING MATERIALS CORP	CORPORATE	02/06/2018	VARIOUS		437,750	415,000	415,000	415,000	0	0	0	0	0	415,000	0	22,750	22,750	7,608	10/15/2025	3FE	
12632Q-BC-6	COMM TRUST	CMBS	02/13/2018	VARIOUS		884,730	875,000	908,359	898,714	0	(344)	0	(344)	0	898,370	0	(13,640)	(13,640)	7,986	07/01/2047	1FM	
165183-AL-8	CFII 17-2A: A1	ABS FTST	03/15/2018	SEA PORT GROUP		27,675	27,675	27,674	27,674	0	1	0	1	0	27,675	0	0	0	138	05/15/2029	1FE	
166764-BD-1	CHEVRONTXACO CORP	CORPORATE	02/01/2018	WELLS FARGO		45,343	45,000	45,000	45,000	0	0	0	0	0	45,000	0	343	343	324	11/17/2025	1FE	
20035A-AA-2	COMED FINANCING III	CORPORATE	01/23/2018	SEA PORT GROUP		27,375	25,000	24,563	24,611	0	2	0	2	0	24,612	0	2,763	2,763	573	03/15/2033	2FE	
225433-AK-7	CREDIT SUISSE GROUP FUNDING GUERNS	CORPORATE	02/01/2018	MORGAN STANLEY		231,189	230,000	229,568	229,735	0	5	0	5	0	229,740	0	1,450	1,450	1,098	12/10/2020	2FE	
233851-CU-6	DAIMLER FINANCE	CORPORATE	01/22/2018	SEA PORT GROUP		786,100	780,000	776,864	777,124	0	10	0	10	0	777,134	0	8,965	8,965	14,801	01/06/2027	1FE	
29250R-AR-7	ENBRIDGE ENERGY PARTNERS	CORPORATE	01/22/2018	SECURITIES		565,782	525,000	689,236	551,030	0	(1,368)	0	(1,368)	0	549,662	0	16,120	16,120	20,593	03/01/2019	2FE	
345370-CR-9	FORD MOTOR COMPANY	CORPORATE	01/22/2018	BARCLAYS CAPITAL		173,120	170,000	170,000	170,000	0	0	0	0	0	170,000	0	3,120	3,120	2,944	12/08/2026	2FE	
35804G-AK-4	FRESENIUS US FINANCE II INC	CORPORATE	02/01/2018	J.P. MORGAN		98,662	95,000	95,000	95,000	0	0	0	0	0	95,000	0	3,662	3,662	2,375	01/15/2023	2FE	
38141G-FG-4	GOLDMAN SACHS & CO	CORPORATE	01/18/2018	MORGAN STANLEY		200,000	200,000	200,000	200,017	0	(17)	0	(17)	0	200,000	0	0	0	5,850	01/18/2018	1FE	
421946-AH-7	HEALTHCARE REALITY TRUST INC	CORPORATE	02/01/2018	MATURITY		277,409	275,000	272,742	273,696	0	21	0	21	0	273,717	0	3,692	3,692	3,151	04/15/2023	2FE	
46629H-RY-8	JP MORGAN CHASE & CO	CORPORATE	01/22/2018	WELLS FARGO		608,454	600,000	600,000	600,000	0	0	0	0	0	600,000	0	8,454	8,454	10,905	02/01/2028	1FE	
55336V-AK-6	MPLY LP	CORPORATE	02/01/2018	J.P. MORGAN		101,288	100,000	99,834	99,844	0	3	0	3	0	99,847	0	1,441	1,441	1,765	03/01/2027	2FE	
574599-BG-0	MASCO CORP	CORPORATE	01/24/2018	MUFG SECURITIES AMERICAS INC		81,530	75,000	74,999	74,989	0	2	0	2	0	74,991	0	6,539	6,539	1,945	03/15/2020	2FE	
63938C-AF-5	SALLIE MAE	CORPORATE	02/01/2018	CANTOR FITZGERALD		357,000	340,000	353,481	352,208	0	(247)	0	(247)	0	351,960	0	5,040	5,040	3,069	06/15/2022	3FE	
709599-AX-2	PENSKE TRUCK LEASING COMPANY LP	CORPORATE	02/01/2018	CREDIT SUISSE FIRST BOSTON CORP		409,344	400,000	399,444	399,463	0	7	0	7	0	399,470	0	9,874	9,874	5,787	04/01/2027	2FE	
842587-CV-7	SOUTHERN COMPANY	CORPORATE	01/24/2018	SUNTRUST ROBINSON HUMPHREY INC		164,859	170,000	169,384	169,474	0	1	0	1	0	169,475	0	(4,616)	(4,616)	3,146	07/01/2026	2FE	
893045-AE-4	TRANS-ALLEGHENY INTERSTATE LINE CO	CORPORATE	01/22/2018	DEUTSCHE BANK		508,984	495,000	494,624	494,702	0	(3)	0	(3)	0	494,698	0	14,286	14,286	2,806	06/01/2025	2FE	
911365-BF-0	UNITED RENTALS NORTH AM	CORPORATE	02/01/2018	J.P. MORGAN		78,281	75,000	75,000	75,000	0	0	0	0	0	75,000	0	3,281	3,281	1,948	05/15/2027	3FE	
92343V-DY-7	VERIZON COMMUNICATIONS	CORPORATE	01/22/2018	CITIGROUP GLOBAL MARKETS INC		812,736	795,000	789,085	789,427	0	38	0	38	0	789,466	0	23,270	23,270	11,660	03/16/2027	2FE	
927804-FX-7	VIRGINIA ELECTRIC & POWER	CORPORATE	02/01/2018	WELLS FARGO		181,134	180,000	179,834	179,839	0	3	0	3	0	179,842	0	1,292	1,292	2,450	03/15/2027	1FE	
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					9,064,499	8,828,675	9,054,440	8,900,876	0	(2,121)	0	(2,121)	0	8,898,753	0	165,745	165,745	140,839	XXX	XXX	
8399997	Total - Bonds - Part 4					31,033,027	29,962,139	31,125,499	30,717,878	0	(8,016)	0	(8,016)	0	30,845,279	0	187,748	187,748	280,771	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					31,033,027	29,962,139	31,125,499	30,717,878	0	(8,016)	0	(8,016)	0	30,845,279	0	187,748	187,748	280,771	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					31,033,027	XXX	31,125,499	30,717,878	0	(8,016)	0	(8,016)	0	30,845,279	0	187,748	187,748	280,771	XXX	XXX	

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

E05.2

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**



