



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 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 [X]

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 Bruce Dale Broussard Chief Financial Officer Brian Andrew Kane
SVP, Assoc Gen Counsel & Corp Sec Joseph Christopher Ventura SVP, Chief Actuary Vanessa Marie Olson

OTHER

<u>Alan James Bailey, VP & Treasurer</u>	<u>Charles Wilbur Dow Jr., Regional President</u>	<u>Douglas Allen Edwards, Vice President</u>
<u>Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT</u>	<u>Christopher Howal Hunter #, Segment President, Group Business</u>	<u>Brian Phillip LeClaire, Ph.D., Chief Information Officer</u>
<u>Susan Lynn Mateja, Appointed Actuary</u>	<u>Mark Matthew Matzke, SVP, Employer Group and Specialty</u>	<u>Steven Edward McCulley, SVP, Medicare</u>
<u>Sean Joseph O'Reilly #, VP, Chief Compliance Officer</u>	<u>William Mark Preston, VP, Investments</u>	<u>Richard Donald Remmers, SVP, Employer Group Sales</u>
<u>George Renaudin II, SVP, Medicare East & Provider</u>	<u>Donald Hank Robinson, SVP, Tax</u>	<u>Gilbert Alan Stewart #, SVP, Medicare Divisional Leader</u>
<u>Richard Andrew Vollmer Jr. #, SVP, Medicare Divisional Leader</u>	<u>Timothy Alan Wheatley, Segment President, Retail</u>	<u>Ralph Martin Wilson, Vice President</u>
<u>Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller</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> SVP, Assoc Gen Counsel & Corp Sec	<u>Alan James Bailey</u> VP & Treasurer
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Subscribed and sworn to before me this 22nd day of February, 2019

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

Julia Wentworth
Notary Public
January 10, 2021

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	14,326,618	77,521,366	0	28,397,115	14,326,618	14,326,617
2. Claim overpayment receivables	4,284	0	0	6,826	4,284	4,284
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	736,288	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	14,330,902	77,521,366	0	29,140,229	14,330,902	14,330,902

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

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
NONE							
0399999 Total gross amounts receivable							

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc.	Reimbursements from expenditures made directly by Humana Inc. for the benefit of Humana Benefit Plan of Illinois Inc. or for the services provided by Humana Inc. for the Company. The direct expenditures include payments for trade payables and payroll related items. The services provided include and are not limited to billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing.	18,701,913	18,701,913	0
0199999. Individually listed payables		18,701,913	18,701,913	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		18,701,913	18,701,913	0

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	502,593,348	32.6	177,786	100.0	0	502,593,348
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	502,593,348	32.6	177,786	100.0	0	502,593,348
Other Payments:						
5. Fee-for-service	23,616,894	1.5	XXX	XXX	0	23,616,894
6. Contractual fee payments	937,463,539	60.8	XXX	XXX	0	937,463,539
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	78,576,965	5.1	XXX	XXX	0	78,576,965
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	1,039,657,398	67.4	XXX	XXX	0	1,039,657,398
13. TOTAL (Line 4 plus Line 12)	1,542,250,746	100%	XXX	XXX	0	1,542,250,746

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	623,346	0	120,021	503,325	503,325	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	1,047,413	0	183,297	864,116	864,116	0
6. Total	1,670,759	0	303,318	1,367,441	1,367,441	0



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	2,149	0	0	0	0	0	0	2,149	0	0		
2. First Quarter	2,130	0	0	0	0	0	0	2,130	0	0		
3. Second Quarter	2,153	0	0	14	0	0	0	2,139	0	0		
4. Third Quarter	2,322	0	0	188	0	0	0	2,134	0	0		
5. Current Year	2,630	0	0	482	0	0	0	2,148	0	0		
6. Current Year Member Months	27,123	0	0	1,471	0	0	0	25,652	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	46,214	0	0	1,094	0	0	0	45,120	0	0		
8. Non-Physician	20,688	0	0	277	0	0	0	20,411	0	0		
9. Total	66,902	0	0	1,371	0	0	0	65,531	0	0		
10. Hospital Patient Days Incurred	4,396	0	0	23	0	0	0	4,373	0	0		
11. Number of Inpatient Admissions	448	0	0	10	0	0	0	438	0	0		
12. Health Premiums Written (b)	22,739,564	0	0	174,482	0	0	0	22,565,082	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	22,739,564	0	0	174,482	0	0	0	22,565,082	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	18,241,053	0	0	86,171	0	0	0	18,154,882	0	0		
18. Amount Incurred for Provision of Health Care Services	18,179,347	0	0	126,012	0	0	0	18,053,335	0	0		

(a) For health business: number of persons insured under PPO managed care products2,148 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,565,082

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Georgia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	2,987	0	0	0	0	0	0	2,987	0	0		
2. First Quarter	3,126	0	0	185	0	0	0	2,941	0	0		
3. Second Quarter	3,481	0	0	422	0	0	0	3,059	0	0		
4. Third Quarter	3,803	0	0	673	0	0	0	3,130	0	0		
5. Current Year	4,085	0	0	887	0	0	0	3,198	0	0		
6. Current Year Member Months	42,195	0	0	5,527	0	0	0	36,668	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	70,702	0	0	7,294	0	0	0	63,408	0	0		
8. Non-Physician	35,461	0	0	2,102	0	0	0	33,359	0	0		
9. Total	106,163	0	0	9,396	0	0	0	96,767	0	0		
10. Hospital Patient Days Incurred	7,309	0	0	242	0	0	0	7,067	0	0		
11. Number of Inpatient Admissions	799	0	0	56	0	0	0	743	0	0		
12. Health Premiums Written (b)	33,394,218	0	0	844,335	0	0	0	32,549,883	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	33,394,218	0	0	844,335	0	0	0	32,549,883	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	26,927,340	0	0	569,767	0	0	0	26,357,573	0	0		
18. Amount Incurred for Provision of Health Care Services	27,608,385	0	0	709,865	0	0	0	26,898,520	0	0		

(a) For health business: number of persons insured under PPO managed care products3,198 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,549,883

30.GA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

30.HI



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2018						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		10 Other	
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid		
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	17,979	0	0	0	0	0	0	17,979	0	0		
2. First Quarter	93,623	0	0	218	0	0	0	93,405	0	0		
3. Second Quarter	95,122	0	0	370	0	0	0	94,752	0	0		
4. Third Quarter	96,824	0	0	478	0	0	0	96,346	0	0		
5. Current Year	98,968	0	0	629	0	0	0	98,339	0	0		
6. Current Year Member Months	1,147,304	0	0	4,475	0	0	0	1,142,829	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,804,731	0	0	5,226	0	0	43	1,799,462	0	0		
8. Non-Physician	740,965	0	0	2,040	0	0	11	738,914	0	0		
9. Total	2,545,696	0	0	7,266	0	0	54	2,538,376	0	0		
10. Hospital Patient Days Incurred	209,642	0	0	409	0	0	0	209,233	0	0		
11. Number of Inpatient Admissions	25,557	0	0	57	0	0	0	25,500	0	0		
12. Health Premiums Written (b)	1,050,437,923	0	0	615,603	0	0	(54,323)	1,049,876,643	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	1,050,437,923	0	0	615,603	0	0	(54,323)	1,049,876,643	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	829,652,875	0	0	538,402	0	0	(7,373)	829,121,846	0	0		
18. Amount Incurred for Provision of Health Care Services	907,711,102	0	0	652,939	0	0	(11,070)	907,069,233	0	0		

(a) For health business: number of persons insured under PPO managed care products9,770 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,049,876,643



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	4,392	0	0	0	0	0	0	4,392	0	0		
2. First Quarter	3,511	0	0	0	0	0	0	3,511	0	0		
3. Second Quarter	3,502	0	0	46	0	0	0	3,456	0	0		
4. Third Quarter	3,620	0	0	198	0	0	0	3,422	0	0		
5. Current Year	3,687	0	0	321	0	0	0	3,366	0	0		
6. Current Year Member Months	42,788	0	0	1,319	0	0	0	41,469	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	89,037	0	0	1,463	0	0	0	87,574	0	0		
8. Non-Physician	55,281	0	0	432	0	0	0	54,849	0	0		
9. Total	144,318	0	0	1,895	0	0	0	142,423	0	0		
10. Hospital Patient Days Incurred	13,570	0	0	230	0	0	0	13,340	0	0		
11. Number of Inpatient Admissions	1,318	0	0	22	0	0	0	1,296	0	0		
12. Health Premiums Written (b)	47,320,259	0	0	168,034	0	0	0	47,152,225	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	47,320,259	0	0	168,034	0	0	0	47,152,225	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	39,827,257	0	0	157,205	0	0	0	39,670,052	0	0		
18. Amount Incurred for Provision of Health Care Services	39,026,592	0	0	230,765	0	0	0	38,795,827	0	0		

(a) For health business: number of persons insured under PPO managed care products3,366 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$47,152,225

30.IN



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2018						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		10 Other	
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid		
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

301A



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

30 KS



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	21,551	0	0	0	0	0	0	21,551	0	0		
2. First Quarter	22,959	0	0	0	0	0	0	22,959	0	0		
3. Second Quarter	23,163	0	0	0	0	0	0	23,163	0	0		
4. Third Quarter	23,407	0	0	0	0	0	0	23,407	0	0		
5. Current Year	23,515	0	0	0	0	0	0	23,515	0	0		
6. Current Year Member Months	278,125	0	0	0	0	0	0	278,125	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	513,892	0	0	0	0	0	0	513,892	0	0		
8. Non-Physician	348,094	0	0	0	0	0	0	348,094	0	0		
9. Total	861,986	0	0	0	0	0	0	861,986	0	0		
10. Hospital Patient Days Incurred	61,844	0	0	0	0	0	0	61,844	0	0		
11. Number of Inpatient Admissions	6,558	0	0	0	0	0	0	6,558	0	0		
12. Health Premiums Written (b)	285,039,757	0	0	0	0	0	0	285,039,757	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	285,039,757	0	0	0	0	0	0	285,039,757	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	236,700,085	0	0	0	0	0	0	236,700,085	0	0		
18. Amount Incurred for Provision of Health Care Services	237,738,504	0	0	0	0	0	0	237,738,504	0	0		

(a) For health business: number of persons insured under PPO managed care products23,515 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$285,039,757

30 KY



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Louisiana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,655	0	0	0	0	0	0	1,655	0	0		
2. First Quarter	1,880	0	0	0	0	0	0	1,880	0	0		
3. Second Quarter	1,900	0	0	0	0	0	0	1,900	0	0		
4. Third Quarter	1,941	0	0	0	0	0	0	1,941	0	0		
5. Current Year	1,960	0	0	0	0	0	0	1,960	0	0		
6. Current Year Member Months	22,999	0	0	0	0	0	0	22,999	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	39,754	0	0	0	0	0	0	39,754	0	0		
8. Non-Physician	24,107	0	0	0	0	0	0	24,107	0	0		
9. Total	63,861	0	0	0	0	0	0	63,861	0	0		
10. Hospital Patient Days Incurred	4,762	0	0	0	0	0	0	4,762	0	0		
11. Number of Inpatient Admissions	521	0	0	0	0	0	0	521	0	0		
12. Health Premiums Written (b)	22,006,961	0	0	0	0	0	0	22,006,961	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	22,006,961	0	0	0	0	0	0	22,006,961	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	17,501,232	0	0	0	0	0	0	17,501,232	0	0		
18. Amount Incurred for Provision of Health Care Services	17,713,583	0	0	0	0	0	0	17,713,583	0	0		

(a) For health business: number of persons insured under PPO managed care products1,960 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$22,006,961

30.LA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	2	0	0	0	0	0	0	2	0	0		
2. First Quarter	2	0	0	0	0	0	0	2	0	0		
3. Second Quarter	2	0	0	0	0	0	0	2	0	0		
4. Third Quarter	2	0	0	0	0	0	0	2	0	0		
5. Current Year	2	0	0	0	0	0	0	2	0	0		
6. Current Year Member Months	24	0	0	0	0	0	0	24	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	11	0	0	0	0	0	0	11	0	0		
8. Non-Physician	19	0	0	0	0	0	0	19	0	0		
9. Total	30	0	0	0	0	0	0	30	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	18,494	0	0	0	0	0	0	18,494	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	18,494	0	0	0	0	0	0	18,494	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	15,116	0	0	0	0	0	0	15,116	0	0		
18. Amount Incurred for Provision of Health Care Services	13,948	0	0	0	0	0	0	13,948	0	0		

(a) For health business: number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$18,494

30 ME



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Michigan		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	19	0	0	19	0	0	0	0	0	0		
4. Third Quarter	163	0	0	163	0	0	0	0	0	0		
5. Current Year	504	0	0	504	0	0	0	0	0	0		
6. Current Year Member Months	1,487	0	0	1,487	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,397	0	0	1,397	0	0	0	0	0	0		
8. Non-Physician	770	0	0	770	0	0	0	0	0	0		
9. Total	2,167	0	0	2,167	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	52	0	0	52	0	0	0	0	0	0		
11. Number of Inpatient Admissions	10	0	0	10	0	0	0	0	0	0		
12. Health Premiums Written (b)	211,176	0	0	211,176	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	211,176	0	0	211,176	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	125,592	0	0	125,592	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	204,343	0	0	204,343	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Mississippi		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	103	0	0	103	0	0	0	0	0	0		
3. Second Quarter	185	0	0	185	0	0	0	0	0	0		
4. Third Quarter	260	0	0	260	0	0	0	0	0	0		
5. Current Year	371	0	0	371	0	0	0	0	0	0		
6. Current Year Member Months	2,424	0	0	2,424	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,591	0	0	3,591	0	0	0	0	0	0		
8. Non-Physician	1,374	0	0	1,374	0	0	0	0	0	0		
9. Total	4,965	0	0	4,965	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	245	0	0	245	0	0	0	0	0	0		
11. Number of Inpatient Admissions	36	0	0	36	0	0	0	0	0	0		
12. Health Premiums Written (b)	321,080	0	0	321,080	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	321,080	0	0	321,080	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	359,759	0	0	359,759	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	454,948	0	0	454,948	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Montana		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	684	0	0	0	0	0	0	684	0	0		
2. First Quarter	3,204	0	0	0	0	0	0	3,204	0	0		
3. Second Quarter	3,228	0	0	0	0	0	0	3,228	0	0		
4. Third Quarter	3,214	0	0	0	0	0	0	3,214	0	0		
5. Current Year	3,251	0	0	0	0	0	0	3,251	0	0		
6. Current Year Member Months	38,629	0	0	0	0	0	0	38,629	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	30,267	0	0	0	0	0	0	30,267	0	0		
8. Non-Physician	26,492	0	0	0	0	0	0	26,492	0	0		
9. Total	56,759	0	0	0	0	0	0	56,759	0	0		
10. Hospital Patient Days Incurred	3,331	0	0	0	0	0	0	3,331	0	0		
11. Number of Inpatient Admissions	506	0	0	0	0	0	0	506	0	0		
12. Health Premiums Written (b)	21,944,882	0	0	0	0	0	0	21,944,882	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	21,944,882	0	0	0	0	0	0	21,944,882	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	17,858,502	0	0	0	0	0	0	17,858,502	0	0		
18. Amount Incurred for Provision of Health Care Services	19,305,163	0	0	0	0	0	0	19,305,163	0	0		

(a) For health business: number of persons insured under PPO managed care products3,251 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$21,944,882

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2018						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		10 Other	
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid		
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	545	0	0	0	0	0	0	545	0	0		
2. First Quarter	533	0	0	0	0	0	0	533	0	0		
3. Second Quarter	525	0	0	0	0	0	0	525	0	0		
4. Third Quarter	512	0	0	0	0	0	0	512	0	0		
5. Current Year	502	0	0	0	0	0	0	502	0	0		
6. Current Year Member Months	6,222	0	0	0	0	0	0	6,222	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	13,760	0	0	0	0	0	0	13,760	0	0		
8. Non-Physician	7,322	0	0	0	0	0	0	7,322	0	0		
9. Total	21,082	0	0	0	0	0	0	21,082	0	0		
10. Hospital Patient Days Incurred	2,861	0	0	0	0	0	0	2,861	0	0		
11. Number of Inpatient Admissions	210	0	0	0	0	0	0	210	0	0		
12. Health Premiums Written (b)	7,075,175	0	0	0	0	0	0	7,075,175	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	7,075,175	0	0	0	0	0	0	7,075,175	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	7,448,898	0	0	0	0	0	0	7,448,898	0	0		
18. Amount Incurred for Provision of Health Care Services	7,414,501	0	0	0	0	0	0	7,414,501	0	0		

(a) For health business: number of persons insured under PPO managed care products502 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$7,075,175



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Carolina		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	5,655	0	0	0	0	0	0	5,655	0	0		
2. First Quarter	5,541	0	0	0	0	0	0	5,541	0	0		
3. Second Quarter	5,543	0	0	0	0	0	0	5,543	0	0		
4. Third Quarter	5,547	0	0	0	0	0	0	5,547	0	0		
5. Current Year	5,498	0	0	0	0	0	0	5,498	0	0		
6. Current Year Member Months	66,444	0	0	0	0	0	0	66,444	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	106,975	0	0	0	0	0	0	106,975	0	0		
8. Non-Physician	57,980	0	0	0	0	0	0	57,980	0	0		
9. Total	164,955	0	0	0	0	0	0	164,955	0	0		
10. Hospital Patient Days Incurred	12,732	0	0	0	0	0	0	12,732	0	0		
11. Number of Inpatient Admissions	1,391	0	0	0	0	0	0	1,391	0	0		
12. Health Premiums Written (b)	57,245,311	0	0	0	0	0	0	57,245,311	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	57,245,311	0	0	0	0	0	0	57,245,311	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	43,634,697	0	0	0	0	0	0	43,634,697	0	0		
18. Amount Incurred for Provision of Health Care Services	43,518,940	0	0	0	0	0	0	43,518,940	0	0		

(a) For health business: number of persons insured under PPO managed care products5,498 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$57,245,311

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Dakota		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	44	0	0	44	0	0	0	0	0	0		
2. First Quarter	56	0	0	56	0	0	0	0	0	0		
3. Second Quarter	62	0	0	62	0	0	0	0	0	0		
4. Third Quarter	70	0	0	70	0	0	0	0	0	0		
5. Current Year	75	0	0	75	0	0	0	0	0	0		
6. Current Year Member Months	766	0	0	766	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	734	0	0	734	0	0	0	0	0	0		
8. Non-Physician	518	0	0	518	0	0	0	0	0	0		
9. Total	1,252	0	0	1,252	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	49	0	0	49	0	0	0	0	0	0		
11. Number of Inpatient Admissions	12	0	0	12	0	0	0	0	0	0		
12. Health Premiums Written (b)	99,194	0	0	99,194	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	99,194	0	0	99,194	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	66,882	0	0	66,882	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	69,571	0	0	69,571	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	6,175	0	0	0	0	0	0	6,175	0	0		
2. First Quarter	6,007	0	0	123	0	0	0	5,884	0	0		
3. Second Quarter	6,252	0	0	434	0	0	0	5,818	0	0		
4. Third Quarter	6,523	0	0	785	0	0	0	5,738	0	0		
5. Current Year	6,810	0	0	1,174	0	0	0	5,636	0	0		
6. Current Year Member Months	75,721	0	0	6,155	0	0	0	69,566	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	142,522	0	0	7,118	0	0	0	135,404	0	0		
8. Non-Physician	98,328	0	0	2,971	0	0	0	95,357	0	0		
9. Total	240,850	0	0	10,089	0	0	0	230,761	0	0		
10. Hospital Patient Days Incurred	22,238	0	0	499	0	0	0	21,739	0	0		
11. Number of Inpatient Admissions	2,217	0	0	91	0	0	0	2,126	0	0		
12. Health Premiums Written (b)	79,713,432	0	0	780,016	0	0	0	78,933,416	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	79,713,432	0	0	780,016	0	0	0	78,933,416	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	65,968,382	0	0	646,313	0	0	0	65,322,069	0	0		
18. Amount Incurred for Provision of Health Care Services	65,778,305	0	0	830,976	0	0	0	64,947,329	0	0		

(a) For health business: number of persons insured under PPO managed care products5,636 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$78,933,416

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2018						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Pennsylvania		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	16,805	0	0	0	0	0	0	16,805	0	0		
2. First Quarter	16,589	0	0	0	0	0	0	16,589	0	0		
3. Second Quarter	16,540	0	0	0	0	0	0	16,540	0	0		
4. Third Quarter	16,587	0	0	68	0	0	0	16,519	0	0		
5. Current Year	16,796	0	0	293	0	0	0	16,503	0	0		
6. Current Year Member Months	199,360	0	0	668	0	0	0	198,692	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	340,089	0	0	840	0	0	0	339,249	0	0		
8. Non-Physician	201,890	0	0	202	0	0	0	201,688	0	0		
9. Total	541,979	0	0	1,042	0	0	0	540,937	0	0		
10. Hospital Patient Days Incurred	58,046	0	0	25	0	0	0	58,021	0	0		
11. Number of Inpatient Admissions	5,370	0	0	9	0	0	0	5,361	0	0		
12. Health Premiums Written (b)	181,353,434	0	0	90,059	0	0	0	181,263,375	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	181,353,434	0	0	90,059	0	0	0	181,263,375	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	150,856,694	0	0	49,909	0	0	0	150,806,785	0	0		
18. Amount Incurred for Provision of Health Care Services	152,825,074	0	0	77,649	0	0	0	152,747,425	0	0		

(a) For health business: number of persons insured under PPO managed care products16,503 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$181,263,375



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	1,072	0	0	0	0	0	0	1,072	0	0		
2. First Quarter	1,079	0	0	0	0	0	0	1,079	0	0		
3. Second Quarter	1,102	0	0	0	0	0	0	1,102	0	0		
4. Third Quarter	1,098	0	0	0	0	0	0	1,098	0	0		
5. Current Year	1,088	0	0	0	0	0	0	1,088	0	0		
6. Current Year Member Months	13,075	0	0	0	0	0	0	13,075	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	17,571	0	0	0	0	0	0	17,571	0	0		
8. Non-Physician	11,259	0	0	0	0	0	0	11,259	0	0		
9. Total	28,830	0	0	0	0	0	0	28,830	0	0		
10. Hospital Patient Days Incurred	2,520	0	0	0	0	0	0	2,520	0	0		
11. Number of Inpatient Admissions	246	0	0	0	0	0	0	246	0	0		
12. Health Premiums Written (b)	10,130,373	0	0	0	0	0	0	10,130,373	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	10,130,373	0	0	0	0	0	0	10,130,373	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	8,066,751	0	0	0	0	0	0	8,066,751	0	0		
18. Amount Incurred for Provision of Health Care Services	7,812,723	0	0	0	0	0	0	7,812,723	0	0		

(a) For health business: number of persons insured under PPO managed care products1,088 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$10,130,373

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2018						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		10 Other	
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid		
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	0	0	0	0	0	0	0	0	0	0		
3. Second Quarter	0	0	0	0	0	0	0	0	0	0		
4. Third Quarter	106	0	0	106	0	0	0	0	0	0		
5. Current Year	1,201	0	0	1,201	0	0	0	0	0	0		
6. Current Year Member Months	2,155	0	0	2,155	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,372	0	0	1,372	0	0	0	0	0	0		
8. Non-Physician	544	0	0	544	0	0	0	0	0	0		
9. Total	1,916	0	0	1,916	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	66	0	0	66	0	0	0	0	0	0		
11. Number of Inpatient Admissions	16	0	0	16	0	0	0	0	0	0		
12. Health Premiums Written (b)	291,660	0	0	291,660	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	291,660	0	0	291,660	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	137,508	0	0	137,508	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	244,035	0	0	244,035	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		West Virginia		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	6,312	0	0	0	0	0	0	6,312	0	0		
2. First Quarter	6,700	0	0	0	0	0	0	6,700	0	0		
3. Second Quarter	6,669	0	0	0	0	0	0	6,669	0	0		
4. Third Quarter	6,637	0	0	0	0	0	0	6,637	0	0		
5. Current Year	6,570	0	0	0	0	0	0	6,570	0	0		
6. Current Year Member Months	79,863	0	0	0	0	0	0	79,863	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	152,175	0	0	0	0	0	0	152,175	0	0		
8. Non-Physician	109,955	0	0	0	0	0	0	109,955	0	0		
9. Total	262,130	0	0	0	0	0	0	262,130	0	0		
10. Hospital Patient Days Incurred	22,890	0	0	0	0	0	0	22,890	0	0		
11. Number of Inpatient Admissions	2,338	0	0	0	0	0	0	2,338	0	0		
12. Health Premiums Written (b)	86,459,291	0	0	0	0	0	0	86,459,291	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	86,459,291	0	0	0	0	0	0	86,459,291	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	78,546,566	0	0	0	0	0	0	78,546,566	0	0		
18. Amount Incurred for Provision of Health Care Services	78,820,493	0	0	0	0	0	0	78,820,493	0	0		

(a) For health business: number of persons insured under PPO managed care products6,570 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$86,459,291

30100



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Wisconsin		2018							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	47	0	0	47	0	0	0	0	0	0		
2. First Quarter	200	0	0	200	0	0	0	0	0	0		
3. Second Quarter	223	0	0	223	0	0	0	0	0	0		
4. Third Quarter	241	0	0	241	0	0	0	0	0	0		
5. Current Year	273	0	0	273	0	0	0	0	0	0		
6. Current Year Member Months	2,692	0	0	2,692	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,333	0	0	3,333	0	0	0	0	0	0		
8. Non-Physician	2,077	0	0	2,077	0	0	0	0	0	0		
9. Total	5,410	0	0	5,410	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	86	0	0	86	0	0	0	0	0	0		
11. Number of Inpatient Admissions	22	0	0	22	0	0	0	0	0	0		
12. Health Premiums Written (b)	526,626	0	0	526,626	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	526,626	0	0	526,626	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	315,557	0	0	315,557	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	352,676	0	0	352,676	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION _____

2. _____

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

NONE

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

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

30.WV



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)									
			Grand Total		DURING THE YEAR			2018			NAIC Company Code	60052
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:												
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	169,671	0	0	1,775	0	0	0	167,896	0	0		
4. Third Quarter	172,877	0	0	3,230	0	0	0	169,647	0	0		
5. Current Year	177,786	0	0	6,210	0	0	0	171,576	0	0		
6. Current Year Member Months	2,049,396	0	0	29,139	0	0	0	2,020,257	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,378,127	0	0	33,462	0	0	43	3,344,622	0	0		
8. Non-Physician	1,743,124	0	0	13,307	0	0	11	1,729,806	0	0		
9. Total	5,121,251	0	0	46,769	0	0	54	5,074,428	0	0		
10. Hospital Patient Days Incurred	426,639	0	0	1,926	0	0	0	424,713	0	0		
11. Number of Inpatient Admissions	47,575	0	0	341	0	0	0	47,234	0	0		
12. Health Premiums Written (b)	1,906,328,810	0	0	4,122,265	0	0	(54,323)	1,902,260,868	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	1,906,328,810	0	0	4,122,265	0	0	(54,323)	1,902,260,868	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,542,250,746	0	0	3,053,065	0	0	(7,373)	1,539,205,054	0	0		
18. Amount Incurred for Provision of Health Care Services	1,624,792,233	0	0	3,953,779	0	0	(11,070)	1,620,849,524	0	0		

(a) For health business: number of persons insured under PPO managed care products83,007 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,902,260,868

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SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
62308	06-0303370	11/01/2010	CONNECTICUT GENERAL LIFE INSURANCE CO	CT	QA/A/G	MR	263,542	0	0	0	0	0	0
0899999			General Account - Authorized U.S. Non-Affiliates				263,542	0	0	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				263,542	0	0	0	0	0	0
1199999			Total General Account Authorized				263,542	0	0	0	0	0	0
1499999			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0
3499999			Total General Account Authorized, Unauthorized and Certified				263,542	0	0	0	0	0	0
3799999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
4099999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
4199999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
4499999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
4599999			Total Separate Accounts Authorized				0	0	0	0	0	0	0
4899999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts Certified				0	0	0	0	0	0	0
6899999			Total Separate Accounts Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
6999999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)				263,542	0	0	0	0	0	0
7099999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)				0	0	0	0	0	0	0
9999999			Totals				263,542	0	0	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	0	0	2	7	8
2. Title XVIII - Medicare	264	296	192	234	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	15	7	5	0	0
5. Total hospital and medical expenses	255	247	132	169	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	8	30	12	27	0
8. Reinsurance recoverable on paid losses	15	23	11	29	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	467,443,518	0	467,443,518
2. Accident and health premiums due and unpaid (Line 15)	42,822,982	0	42,822,982
3. Amounts recoverable from reinsurers (Line 16.1)	14,794	(14,794)	0
4. Net credit for ceded reinsurance	XXX	(1,094)	(1,094)
5. All other admitted assets (Balance)	40,753,297	(725)	40,752,572
6. Total assets (Line 28)	551,034,591	(16,613)	551,017,978
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	169,980,481	8,178	169,988,659
8. Accrued medical incentive pool and bonus payments (Line 2)	13,155,514	0	13,155,514
9. Premiums received in advance (Line 8)	1,389,828	0	1,389,828
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	38,045,415	(24,791)	38,020,624
15. Total liabilities (Line 24)	222,571,238	(16,613)	222,554,625
16. Total capital and surplus (Line 33)	328,463,353	XXX	328,463,353
17. Total liabilities, capital and surplus (Line 34)	551,034,591	(16,613)	551,017,978
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	8,178		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	14,794		
22. Other ceded reinsurance recoverables	725		
23. Total ceded reinsurance recoverables	23,697		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	24,791		
30. Total ceded reinsurance payables/offsets	24,791		
31. Total net credit for ceded reinsurance	(1,094)		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 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 Location	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	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	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	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana 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				CCO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0545504				CCO 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, Corp.	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				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	OTH	See Footnote 4	Other	45.000	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				Empheysis Insurance Company	TX	IA	Empheysis, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheysis, 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	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

ANNUAL STATEMENT FOR THE YEAR 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.	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		0000049071	NYSE	Humana Inc.	DE	UDP	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.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	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	46-1846260				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	81-2957926				MCCI Speciality, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-4379634				Medical Care Consortium Incorporated of Texas	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	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	56-2655900				Primary Care Specialist of the Palm Beaches, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0

41.1

ANNUAL STATEMENT FOR THE YEAR 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					RMA Island Doctors Daytona MSO, LLC	FL	DTH	See Footnote 6	Other	50.000	Humana Inc.		.6
.0119	Humana Inc.	.00000					RMA Island Doctors Orlando MSO, LLC	FL	DTH	See Footnote 7	Other	62.667	Humana Inc.		.7
.0119	Humana Inc.	.00000					RMA Medical Center of Orlando, LLC	FL	DTH	See Footnote 8	Other	50.000	Humana Inc.		.8
.0119	Humana Inc.	.00000					RMA Medical Center of South Orlando, LLC	FL	DTH	See Footnote 9	Other	62.670	Humana Inc.		.9
.0119	Humana Inc.	.00000					RMA Medical Center of Sunrise, LLC	FL	DTH	See Footnote 10	Other	62.670	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 Orlando MSO, LLC	FL	DTH	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	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	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	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	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	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	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.54739	54739				The Dental Concern, Inc.	KY	NIA	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
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Primary Care Holdings, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	DE		Transcend Population Health Management, LLC	Ownership	100.000	Humana Inc.		.0

Asterisk	Explanation
0000001	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. Fully diluted ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. (an affiliated entity)-16.587%; Navigy, Inc. (an unaffiliated entity)-23.843%; Health Care Service Corporation (an unaffiliated entity)-23.843%; Sellcore, Inc. (an unaffiliated entity)-14.474%; MII Services, Inc. (an unaffiliated entity)-2.239%; and AV Investor, L.L.C. (an unaffiliated entity)-19.013%.
0000002	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.
0000003	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%.
0000004	Conviva Care Solutions, LLC, a Delaware limited liability company, was formed by affiliates of HUM Provider Holdings, LLC (45%), Meta Healthcare Holdings, LLC (45%) and company management/physicians/others (10%).
0000005	Island Doctors of New Smyrna Beach Medical Center, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
0000006	RMA Island Doctors Daytona MSO, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Roy H. Hinman, MD, PA (50%)
0000007	RMA Island Doctors Orlando MSO, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Florida Sports and Family Health Center, PA (33 1/3%)
0000008	RMA Medical Center of Orlando, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (50%) and Mito Holdings, LLC (50%)
0000009	RMA Medical Center of South Orlando, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (75%) and Mito Holdings, LLC (25%)
0000010	RMA Medical Center of Sunrise, LLC, a Florida Limited Liability Company is a joint venture between MCCI Group Holdings, LLC (62 2/3%) and Neil Tytler (33 1/3%)
0000011	RMA Orlando MSO, LLC, a Florida Limited Liability 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%)

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	182,488	0		0	182,488	0
00000	20-5309363	515-526 W MainSt Condo Council of Co-Owners	0	0	0	0	15	0		0	15	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(713,590)	0		0	(713,590)	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	2,432,363	0		0	2,432,363	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	45,003,056	0		0	45,003,056	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	225,000,000	0	0	(332,371,017)	0		0	(107,371,017)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	228,253	0		0	228,253	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	614,795	0		0	614,795	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(1,626,091)	0		0	(1,626,091)	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	189	0		0	189	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(2,751,489)	0		0	(2,751,489)	0
95092	59-2598550	CarePlus Health Plans, Inc.	95,880,000	0	0	0	(48,704,998)	0		0	47,175,002	0
95754	62-1579044	Cariten Health Plan Inc.	120,000,000	0	0	0	(149,299,096)	0		0	(29,299,096)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	257,217	0		0	257,217	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	28,611	0		0	28,611	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(16,660,858)	0		0	(16,660,858)	0
00000	61-1279716	CHA Service Company	0	0	0	0	15	0		0	15	0
52015	59-2531815	CompBenefits Company	8,000,000	0	0	0	(15,267,339)	0		0	(7,267,339)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	478,165	0		0	478,165	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,591,363)	0		0	(2,591,363)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(15,083)	0		0	(15,083)	0
60984	74-2552026	CompBenefits Insurance Company	7,500,000	0	0	0	(6,538,765)	0		0	961,235	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(13,325,142)	0		0	(13,325,142)	0
00000	59-2716023	Continucare Corporation	0	0	0	0	4,100,003	0		0	4,100,003	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(289,842)	0		0	(289,842)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(2,422,954)	0		0	(2,422,954)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(683,395)	0		0	(683,395)	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	37,802	0		0	37,802	0
95161	76-0039628	DentiCare, Inc.	1,600,000	0	0	0	(8,518,488)	0		0	(6,918,488)	0
88595	31-0935772	Empesys Insurance Company	0	0	0	0	(4,561)	0		0	(4,561)	0
00000	61-1237697	Empesys, Inc.	0	0	0	0	240	0		0	240	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	3,507,600	0		0	3,507,600	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	0	0		0	0	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	0	0		0	0	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	442,188	0		0	442,188	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	43,076	0		0	43,076	0
00000	27-4535747	Go365, LLC	0	0	0	0	(39,415,977)	0		0	(39,415,977)	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(11,783,001)	0		0	(11,783,001)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	43,866	0		0	43,866	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	(7,242)	0		0	(7,242)	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	14,570,672	0		0	14,570,672	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	568	0		0	568	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	176,758	0		0	176,758	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	654,488	0		0	654,488	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(3,964,295)	0		0	(3,964,295)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	1	0		0	1	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(33,058,409)	0		0	(33,058,409)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(591,582)	0		0	(591,582)	0
00000	75-2043865	Humana Behavioral Health, Inc.	15,000,000	0	0	0	22,602,516	0		0	37,602,516	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	90,000,000	0	0	(170,172,648)	0		0	(80,172,648)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	3,615,615	0		0	3,615,615	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	150,000,000	0	0	0	(115,708,234)	0		0	34,291,766	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(59,743,838)	0		0	(59,743,838)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	82,000,000	0	0	0	(192,099,708)	0		0	(110,099,708)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	50,000,000	0	0	(19,583,879)	0		0	30,416,121	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	0	0	0	182,040,505	0		0	182,040,505	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	0	0	0	3,726,903	0		0	3,726,903	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	55,000,000	0	0	0	(19,474,461)	0		0	35,525,539	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	15,000,000	0	0	0	5,763,069	0		0	20,763,069	0
95885	61-1013183	Humana Health Plan, Inc.	350,000,000	0	0	0	(464,966,349)	0		0	(114,966,349)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	15,377,122	0		0	15,377,122	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	1,467,196	0		0	1,467,196	0
00000	61-0647538	Humana Inc.	(2,568,380,000)	(505,000,000)	0	0	2,424,215,770	0		0	(649,164,230)	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(2,094,465)	0		0	(2,094,465)	0
73288	39-1263473	Humana Insurance Company	1,325,000,000	0	0	0	71,865,173	(25,375,884)		0	1,371,489,289	6,681,304
60219	61-1311685	Humana Insurance Company of Kentucky	0	0	0	0	(6,317,333)	25,375,884		0	19,058,551	(6,681,304)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(30,416,276)	0		0	(30,416,276)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(15,356,399)	0		0	(15,356,399)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	(1,916,533)	0		0	(1,916,533)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	487,935,490	0		0	487,935,490	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(8,362,033)	0		0	(8,362,033)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	497,347	0		0	497,347	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	10,000,000	0	0	0	(4,425,641)	0		0	5,574,359	0
95270	61-1103898	Humana Medical Plan, Inc.	300,000,000	0	0	0	(867,941,229)	0		0	(567,941,229)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(122,949,337)	0		0	(122,949,337)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(264,053,320)	0		0	(264,053,320)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	227,883	0		0	227,883	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	6,481	0		0	6,481	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	140,000,000	0	0	(230,255,117)	0		0	(90,255,117)	0
70580	39-0714280	HumanaDental Insurance Company	22,000,000	0	0	0	(23,554,142)	0		0	(1,554,142)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	324,866	0		0	324,866	0
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0

42.1

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(2,916,339)	0		0	(2,916,339)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	967,452	0		0	967,452	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
00000		Island Doctors of New Smyrna Beach Medical Center, LLC	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	9,400,000	0	0	0	(3,586,670)	0		0	5,813,330	0
00000	20-5904436	MCCI Group Holdings, LLC	0	0	0	0	8,171,567	0		0	8,171,567	0
00000	20-5569675	MCCI Holdings, LLC	0	0	0	0	1,966,707	0		0	1,966,707	0
00000	46-1846260	MCCI of Texas Primary Care Group, PLLC	0	0	0	0	(7,041,018)	0		0	(7,041,018)	0
00000	81-2957926	MCCI Speciality, LLC	0	0	0	0	(1)	0		0	(1)	0
00000	45-4493313	MCCI/Lifetime of Aventura, LLC	0	0	0	0	201,842	0		0	201,842	0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	0	0	0	0	2,715,583	0		0	2,715,583	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(2,899,303)	0		0	(2,899,303)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	1,053,612	0		0	1,053,612	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	10,888	0		0	10,888	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	120	0		0	120	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	1,872,793	0		0	1,872,793	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	(162,497)	0		0	(162,497)	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	6,109,655	0		0	6,109,655	0
00000	56-2655900	Primary Care Specialist of the Palm Beaches, LLC	0	0	0	0	(164,026)	0		0	(164,026)	0
00000		RMA Island Doctors Daytona MSO, LLC	0	0	0	0	60	0		0	60	0
00000		RMA Island Doctors Orlando MSO, LLC	0	0	0	0	0	0		0	0	0
00000		RMA Medical Center of Orlando, LLC	0	0	0	0	0	0		0	0	0
00000		RMA Medical Center of South Orlando, LLC	0	0	0	0	(944)	0		0	(944)	0
00000		RMA Medical Center of Sunrise, LLC	0	0	0	0	95,083	0		0	95,083	0
00000	90-1021973	RMA Medical Centers of Florida, LLC	0	0	0	0	(17,219,436)	0		0	(17,219,436)	0
00000	30-0806075	RMA Medical Group of Florida, LLC	0	0	0	0	18,437	0		0	18,437	0
00000		RMA Orlando MSO, LLC	0	0	0	0	(4,275)	0		0	(4,275)	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(551,564)	0		0	(551,564)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(4,317,985)	0		0	(4,317,985)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(635,158)	0		0	(635,158)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(1,944,718)	0		0	(1,944,718)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(57,856)	0		0	(57,856)	0
54739	52-1157181	The Dental Concern, Inc.	2,000,000	0	0	0	(6,502,356)	0		0	(4,502,356)	0
00000	80-0072760	Transcend Insights, Inc.	0	0	0	0	41,749,726	0		0	41,749,726	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	1,091	0		0	1,091	0

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.....00000	46-5329373	Transcend Population Health Management, LLC .....	.....0 .....	.....0 .....	.....0 .....	.....0 .....	.....595,802 .....	.....0 .....	.....0 .....	.....0 .....	.....595,802 .....	.....0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

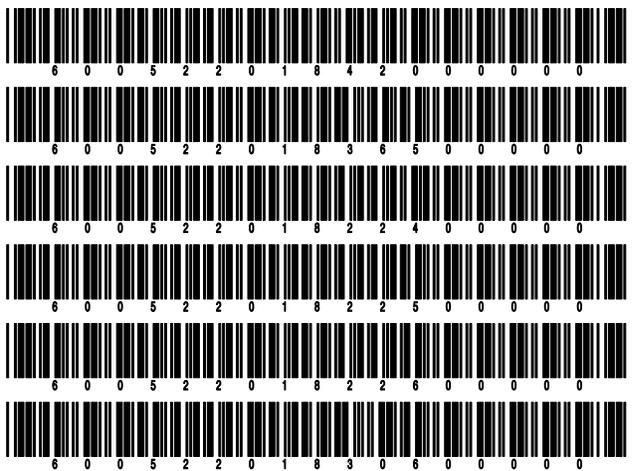
The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed,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

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

- Explanations:
- 13. This type of business is not written.
 - 16. This type of business is not written.
 - 17. No relief will be requested.
 - 18. No relief will be requested.
 - 19. No relief will be requested.
 - 20. This type of business is not written.

Bar Codes:

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





SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ALMESNM10A	A	NO	.0234000	04/20/2018					0	0	0.0	0	0	0.0	0	
	ALMESNM10F	F	NO	.0234000	04/20/2018					0	0	0.0	0	34,297	14,955	43.6	68
	ALMESNM10F(HD)	F	NO	.0234000	04/20/2018					0	0	0.0	0	3,164	0	0.0	17
	ALMESNM10G	G	NO	.0234000	04/20/2018					0	0	0.0	0	111,885	106,238	95.0	319
	ALMESNM10N	N	NO	.0234000	04/20/2018					0	0	0.0	0	25,136	4,819	19.2	78
0199999. Total Experience on Individual Policies										0	0	0.0	0	174,482	126,012	72.2	482

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	GAMESNM10A	A	NO	.0234060	.11/13/2017					0	0	0.0	0	5,286	7,364	139.3	8
	GAMESNM10F	F	NO	.0234060	.11/13/2017					0	0	0.0	0	230,599	174,620	75.7	189
	GAMESNM10F(HD)	F	NO	.0234060	.11/13/2017					0	0	0.0	0	112,023	81,750	73.0	128
	GAMESNM10G	G	NO	.0234060	.11/13/2017					0	0	0.0	0	322,133	307,900	95.6	361
	GAMESNM10N	N	NO	.0234060	.11/13/2017					0	0	0.0	0	174,294	138,231	79.3	201
0199999. Total Experience on Individual Policies										0	0	0.0	0	844,335	709,865	84.1	887

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ILMESNM10A	A	NO	.0234060	.11/15/2017					0	0	0.0	0	1,768	1,420	80.3	3
	ILMESNM10F	F	NO	.0234060	.11/15/2017					0	0	0.0	0	193,602	282,718	146.0	146
	ILMESNM10F(HD)	F	NO	.0234060	.11/15/2017					0	0	0.0	0	35,425	8,144	23.0	72
	ILMESNM10G	G	NO	.0234060	.11/15/2017					0	0	0.0	0	255,124	235,496	92.3	286
	ILMESNM10N	N	NO	.0234060	.11/15/2017					0	0	0.0	0	129,684	125,161	96.5	122
0199999. Total Experience on Individual Policies										0	0	0.0	0	615,603	652,939	106.1	629

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	INMESNM10A	A	NO	.0234000	03/19/2018					0	0	0.0	0	629	26	4.1	1
	INMESNM10F	F	NO	.0234000	03/19/2018					0	0	0.0	0	35,426	79,296	223.8	57
	INMESNM10F(HD)	F	NO	.0234000	03/19/2018					0	0	0.0	0	5,358	0	0.0	20
	INMESNM10G	G	NO	.0234000	03/19/2018					0	0	0.0	0	101,147	137,714	136.2	194
	INMESNM10N	N	NO	.0234000	03/19/2018					0	0	0.0	0	25,474	13,729	53.9	49
0199999. Total Experience on Individual Policies										0	0	0.0	0	168,034	230,765	137.3	321

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MIMESNM10A	A	NO	.0234560	04/10/2018					0	0	0.0	0	4,419	3,245	73.4	6
	MIMESNM10C	C	NO	.0234560	04/10/2018					0	0	0.0	0	59,928	49,991	83.4	87
	MIMESNM10F	F	NO	.0234000	04/10/2018					0	0	0.0	0	31,824	63,596	199.8	62
	MIMESNM10F (HD)	F	NO	.0234000	04/10/2018					0	0	0.0	0	2,590	0	0.0	15
	MIMESNM10G	G	NO	.0234000	04/10/2018					0	0	0.0	0	85,205	71,447	83.9	257
	MIMESNM10N	N	NO	.0234000	04/10/2018					0	0	0.0	0	27,210	16,064	59.0	77
0199999. Total Experience on Individual Policies										0	0	0.0	0	211,176	204,343	96.8	504

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 101 E. Main Street Louisville, KY 40202
 - 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 101 E. Main Street Louisville, KY 40202
 - 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MSMESNM10A	A	NO	.0234060	.11/08/2017					0	0	0.0	0	0	0.0	0	
	MSMESNM10F	F	NO	.0234060	.11/08/2017					0	0	0.0	0	106,206	112,995	106.4	.85
	MSMESNM10F (HD)	F	NO	.0234060	.11/08/2017					0	0	0.0	0	16,156	58,023	359.1	.35
	MSMESNM10G	G	NO	.0234060	.11/08/2017					0	0	0.0	0	141,534	218,473	154.4	.183
	MSMESNM10N	N	NO	.0234060	.11/08/2017					0	0	0.0	0	57,184	65,457	114.5	.68
0199999. Total Experience on Individual Policies										0	0	0.0	0	321,080	454,948	141.7	371

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NDMESVA	A	NO	.0234000	12/13/2013					0	0	0.0	0	0	0.0	0	
	NDMESVF	F	NO	.0234000	12/13/2013					3,489	2,687	77.0	2	42,810	32,027	74.8	27
	NDMESVF(HD)	F	NO	.0234000	12/13/2013					0	0	0.0	0	2,727	0	0.0	4
	NDMESVG	G	NO	.0234000	12/13/2013					1,777	773	43.5	1	33,728	31,769	94.2	29
	NDMESVK	K	NO	.0234000	12/13/2013					0	0	0.0	0	347	117	33.7	1
	NDMESVN	N	NO	.0234000	12/13/2013					3,604	1,333	37.0	3	10,712	865	8.1	8
0199999. Total Experience on Individual Policies										8,870	4,793	54.0	6	90,324	64,778	71.7	69

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 101 E. Main Street Louisville, KY 40202
 - 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 101 E. Main Street Louisville, KY 40202
 - 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	OHMESNM10A	A	NO	.0234000	12/12/2017					0	0	0.0	0	3,290	691	21.0	5
	OHMESNM10F	F	NO	.0234000	12/12/2017					0	0	0.0	0	200,609	244,315	121.8	245
	OHMESNM10F (HD)	F	NO	.0234000	12/12/2017					0	0	0.0	0	26,979	2,147	8.0	85
	OHMESNM10G	G	NO	.0234000	12/12/2017					0	0	0.0	0	332,746	362,577	109.0	505
	OHMESNM10N	N	NO	.0234000	12/12/2017					0	0	0.0	0	216,392	221,246	102.2	334
0199999. Total Experience on Individual Policies										0	0	0.0	0	780,016	830,976	106.5	1,174

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015			Policies Issued in 2016; 2017; 2018				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	PAMESNM10A	A	NO	.0234060	06/04/2018					0	0	0.0	0	357	503	140.9	.1
	PAMESNM10B	B	NO	.0234060	06/04/2018					0	0	0.0	0	457	249	54.5	.1
	PAMESNM10F	F	NO	.0234060	06/04/2018					0	0	0.0	0	27,011	26,917	99.7	.62
	PAMESNM10F (HD)	F	NO	.0234060	06/04/2018					0	0	0.0	0	6,537	2,347	35.9	.33
	PAMESNM10G	G	NO	.0234060	06/04/2018					0	0	0.0	0	33,409	32,184	96.3	110
	PAMESNM10N	N	NO	.0234060	06/04/2018					0	0	0.0	0	22,288	15,449	69.3	.86
0199999. Total Experience on Individual Policies										0	0	0.0	0	90,059	77,649	86.2	293

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 101 E. Main Street Louisville, KY 40202
 - 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 101 E. Main Street Louisville, KY 40202
 - 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	TXMESNM10A	A	NO	.0234060	.06/18/2018					0	0	0.0	0	29,129	43,734	150.1	48
	TXMESNM10F	F	NO	.0234000	.06/18/2018					0	0	0.0	0	86,668	73,396	84.7	296
	TXMESNM10F(HD)	F	NO	.0234000	.06/18/2018					0	0	0.0	0	5,249	0	0.0	38
	TXMESNM10G	G	NO	.0234000	.06/18/2018					0	0	0.0	0	152,641	116,398	76.3	739
	TXMESNM10N	N	NO	.0234000	.06/18/2018					0	0	0.0	0	17,973	10,507	58.5	80
0199999. Total Experience on Individual Policies										0	0	0.0	0	291,660	244,035	83.7	1,201

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville, KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville, KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
- Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2018
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016; 2017; 2018			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	WIMESHCBASIC	B	NO	0230560	09/28/2016					0	0	0.0	0	526,626	352,676	67.0	273
0199999. Total Experience on Individual Policies										0	0	0.0	0	526,626	352,676	67.0	273

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 101 E. Main Street Louisville , KY 40202
- 2.2 Contact Person and Phone Number: John Myers Mr. 502-580-7448
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 101 E. Main Street Louisville , KY 40202
- 3.2 Contact Person and Phone Number: Matthew Burrows Mr. 502-580-0594
4. Explain any policies identified above as policy type "O".



LIFE SUPPLEMENTS

For The Year Ended December 31, 2018

(To Be Filed By March 1)

Of The Humana Benefit Plan of Illinois Inc.....

ADDRESS (City, State and Zip Code) Peoria , IL 61615

NAIC Group Code 0119 NAIC Company Code 60052 Employer's ID Number 37-1326199

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
NONE					
9999999. Totals (Net)					

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts?..... Yes [] No [X]
- 1.2 If not, state which kind is issued.
.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts?..... Yes [] No [X]
- 2.2 If not, state which kind is issued.
.....
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?..... Yes [] No [X]
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.
4. Has the reporting entity any assessment or stipulated premium contracts in force? Yes [] No [X]
If so, state:
- 4.1 Amount of insurance? \$ 0
- 4.2 Amount of reserve? \$ 0
- 4.3 Basis of reserve
.....
- 4.4 Basis of regular assessments
.....
- 4.5 Basis of special assessments
.....
- 4.6 Assessments collected during the year: \$ 0
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes [] No [X]
- 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$ 0
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$ 0
- Attach statement of methods employed in their valuation.
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements \$ 0
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
.....
- 7.3 State the amount of reserves established for this business: \$ 0
- 7.4 Identify where the reserves are reported in the blank
.....
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? Yes [] No [X]
- 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$ 0
- 8.2 State the amount of reserves established for this business: \$ 0
- 8.3 Identify where the reserves are reported in the blank:
.....
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? Yes [] No [X]
- 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$ 0
- 9.2 State the amount of reserves established for this business: \$ 0
- 9.3 Identify where the reserves are reported in the blank:
.....

Life Supplement - Exhibit 7 - Deposit-Type Contracts

N O N E

Life Supplement - Schedule S - Part 1 - Section 1

N O N E

Life Supplement - Schedule S - Part 3 - Section 1

N O N E



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alabama
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,148 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alaska
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arizona
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,198 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Hawaii
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies and Medicare Title XVIII.

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Illinois
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9,770 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,366 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Iowa
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kentucky
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 23,515 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,960 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and Medicare Title XVIII exempt from state taxes or fees.

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Michigan
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Mississippi
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,251 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nebraska
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 502 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance					
2. Annuity considerations					
3. Deposit-type contract funds		XXX		XXX	
4. Other considerations					
5. Totals (Sum of Lines 1 to 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					
6.2 Applied to pay renewal premiums					
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					
6.4 Other					
6.5 Totals (sum of Line 6.1 to 6.4)					
Annuities:					
7.1 Paid in cash or left on deposit					
7.2 Applied to provide paid-up annuities					
7.3 Other					
7.4 Totals (sum of Lines 7.1 to 7.3)					
8. Grand Totals (Lines 6.5 plus 7.4)					
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					
10. Matured endowments					
11. Annuity benefits					
12. Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals					
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page					
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)					

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid Dec. 31, current year (16+17-18.6)										
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year			(a)							
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	57,245,311	57,245,311	0	43,634,697	43,518,940
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	0	0	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	57,245,311	57,245,311	0	43,634,697	43,518,940

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5,498 and number of persons insured under indemnity only products0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$... Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII, and various accident policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 5,636 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oklahoma
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 16,503 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1,088 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Vermont
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Virginia
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,570 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wisconsin
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0 .



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0119

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies and Medicare Title XVIII.

NONE

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



SUPPLEMENT FOR THE YEAR 2018 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2018

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 83,007 and number of persons insured under indemnity only products 0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Verification	SI14
Schedule DL - Part 1	E24
Schedule DL - Part 2	E25
Schedule E - Part 1 - Cash	E26
Schedule E - Part 2 - Cash Equivalents	E27
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E28

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14