



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Humana Benefit Plan of Illinois, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [] No []

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

Statutory Home Office 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 Sr. VP & CFO Brian Andrew Kane
VP & Corporate Secretary Joseph Christopher Ventura # VP & Chief Actuary Marie Vanessa Olson #

OTHER

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

DIRECTORS OR TRUSTEES

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

State of Kentucky SS:
County of Jefferson

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

<u>Bruce Dale Broussard</u> President & CEO	<u>Joseph Christopher Ventura #</u> VP & Corporate Secretary	<u>Alan James Bailey</u> VP & Treasurer
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Subscribed and sworn to before me this 23rd day of February, 2018

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

Michele Sizemore
Notary Public
January 3, 2019

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	198,838,983	0	198,838,983	149,294,497
2. Stocks (Schedule D):				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	0	0	0	0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens	0	0	0	0
3.2 Other than first liens	0	0	0	0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	0
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(3,467,820) , Schedule E - Part 1), cash equivalents (\$118,770,283 , Schedule E - Part 2) and short-term investments (\$2,788,729 , Schedule DA)	118,091,192	0	118,091,192	26,691,310
6. Contract loans, (including \$0 premium notes)	0	0	0	0
7. Derivatives (Schedule DB)	0	0	0	0
8. Other invested assets (Schedule BA)	0	0	0	0
9. Receivables for securities	260,000	0	260,000	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	317,190,175	0	317,190,175	175,985,807
13. Title plants less \$0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	1,851,383	0	1,851,383	1,400,756
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	8,622,086	962,931	7,659,155	8,377,825
15.2 Deferred premiums and agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums (\$0) and contracts subject to redetermination (\$18,652,985)	18,652,985	0	18,652,985	18,813,443
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	22,882	0	22,882	11,382
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	764	0	764	576
17. Amounts receivable relating to uninsured plans	5,454,528	0	5,454,528	26,247,439
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	1,961,174	188,021	1,773,153	4,567,324
19. Guaranty funds receivable or on deposit	10	0	10	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$0)	1,536,931	1,536,931	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	0	0	0	2,175,183
24. Health care (\$14,324,893) and other amounts receivable	14,333,715	6,008	14,327,707	10,905,668
25. Aggregate write-ins for other than invested assets	1,875,915	1,775,991	99,924	155,695
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	371,502,548	4,469,882	367,032,666	248,641,098
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	371,502,548	4,469,882	367,032,666	248,641,098
DETAILS OF WRITE-INS				
1101.				
1102.				
1103.				
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Commissions	1,730,276	1,730,276	0	0
2502. Federal Contingency Reserves	99,924	0	99,924	155,695
2503. Deposits	33,599	33,599	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	12,116	12,116	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,875,915	1,775,991	99,924	155,695

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1	2	3	4
	Covered	Uncovered	Total	Total
1. Claims unpaid (less \$ 29,724 reinsurance ceded)	68,321,954	6,357,117	74,679,071	73,415,042
2. Accrued medical incentive pool and bonus amounts	11,084,563	0	11,084,563	1,159,302
3. Unpaid claims adjustment expenses	586,638	0	586,638	595,222
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	7,568,356	0	7,568,356	2,457,411
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserves	0	0	0	0
7. Aggregate health claim reserves	0	0	0	0
8. Premiums received in advance	1,413,788	0	1,413,788	1,619,865
9. General expenses due or accrued	2,331,565	0	2,331,565	1,036,048
10.1 Current federal and foreign income tax payable and interest thereon (including \$ (73,391) on realized capital gains (losses))	7,308,993	0	7,308,993	5,814,429
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	27,605	0	27,605	11,110
12. Amounts withheld or retained for the account of others	0	0	0	409
13. Remittances and items not allocated	338,222	0	338,222	364,542
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	2,392,103	0	2,392,103	0
16. Derivatives	0	0	0	0
17. Payable for securities	49,974,181	0	49,974,181	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	283,111	0	283,111	404,782
23. Aggregate write-ins for other liabilities (including \$ 26,877 current)	129,945	0	129,945	0
24. Total liabilities (Lines 1 to 23)	151,761,024	6,357,117	158,118,141	86,878,162
25. Aggregate write-ins for special surplus funds	XXX	XXX	35,347,291	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	125,300,000	125,300,000
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	45,767,234	33,962,936
32. Less treasury stock, at cost:				
32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	208,914,525	161,762,936
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	367,032,666	248,641,098
DETAILS OF WRITE-INS				
2301. Unclaimed Property	129,945	0	129,945	0
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	129,945	0	129,945	0
2501. Special Surplus - Projected HCRL Assessment for the Upcoming Year	XXX	XXX	35,347,291	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	XXX	XXX	35,347,291	0
3001.	XXX	XXX		
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 thru 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	1,050,027	1,040,122
2. Net premium income (including \$0 non-health premium income)	XXX	1,016,511,828	969,514,141
3. Change in unearned premium reserves and reserve for rate credits	XXX	0	653
4. Fee-for-service (net of \$0 medical expenses)	XXX	0	0
5. Risk revenue	XXX	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,016,511,828	969,514,794
Hospital and Medical:			
9. Hospital/medical benefits	68,573,065	684,665,585	645,738,187
10. Other professional services	0	26,124,548	33,448,721
11. Outside referrals	0	0	0
12. Emergency room and out-of-area	2,578,169	34,524,838	29,413,492
13. Prescription drugs	0	78,501,932	94,568,425
14. Aggregate write-ins for other hospital and medical	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	12,265,864	1,250,054
16. Subtotal (Lines 9 to 15)	71,151,234	836,082,768	804,418,879
Less:			
17. Net reinsurance recoveries	0	246,631	131,860
18. Total hospital and medical (Lines 16 minus 17)	71,151,234	835,836,137	804,287,019
19. Non-health claims (net)	0	0	0
20. Claims adjustment expenses, including \$28,207,274 cost containment expenses	0	34,302,364	32,736,928
21. General administrative expenses	0	74,446,892	83,582,073
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only)	0	0	(3,032,000)
23. Total underwriting deductions (Lines 18 through 22).....	71,151,234	944,585,393	917,574,020
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	71,926,435	51,940,774
25. Net investment income earned (Exhibit of Net Investment Income, Line 17)	0	4,227,320	2,605,332
26. Net realized capital gains (losses) less capital gains tax of \$(40,456)	0	(75,132)	629,198
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,152,188	3,234,530
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$0) (amount charged off \$0)]	0	0	0
29. Aggregate write-ins for other income or expenses	0	(44,859)	(7,591)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	76,033,764	55,167,713
31. Federal and foreign income taxes incurred	XXX	24,224,067	23,088,670
32. Net income (loss) (Lines 30 minus 31)	XXX	51,809,697	32,079,043
DETAILS OF WRITE-INS			
0601.	XXX		
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698)(Line 6 above)	XXX	0	0
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798)(Line 7 above)	XXX	0	0
1401.			
1402.			
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498)(Line 14 above)	0	0	0
2901. Miscellaneous Loss	0	(44,859)	(7,591)
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998)(Line 29 above)	0	(44,859)	(7,591)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT		
33. Capital and surplus prior reporting year.....	161,762,936	130,375,712
34. Net income or (loss) from Line 32.....	51,809,697	32,079,043
35. Change in valuation basis of aggregate policy and claim reserves.....	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ 0	(34,363)	(18,000)
37. Change in net unrealized foreign exchange capital gain or (loss).....	0	0
38. Change in net deferred income tax.....	(2,644,034)	(2,048,571)
39. Change in nonadmitted assets.....	(1,979,711)	1,374,752
40. Change in unauthorized and certified reinsurance.....	0	0
41. Change in treasury stock.....	0	0
42. Change in surplus notes.....	0	0
43. Cumulative effect of changes in accounting principles.....	0	0
44. Capital Changes:		
44.1 Paid in.....	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0
44.3 Transferred to surplus.....	0	0
45. Surplus adjustments:		
45.1 Paid in.....	0	0
45.2 Transferred to capital (Stock Dividend).....	0	0
45.3 Transferred from capital.....	0	0
46. Dividends to stockholders.....	0	0
47. Aggregate write-ins for gains or (losses) in surplus.....	0	0
48. Net change in capital and surplus (Lines 34 to 47).....	47,151,589	31,387,224
49. Capital and surplus end of reporting period (Line 33 plus 48)	208,914,525	161,762,936
DETAILS OF WRITE-INS		
4701.		
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page.....	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798)(Line 47 above)	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	1,022,707,663	965,099,725
2. Net investment income	6,301,531	4,060,663
3. Miscellaneous income	0	0
4. Total (Lines 1 through 3)	1,029,009,194	969,160,388
5. Benefit and loss related payments	827,553,921	793,433,794
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	86,689,552	123,805,840
8. Dividends paid to policyholders	0	0
9. Federal and foreign income taxes paid (recovered) net of \$115,295 tax on capital gains (losses)	22,689,047	17,579,479
10. Total (Lines 5 through 9)	936,932,520	934,819,113
11. Net cash from operations (Line 4 minus Line 10)	92,076,674	34,341,275
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	39,968,520	77,486,120
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0
12.7 Miscellaneous proceeds	49,974,266	60,000
12.8 Total investment proceeds (Lines 12.1 to 12.7)	89,942,786	77,546,120
13. Cost of investments acquired (long-term only):		
13.1 Bonds	92,187,880	143,343,092
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	260,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	92,447,880	143,343,092
14. Net increase (decrease) in contract loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	(2,505,094)	(65,796,972)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0
16.3 Borrowed funds	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied)	1,828,301	1,093,977
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)	1,828,301	1,093,977
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	91,399,881	(30,361,720)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	26,691,310	57,053,030
19.2 End of year (Line 18 plus Line 19.1)	118,091,192	26,691,310

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

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Net premium income	1,016,511,828	0	88,167	0	0	134,224	1,016,289,437	0	0	0
2. Change in unearned premium reserves and reserve for rate credit	0	0	0	0	0	0	0	0	0	0
3. Fee-for-service (net of \$ medical expenses)	0	0	0	0	0	0	0	0	0	XXX
4. Risk revenue	0	0	0	0	0	0	0	0	0	XXX
5. Aggregate write-ins for other health care related revenues	0	0	0	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	1,016,511,828	0	88,167	0	0	134,224	1,016,289,437	0	0	0
8. Hospital/medical benefits	684,665,585	0	61,393	0	0	(152,075)	684,756,267	0	0	XXX
9. Other professional services	26,124,548	0	0	0	0	(18)	26,124,567	0	0	XXX
10. Outside referrals	0	0	0	0	0	0	0	0	0	XXX
11. Emergency room and out-of-area	34,524,838	0	280	0	0	17,882	34,506,676	0	0	XXX
12. Prescription drugs	78,501,932	0	0	0	0	(52,128)	78,554,060	0	0	XXX
13. Aggregate write-ins for other hospital and medical	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	12,265,864	0	0	0	0	0	12,265,864	0	0	XXX
15. Subtotal (Lines 8 to 14)	836,082,768	0	61,673	0	0	(186,339)	836,207,434	0	0	XXX
16. Net reinsurance recoveries	246,631	0	0	0	0	0	246,631	0	0	XXX
17. Total medical and hospital (Lines 15 minus 16)	835,836,137	0	61,673	0	0	(186,339)	835,960,803	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
19. Claims adjustment expenses including \$ 28,207,274 cost containment expenses	34,302,364	0	1,755	0	0	5,857	34,294,752	0	0	0
20. General administrative expenses	74,446,892	0	957	0	0	11,912	74,434,023	0	0	0
21. Increase in reserves for accident and health contracts	0	0	0	0	0	0	0	0	0	XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
23. Total underwriting deductions (Lines 17 to 22)	944,585,393	0	64,385	0	0	(168,570)	944,689,578	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	71,926,435	0	23,782	0	0	302,794	71,599,859	0	0	0
DETAILS OF WRITE-INS										
0501.										XXX
0502.										XXX
0503.										XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301.										XXX
1302.										XXX
1303.										XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0	0	0	0	0	XXX

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 1 - PREMIUMS

Line of Business	1 Direct Business	2 Reinsurance Assumed	3 Reinsurance Ceded	4 Net Premium Income (Cols. 1 + 2 - 3)
1. Comprehensive (hospital and medical)	0	0	0	0
2. Medicare Supplement	88,167	0	0	88,167
3. Dental only	0	0	0	0
4. Vision only	0	0	0	0
5. Federal Employees Health Benefits Plan	134,228	0	4	134,224
6. Title XVIII - Medicare	1,016,584,947	0	295,510	1,016,289,437
7. Title XIX - Medicaid	0	0	0	0
8. Other health	0	0	0	0
9. Health subtotal (Lines 1 through 8)	1,016,807,342	0	295,514	1,016,511,828
10. Life	0	0	0	0
11. Property/casualty	0	0	0	0
12. Totals (Lines 9 to 11)	1,016,807,342	0	295,514	1,016,511,828

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - CLAIMS INCURRED DURING THE YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Payments during the year:										
1.1 Direct	825,523,508	.0	58,952	.0	.0	371,399	825,093,157	.0	.0	.0
1.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded	217,868	.0	.0	.0	.0	.0	217,868	.0	.0	.0
1.4 Net	825,305,640	.0	58,952	.0	.0	371,399	824,875,289	.0	.0	.0
2. Paid medical incentive pools and bonuses	2,340,603	.0	.0	.0	.0	.0	2,340,603	.0	.0	.0
3. Claim liability December 31, current year from Part 2A:										
3.1 Direct	74,708,795	.0	8,527	.0	.0	4,481	74,695,787	.0	.0	.0
3.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded	29,724	.0	.0	.0	.0	.0	29,724	.0	.0	.0
3.4 Net	74,679,071	.0	8,527	.0	.0	4,481	74,666,063	.0	.0	.0
4. Claim reserve December 31, current year from Part 2D:										
4.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Accrued medical incentive pools and bonuses, current year	11,084,563	.0	.0	.0	.0	.0	11,084,563	.0	.0	.0
6. Net healthcare receivables (a)	2,987,895	.0	.0	.0	.0	(23,451)	3,011,346	.0	.0	.0
7. Amounts recoverable from reinsurers December 31, current year	22,882	.0	.0	.0	.0	.0	22,882	.0	.0	.0
8. Claim liability December 31, prior year from Part 2A:										
8.1 Direct	73,427,503	.0	5,806	.0	.0	585,670	72,836,027	.0	.0	.0
8.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
8.3 Reinsurance ceded	12,461	.0	.0	.0	.0	.0	12,461	.0	.0	.0
8.4 Net	73,415,042	.0	5,806	.0	.0	585,670	72,823,566	.0	.0	.0
9. Claim reserve December 31, prior year from Part 2D:										
9.1 Direct	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.3 Reinsurance ceded	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
9.4 Net	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
10. Accrued medical incentive pools and bonuses, prior year	1,159,302	.0	.0	.0	.0	.0	1,159,302	.0	.0	.0
11. Amounts recoverable from reinsurers December 31, prior year	11,382	.0	.0	.0	.0	.0	11,382	.0	.0	.0
12. Incurred Benefits:										
12.1 Direct	823,816,904	.0	61,673	.0	.0	(186,339)	823,941,571	.0	.0	.0
12.2 Reinsurance assumed	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12.3 Reinsurance ceded	246,631	.0	.0	.0	.0	.0	246,631	.0	.0	.0
12.4 Net	823,570,274	.0	61,673	.0	.0	(186,339)	823,694,940	.0	.0	.0
13. Incurred medical incentive pools and bonuses	12,265,864	.0	.0	.0	.0	.0	12,265,864	.0	.0	.0

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - CLAIMS LIABILITY END OF CURRENT YEAR

	1	2	3	4	5	6	7	8	9	10
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other Health	Other Non-Health
1. Reported in Process of Adjustment:										
1.1 Direct	19,025,302	.0	1,400	.0	.0	195	19,023,707	.0	.0	.0
1.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1.4 Net	19,025,302	.0	1,400	.0	.0	195	19,023,707	.0	.0	.0
2. Incurred but Unreported:										
2.1 Direct	51,768,598	.0	7,126	.0	.0	4,287	51,757,185	.0	.0	.0
2.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
2.3 Reinsurance ceded	29,724	.0	.0	.0	.0	.0	29,724	.0	.0	.0
2.4 Net	51,738,874	.0	7,126	.0	.0	4,287	51,727,461	.0	.0	.0
3. Amounts Withheld from Paid Claims and Capitations:										
3.1 Direct	3,914,895	.0	.0	.0	.0	.0	3,914,895	.0	.0	.0
3.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.3 Reinsurance ceded .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
3.4 Net	3,914,895	.0	.0	.0	.0	.0	3,914,895	.0	.0	.0
4. TOTALS:										
4.1 Direct	74,708,795	.0	8,527	.0	.0	4,481	74,695,787	.0	.0	.0
4.2 Reinsurance assumed .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4.3 Reinsurance ceded	29,724	.0	.0	.0	.0	.0	29,724	.0	.0	.0
4.4 Net	74,679,071	0	8,527	0	0	4,481	74,666,063	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability December 31 of Current Year		5 Claims Incurred In Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid December 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	0	0	0	0	0	0
2. Medicare Supplement	4,121	54,832	38	8,489	4,158	5,806
3. Dental Only	0	0	0	0	0	0
4. Vision Only	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan	371,397	0	4,481	0	375,878	585,670
6. Title XVIII - Medicare	56,966,424	767,897,364	479,789	74,186,274	57,446,213	72,823,566
7. Title XIX - Medicaid	0	0	0	0	0	0
8. Other health	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8)	57,341,942	767,952,196	484,308	74,194,763	57,826,250	73,415,042
10. Healthcare receivables (a)	0	14,330,901	0	0	0	11,343,007
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	2,340,603	0	366,133	10,718,430	2,706,736	1,159,302
13. Totals (Lines 9 - 10 + 11 + 12)	59,682,545	753,621,295	850,441	84,913,193	60,532,986	63,231,337

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

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014					
4. 2015					
5. 2016					
6. 2017					

Section B - Incurred Health Claims - Comprehensive (Hospital & Medical)

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	0	0	0	0	0
2. 2013	0	0	3	3	0
3. 2014	XXX	0	(3)	(3)	0
4. 2015	XXX	XXX	0	0	0
5. 2016	XXX	XXX	XXX	0	0
6. 2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Comprehensive (Hospital & Medical)

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent (Col. 3/4)	5 Claim and Claim Adjustment Expense Payments (Col. 5/3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	NONE									
2. 2014										
3. 2015										
4. 2016										
5. 2017										

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS (\$000 Omitted)

Section A - Paid Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	0	0	0	0	0
3.	2014	XXX	0	0	0	0
4.	2015	XXX	XXX	21	23	23
5.	2016	XXX	XXX	XXX	24	28
6.	2017	XXX	XXX	XXX	XXX	55

Section B - Incurred Health Claims - Medicare Supplement

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	0	0	0	0	0
3.	2014	XXX	0	0	0	0
4.	2015	XXX	XXX	23	23	23
5.	2016	XXX	XXX	XXX	29	28
6.	2017	XXX	XXX	XXX	XXX	63

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Medicare Supplement

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	0	0	0	0.0	0	0.0	0	0	0	0.0
2. 2014	1	0	0	0.0	0	0.0	0	0	0	0.0
3. 2015	16	23	0	1.0	23	145.1	0	0	23	145.2
4. 2016	28	28	0	1.0	28	101.4	0	0	28	101.5
5. 2017	88	55	1	1.0	55	62.8	8	0	64	72.5

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Dental Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	.11	.11	.11	.11	.11
2.	2013	137	135	135	135	135
3.	2014	XXX	122	128	128	128
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Dental Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	.11	.11	.11	.11	.11
2.	2013	146	135	135	135	135
3.	2014	XXX	127	128	128	128
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Dental Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	215	135	1	1.0	136	63.4	0	0	136	63.4
2. 2014	259	128	1	1.0	129	49.9	0	0	129	49.9
3. 2015	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Vision Only

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	119	119	119	119	119
3.	2014	XXX	154	168	168	168
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Vision Only

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	0	0	0	0	0
2.	2013	119	119	119	119	119
3.	2014	XXX	168	168	168	168
4.	2015	XXX	XXX	0	0	0
5.	2016	XXX	XXX	XXX	0	0
6.	2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Vision Only

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	171	119	1	1.0	120	70.3	0	0	120	70.3
2. 2014	260	168	2	1.0	170	65.2	0	0	170	65.2
3. 2015	0	0	0	0.0	0	0.0	0	0	0	0.0
4. 2016	0	0	0	0.0	0	0.0	0	0	0	0.0
5. 2017	0	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	1,410	1,410	1,410	1,397	1,397
2.	2013	6,669	6,936	6,936	6,930	6,924
3.	2014	XXX	5,907	6,487	6,497	6,496
4.	2015	XXX	XXX	6,476	7,248	7,235
5.	2016	XXX	XXX	XXX	3,874	4,265
6.	2017	XXX	XXX	XXX	XXX	0

Section B - Incurred Health Claims - Federal Employees Health Benefits Plan Premium

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	1,447	1,410	1,410	1,397	1,397
2.	2013	7,418	6,970	6,936	6,927	6,924
3.	2014	XXX	6,528	6,541	6,500	6,496
4.	2015	XXX	XXX	7,311	7,263	7,235
5.	2016	XXX	XXX	XXX	4,445	4,269
6.	2017	XXX	XXX	XXX	XXX	0

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Federal Employees Health Benefits Plan Premium

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	6,973	6,924	66	1.0	6,990	100.2	0	0	6,990	100.2
2. 2014	7,193	6,496	62	1.0	6,558	91.2	0	0	6,558	91.2
3. 2015	6,601	7,235	69	1.0	7,304	110.6	0	0	7,304	110.7
4. 2016	4,585	4,265	41	1.0	4,306	93.9	4	0	4,310	94.0
5. 2017	134	0	0	0.0	0	0.0	0	0	0	0.0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XVIII

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	11,745	11,468	11,603	11,584	11,585
2.	2013	124,988	138,862	138,725	138,730	138,714
3.	2014	XXX	198,595	217,761	217,863	217,884
4.	2015	XXX	XXX	559,166	599,855	599,401
5.	2016	XXX	XXX	XXX	748,060	807,815
6.	2017	XXX	XXX	XXX	XXX	767,897

Section B - Incurred Health Claims - Title XVIII

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	11,915	11,468	11,603	11,584	11,585
2.	2013	140,613	139,005	138,733	138,730	138,714
3.	2014	XXX	222,018	218,223	217,881	217,884
4.	2015	XXX	XXX	618,254	600,280	599,446
5.	2016	XXX	XXX	XXX	821,601	808,616
6.	2017	XXX	XXX	XXX	XXX	852,802

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XVIII

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	164,892	138,714	1,319	1.0	140,033	84.9	0	0	140,033	84.9
2. 2014	272,482	217,884	2,072	1.0	219,956	80.7	0	0	219,956	80.7
3. 2015	693,510	599,401	5,700	1.0	605,101	87.3	45	0	605,146	87.3
4. 2016	964,901	807,815	7,682	1.0	815,497	84.5	801	5	816,303	84.6
5. 2017	1,016,289	767,897	7,303	1.0	775,200	76.3	84,905	581	860,685	84.7

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Title XIX

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014					
4. 2015					
5. 2016					
6. 2017					

Section B - Incurred Health Claims - Title XIX

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014					
4. 2015					
5. 2016					
6. 2017					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Title XIX

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent (Col. 3/3)	5 Claim and Claim Adjustment Expense Payments (Col. 4/3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	NONE									
2. 2014										
3. 2015										
4. 2016										
5. 2017										

12.XI

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Other

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014					
4. 2015					
5. 2016					
6. 2017					

Section B - Incurred Health Claims - Other

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	NONE				
2. 2013					
3. 2014					
4. 2015					
5. 2016					
6. 2017					

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Other

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense (Col. 3/2)	4 Percent (Col. 3/4)	5 Claim and Claim Adjustment Expense Payments (Col. 5/1)	6 Percent (Col. 5/1)	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 Percent (Col. 9/1)
1. 2013	NONE									
2. 2014										
3. 2015										
4. 2016										
5. 2017										

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(\$000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred		Cumulative Net Amounts Paid				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	13,166	12,889	13,024	12,992	12,993
2.	2013	131,913	146,052	145,915	145,914	145,892
3.	2014	XXX	204,778	224,544	224,656	224,676
4.	2015	XXX	XXX	565,663	607,126	606,659
5.	2016	XXX	XXX	XXX	751,958	812,108
6.	2017	XXX	XXX	XXX	XXX	767,952

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred		Sum of Cumulative Net Amount Paid and Claim Liability, Claim Reserve and Medical Incentive Pool and Bonuses Outstanding at End of Year				
		1 2013	2 2014	3 2015	4 2016	5 2017
1.	Prior	13,373	12,889	13,024	12,992	12,993
2.	2013	148,296	146,229	145,926	145,914	145,892
3.	2014	XXX	228,841	225,057	224,674	224,676
4.	2015	XXX	XXX	625,588	607,566	606,704
5.	2016	XXX	XXX	XXX	826,075	812,913
6.	2017	XXX	XXX	XXX	XXX	852,865

Section C - Incurred Year Health Claims and Claims Adjustment Expense Ratio - Grand Total

Years in which Premiums were Earned and Claims were Incurred	1 Premiums Earned	2 Claims Payment	3 Claim Adjustment Expense Payments	4 (Col. 3/2) Percent	5 Claim and Claim Adjustment Expense Payments (Col. 2 + 3)	6 (Col. 5/1) Percent	7 Claims Unpaid	8 Unpaid Claims Adjustment Expenses	9 Total Claims and Claims Adjustment Expense Incurred (Col. 5+7+8)	10 (Col. 9/1) Percent
1. 2013	172,251	145,892	1,387	1.0	147,279	85.5	0	0	147,279	85.5
2. 2014	280,195	224,676	2,137	1.0	226,813	80.9	0	0	226,813	80.9
3. 2015	700,127	606,659	5,769	1.0	612,428	87.5	45	0	612,474	87.5
4. 2016	969,514	812,108	7,723	1.0	819,831	84.6	805	5	820,642	84.6
5. 2017	1,016,511	767,952	7,304	1.0	775,255	76.3	84,913	581	860,749	84.7

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UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
1. Unearned premium reserves	0	0	0	0	0	0	0	0	0
2. Additional policy reserves (a)	0	0	0	0	0	0	0	0	0
3. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
4. Reserve for rate credits or experience rating refunds (including \$0) for investment income	3,571,625	0	0	0	0	0	3,571,625	0	0
5. Aggregate write-ins for other policy reserves	3,996,731	0	0	0	0	0	3,996,731	0	0
6. Totals (gross)	7,568,356	0	0	0	0	0	7,568,356	0	0
7. Reinsurance ceded	0	0	0	0	0	0	0	0	0
8. Totals (Net)(Page 3, Line 4)	7,568,356	0	0	0	0	0	7,568,356	0	0
9. Present value of amounts not yet due on claims	0	0	0	0	0	0	0	0	0
10. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
11. Aggregate write-ins for other claim reserves	0	0	0	0	0	0	0	0	0
12. Totals (gross)	0	0	0	0	0	0	0	0	0
13. Reinsurance ceded	0	0	0	0	0	0	0	0	0
14. Totals (Net)(Page 3, Line 7)	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS									
0501. Risk Adjustment Premium Payable	3,996,731	0	0	0	0	0	3,996,731	0	0
0502.									
0503.									
0598. Summary of remaining write-ins for Line 5 from overflow page.....	0	0	0	0	0	0	0	0	0
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	3,996,731	0	0	0	0	0	3,996,731	0	0
1101.									
1102.									
1103.									
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0	0	0	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0

(a) Includes \$0 premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT

PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3 General Administrative Expenses	4 Investment Expenses	5 Total
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses			
1. Rent (\$0 for occupancy of own building)	546,967	132,035	1,079,159	3,709	1,761,870
2. Salary, wages and other benefits	11,592,074	3,032,064	31,544,750	107,461	46,276,349
3. Commissions (less \$0 ceded plus \$0 assumed)	0	0	10,104,559	2,500	10,107,059
4. Legal fees and expenses	288,176	69,565	568,574	1,953	928,268
5. Certifications and accreditation fees	600	362	2,961	10	3,933
6. Auditing, actuarial and other consulting services	304,194	73,431	600,172	2,062	979,859
7. Traveling expenses	371,873	90,180	738,718	2,539	1,203,310
8. Marketing and advertising	1,615,040	391,740	3,209,368	11,032	5,227,180
9. Postage, express and telephone	1,187,119	290,697	2,384,824	8,008	3,870,648
10. Printing and office supplies	259,631	74,125	651,870	2,240	987,866
11. Occupancy, depreciation and amortization	147,029	35,520	299,525	(142)	481,932
12. Equipment	591,360	142,752	1,166,754	4,010	1,904,876
13. Cost or depreciation of EDP equipment and software	1,457,161	356,494	2,942,885	0	4,756,540
14. Outsourced services including EDP, claims, and other services	8,580,886	1,104,214	9,221,595	31,025	18,937,720
15. Boards, bureaus and association fees	49,034	11,841	96,803	332	158,010
16. Insurance, except on real estate	67,717	16,362	133,789	459	218,327
17. Collection and bank service charges	286,587	69,180	565,431	1,943	923,141
18. Group service and administration fees	33,759	4,633	23,736	81	62,209
19. Reimbursements by uninsured plans	0	0	0	0	0
20. Reimbursements from fiscal intermediaries	0	0	0	0	0
21. Real estate expenses	394,305	95,184	777,971	2,672	1,270,132
22. Real estate taxes	0	0	0	0	0
23. Taxes, licenses and fees:					
23.1 State and local insurance taxes	0	0	1,620,506	1	1,620,507
23.2 State premium taxes	0	0	(16,140)	0	(16,140)
23.3 Regulatory authority licenses and fees	0	0	465,466	1,210	466,676
23.4 Payroll taxes	0	0	1,816,291	6,243	1,822,534
23.5 Other (excluding federal income and real estate taxes)	0	0	3,277,282	(11)	3,277,271
24. Investment expenses not included elsewhere	75,694	18,273	105,528	(549)	198,946
25. Aggregate write-ins for expenses	358,068	86,438	1,064,515	2,102	1,511,123
26. Total expenses incurred (Lines 1 to 25)	28,207,274	6,095,090	74,446,892	190,890	(a) 108,940,146
27. Less expenses unpaid December 31, current year	0	586,638	2,331,565	0	2,918,203
28. Add expenses unpaid December 31, prior year	0	595,222	1,036,048	0	1,631,270
29. Amounts receivable relating to uninsured plans, prior year	0	0	26,247,439	0	26,247,439
30. Amounts receivable relating to uninsured plans, current year	0	0	5,454,528	0	5,454,528
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	28,207,274	6,103,674	52,358,464	190,890	86,860,302
DETAILS OF WRITE-INS					
2501. Miscellaneous Administrative Expenses	358,068	86,438	1,072,005	2,102	1,518,613
2502. Expense Allowance on Reinsurance Ceded	0	0	(7,490)	0	(7,490)
2503.					
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	358,068	86,438	1,064,515	2,102	1,511,123

(a) Includes management fees of \$78,749,974 to affiliates and \$0 to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds	(a) 234,169	259,659
1.1 Bonds exempt from U.S. tax	(a) 0	0
1.2 Other bonds (unaffiliated)	(a) 3,015,141	3,445,910
1.3 Bonds of affiliates	(a) 0	0
2.1 Preferred stocks (unaffiliated)	(b) 0	0
2.11 Preferred stocks of affiliates	(b) 0	0
2.2 Common stocks (unaffiliated)	0	0
2.21 Common stocks of affiliates	0	0
3. Mortgage loans	(c) 0	0
4. Real estate	(d) 0	0
5. Contract Loans	0	0
6. Cash, cash equivalents and short-term investments	(e) 718,273	712,641
7. Derivative instruments	(f) 0	0
8. Other invested assets	0	0
9. Aggregate write-ins for investment income	0	0
10. Total gross investment income	3,967,583	4,418,210
11. Investment expenses		(g) 183,447
12. Investment taxes, licenses and fees, excluding federal income taxes		(g) 7,443
13. Interest expense		(h) 0
14. Depreciation on real estate and other invested assets		(i) 0
15. Aggregate write-ins for deductions from investment income		0
16. Total deductions (Lines 11 through 15)		190,890
17. Net investment income (Line 10 minus Line 16)		4,227,320
DETAILS OF WRITE-INS		
0901.		
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	0	0
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ 11,823 accrual of discount less \$ 2,536,661 amortization of premium and less \$ 238,065 paid for accrued interest on purchases.
- (b) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued dividends on purchases.
- (c) Includes \$ 0 accrual of discount less \$ 0 amortization of premium and less \$ 0 paid for accrued interest on purchases.
- (d) Includes \$ 0 for company's occupancy of its own buildings; and excludes \$ 0 interest on encumbrances.
- (e) Includes \$ 453,905 accrual of discount less \$ 28,811 amortization of premium and less \$ 39,655 paid for accrued interest on purchases.
- (f) Includes \$ 0 accrual of discount less \$ 0 amortization of premium.
- (g) Includes \$ 0 investment expenses and \$ 0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ 0 interest on surplus notes and \$ 0 interest on capital notes.
- (i) Includes \$ 0 depreciation on real estate and \$ 0 depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	(105,143)	0	(105,143)	0	0
1.1 Bonds exempt from U.S. tax	0	0	0	0	0
1.2 Other bonds (unaffiliated)	(10,530)	0	(10,530)	(34,363)	0
1.3 Bonds of affiliates	0	0	0	0	0
2.1 Preferred stocks (unaffiliated)	0	0	0	0	0
2.11 Preferred stocks of affiliates	0	0	0	0	0
2.2 Common stocks (unaffiliated)	0	0	0	0	0
2.21 Common stocks of affiliates	0	0	0	0	0
3. Mortgage loans	0	0	0	0	0
4. Real estate	0	0	0	0	0
5. Contract loans	0	0	0	0	0
6. Cash, cash equivalents and short-term investments	0	0	0	0	0
7. Derivative instruments	0	0	0	0	0
8. Other invested assets	0	0	0	0	0
9. Aggregate write-ins for capital gains (losses)	85	0	85	0	0
10. Total capital gains (losses)	(115,588)	0	(115,588)	(34,363)	0
DETAILS OF WRITE-INS					
0901. Other realized gain	85	0	85	0	0
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9, above)	85	0	85	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF NON-ADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)	0	0	0
2. Stocks (Schedule D):			
2.1 Preferred stocks	0	0	0
2.2 Common stocks	0	0	0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens	0	0	0
3.2 Other than first liens.....	0	0	0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company	0	0	0
4.2 Properties held for the production of income.....	0	0	0
4.3 Properties held for sale	0	0	0
5. Cash (Schedule E - Part 1), cash equivalents (Schedule E - Part 2) and short-term investments (Schedule DA)	0	0	0
6. Contract loans	0	0	0
7. Derivatives (Schedule DB)	0	0	0
8. Other invested assets (Schedule BA)	0	0	0
9. Receivables for securities	0	0	0
10. Securities lending reinvested collateral assets (Schedule DL)	0	0	0
11. Aggregate write-ins for invested assets	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	0	0	0
13. Title plants (for Title insurers only)	0	0	0
14. Investment income due and accrued	0	0	0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection	962,931	1,358,460	395,529
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	0	0	0
15.3 Accrued retrospective premiums and contracts subject to redetermination	0	0	0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0
17. Amounts receivable relating to uninsured plans	0	0	0
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0
18.2 Net deferred tax asset	188,021	37,884	(150,137)
19. Guaranty funds receivable or on deposit	0	0	0
20. Electronic data processing equipment and software	0	0	0
21. Furniture and equipment, including health care delivery assets	1,536,931	65,288	(1,471,643)
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0
23. Receivable from parent, subsidiaries and affiliates	0	0	0
24. Health care and other amounts receivable	6,008	437,339	431,331
25. Aggregate write-ins for other than invested assets	1,775,991	591,200	(1,184,791)
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	4,469,882	2,490,171	(1,979,711)
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0
28. Total (Lines 26 and 27)	4,469,882	2,490,171	(1,979,711)
DETAILS OF WRITE-INS			
1101.	0	0	0
1102.	0	0	0
1103.	0	0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0	0
2501. Prepaid Commissions	1,730,276	522,301	(1,207,975)
2502. Provider Contracts	0	0	0
2503. Deposits	33,599	42,768	9,169
2598. Summary of remaining write-ins for Line 25 from overflow page	12,116	26,131	14,015
2599. Totals (Lines 2501 thru 2503 plus 2598)(Line 25 above)	1,775,991	591,200	(1,184,791)

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations	8,112	7,896	7,920	7,937	7,965	94,982
2. Provider Service Organizations	0	0	0	0	0	0
3. Preferred Provider Organizations	79,704	79,230	79,538	79,879	79,998	954,411
4. Point of Service	0	0	0	0	0	0
5. Indemnity Only	0	0	0	0	0	0
6. Aggregate write-ins for other lines of business	30	39	39	44	91	634
7. Total	87,846	87,165	87,497	87,860	88,054	1,050,027
DETAILS OF WRITE-INS						
0601. Medicare Supplement	30	39	39	44	91	634
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	30	39	39	44	91	634

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

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

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

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

	SSAP #	F/S Page	F/S Line #	2017	2016
Net Income					
1. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ 51,809,697	\$ 32,079,043
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
4. NAIC SAP	xxx	xxx	xxx	\$ 51,809,697	\$ 32,079,043
Surplus					
5. Humana Benefit Plan of Illinois, Inc. Illinois basis	xxx	xxx	xxx	\$ 208,914,525	\$ 161,762,936
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ 208,914,525	\$ 161,762,936

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

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

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

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

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

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

C. Accounting Policy

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

In addition, the Company uses the following accounting policies:

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

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

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

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

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

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

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

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

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

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

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

NOTES TO THE FINANCIAL STATEMENTS

(15) Not Applicable.

D. Going Concern

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

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

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

(2) Not Applicable.

(3) Not Applicable.

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

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

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(63,539)
2. Twelve Months or Longer	\$	(274,461)

(b) The aggregate related fair value of securities with unrealized losses:

1. Less than Twelve Months	\$	17,789,225
2. Twelve Months or Longer	\$	11,333,094

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

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

NOTES TO THE FINANCIAL STATEMENTS

- E. Dollar Repurchase Agreements and/or Securities Lending Transactions
 - (1) The Company has no repurchase agreements or securities lending transactions.
 - (2) The Company has not pledged any of its assets as collateral.
 - (3-7) Not Applicable.
- F. Repurchase Agreements Transactions Accounted for as Secured Borrowing
 - Not Applicable
- G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing
 - Not Applicable
- H. Repurchase Agreements Transactions Accounted for as a Sale
 - Not Applicable
- I. Reverse Repurchase Agreements Transactions Accounted for as a Sale
 - Not Applicable
- J. Real Estate
 - Not Applicable.
- K. Low-Income Housing Tax Credits (LIHTC)
 - Not Applicable.
- L. Restricted Assets
 - (1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
Restricted Asset Category	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	2,894,800	3,225,196	(330,396)	-	2,894,800	0.78%	0.79%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 2,894,800	\$ 3,225,196	\$ (330,396)	-	\$ 2,894,800	0.78%	0.79%

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

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

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. Structured Notes

Not Applicable.

P. 5* Securities

Not Applicable.

Q. Short Sales

Not Applicable.

R. Prepayment Penalty and Acceleration Fees

		General Account
(1) Number of CUSIPS		13
(2) Aggregate Amount of Investment Income	\$	1,111

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

A. Deferred Tax Assets/(Liabilities)

(1) The components of the net admitted deferred tax asset/(liability) by tax character were as follows:

	December 31, 2017		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 1,961,991	\$ 10,996	\$ 1,972,987
b. Statutory valuation allowance adjustments	-	(10,996)	(10,996)
c. Adjusted gross deferred tax assets	1,961,991	-	1,961,991
d. Deferred tax assets nonadmitted	(188,021)	-	(188,021)
e. Net admitted deferred tax assets	1,773,970	-	1,773,970
f. Deferred tax liabilities	(817)	-	(817)
g. Net admitted deferred tax asset/(liability)	\$ 1,773,153	\$ -	\$ 1,773,153

	December 31, 2016		
	Ordinary	Capital	Total
a. Gross deferred tax assets	\$ 4,606,069	\$ 6,300	\$ 4,612,369
b. Statutory valuation allowance adjustments	-	(6,300)	(6,300)
c. Adjusted gross deferred tax assets	4,606,069	-	4,606,069
d. Deferred tax assets nonadmitted	(37,884)	-	(37,884)
e. Net admitted deferred tax assets	4,568,185	-	4,568,185
f. Deferred tax liabilities	(861)	-	(861)
g. Net admitted deferred tax asset/(liability)	\$ 4,567,324	\$ -	\$ 4,567,324

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

NOTES TO THE FINANCIAL STATEMENTS

	Ordinary	Change Capital	Total
a. Gross deferred tax assets	\$ (2,644,078)	\$ 4,696	\$ (2,639,382)
b. Statutory valuation allowance adjustments	-	(4,696)	(4,696)
c. Adjusted gross deferred tax assets	(2,644,078)	-	(2,644,078)
d. Deferred tax assets nonadmitted	(150,137)	-	(150,137)
e. Net admitted deferred tax assets	(2,794,215)	-	(2,794,215)
f. Deferred tax liabilities	44	-	44
g. Net admitted deferred tax asset/(liability)	\$ (2,794,171)	\$ -	\$ (2,794,171)

(2) The amount of admitted adjusted gross deferred tax assets under SSAP No. 101 were as follows:

	December 31, 2017		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 1,746,423	\$ -	\$ 1,746,423
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	26,730	-	26,730
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	26,730
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	31,071,206
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	817	-	817
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 1,773,970	\$ -	\$ 1,773,970

	December 31, 2016		
	Ordinary	Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ 4,561,784	\$ -	\$ 4,561,784
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	5,540	-	5,540
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	5,540
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	23,579,342
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	861	-	861
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ 4,568,185	\$ -	\$ 4,568,185

	Ordinary	Change Capital	Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$ (2,815,361)	\$ -	\$ (2,815,361)
b. Adjusted gross deferred tax assets expected to be realized after application of the threshold limitation	21,190	-	21,190
1. Adjusted gross deferred tax assets expected to be realized following the Balance Sheet date	XXX	XXX	21,190
2. Adjusted gross deferred tax assets allowed per limitation threshold	XXX	XXX	7,491,864
c. Adjusted gross deferred tax assets offset by gross deferred tax liabilities	(44)	-	(44)
d. Deferred tax assets admitted as the result of application of SSAP No. 101. Total	\$ (2,794,215)	\$ -	\$ (2,794,215)

(3) The ratio percentage used to determine recovery period and threshold limitation amount was as follows:

	December 31, 2017	December 31, 2016
a. Ratio percentage used to determine recovery period and threshold limitation amount	669%	521%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2 b.2 above	207,141,372	157,195,612

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

NOTES TO THE FINANCIAL STATEMENTS

(4) The impact of tax planning strategies on adjusted gross DTAs and net admitted DTAs was as follows:

	December 31, 2017	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 1,961,991	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 1,773,970	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

	December 31, 2016	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ 4,606,069	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ 4,568,185	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

	Change	
	Ordinary	Capital
a. Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage		
1. Adjusted gross DTAs amount from note 9A1(c)	\$ (2,644,078)	\$ -
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0.00%	0.00%
3. Net admitted adjusted gross DTAs amount from note 9A1(e)	\$ (2,794,215)	\$ -
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	0.00%	0.00%

b. Does the Company's tax planning strategies include the use of reinsurance? Yes [] No [X]

B. There are no temporary differences for which a DTL has not been established.

C. Current and deferred income taxes

(1) Current income taxes incurred consist of the following major components:

	December 31, 2017	December 31, 2016	Change
a. Federal	\$ 24,227,252	\$ 23,089,265	\$ 1,137,987
b. Foreign	-	-	-
c. Subtotal	24,227,252	23,089,265	1,137,987
d. Federal income tax on net capital gains	(40,456)	338,798	(379,254)
e. Utilization of capital loss carryforwards	-	-	-
f. Other	(3,185)	(595)	(2,590)
g. Federal and foreign income taxes incurred	\$ 24,183,611	\$ 23,427,468	\$ 756,143

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

NOTES TO THE FINANCIAL STATEMENTS

(2-3) The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and deferred tax liabilities are as follows:

DTAs resulting from Book/Tax Differences in:

	December 31, 2017	December 31, 2016	Change
a. Ordinary			
1. Discounting of unpaid losses	\$ 1,593,552	\$ 2,759,931	\$ (1,166,379)
2. Unearned premium reserve	59,285	113,391	(54,106)
3. Policyholder reserves	-	-	-
4. Investments and other	-	-	-
5. Deferred acquisition costs	1,729	711	1,018
6. Policyholder dividends accrual	-	-	-
7. Fixed assets	267,299	54,655	212,644
8. Compensation and benefit accruals	-	-	-
9. Pension accruals	-	-	-
10. Receivables – nonadmitted	-	-	-
11. Net operating loss carry-forward	-	1,307,531	(1,307,531)
12. Tax credit carry-forward	-	-	-
13. Other	-	-	-
14. Bad debts	9,561	304,964	(295,403)
15. Accrued litigation	-	-	-
16. CMS Rx reserve	23,164	40,712	(17,548)
17. CMS risk corridor -ACA	-	-	-
18. Medicare risk adjustment data	-	-	-
19. Miscellaneous reserves	7,401	23,424	(16,023)
20. Accrued lease	-	-	-
21. Section 197 intangible	-	-	-
22. Reinsurance fee	-	750	(750)
23. Provider contracts	-	-	-
99. Subtotal	1,961,991	4,606,069	(2,644,078)
b. Statutory valuation allowance adjustment	-	-	-
c. Nonadmitted	(188,021)	(37,884)	(150,137)
d. Admitted Ordinary DTAs	1,773,970	4,568,185	(2,794,215)
e. Capital			
1. Investments	10,996	6,300	4,696
2. Net capital loss carry-forward	-	-	-
3. Real estate	-	-	-
4. Other	-	-	-
99. Subtotal	10,996	6,300	4,696
f. Statutory valuation allowance adjustment	(10,996)	(6,300)	(4,696)
g. Nonadmitted	-	-	-
h. Admitted capital DTAs	-	-	-
i. Admitted DTAs	\$ 1,773,970	\$ 4,568,185	\$ (2,794,215)

DTLs resulting from Book/Tax Differences in:

	December 31, 2017	December 31, 2016	Change
a. Ordinary			
1. Investments	\$ -	\$ -	\$ -
2. Fixed assets	-	-	-
3. Deferred and uncollected premium	-	-	-
4. Policyholder reserves/salvage & subrogation	-	-	-
5. Other	-	-	-
6. Premium acquisition reserve	(817)	(861)	44
7. CMS RX Reserve	-	-	-
8. Accrued Leases	-	-	-
99. Subtotal	(817)	(861)	44
b. Capital			
1. Investments	-	-	-
2. Real estate	-	-	-
3. Other	-	-	-
99. Subtotal	-	-	-
c. DTLs	\$ (817)	\$ (861)	\$ 44

(4) Net deferred tax asset/(liability)	\$ 1,773,153	\$ 4,567,324	\$ (2,794,171)
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STATEMENT AS OF December 31, 2017 OF Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

The tax reform law enacted on December 22, 2017 (the "Tax Reform Law") reduced the statutory federal corporate income tax rate to 21 percent from 35 percent, beginning in 2018. The rate reduction required a remeasurement of the Company's net deferred tax asset. This impact on surplus is as follows:

	Surplus Impact
Tax Reform Effect on Operations	\$ (1,307,449)
Tax Reform Effect on Deferred Taxes Non-Admitted	125,347
Tax Reform Effect on Unrealized Gains and Losses	-
Total Impact of Tax Reform	<u>\$ (1,182,102)</u>

- D. The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory Federal income tax rate to income before income taxes. The significant items causing this difference as of December 31, 2017 are as follows:

	Amount	Tax Effect	Effective Tax Rate
Income before taxes	\$ 75,993,308	\$ 26,597,658	35.00%
Tax-exempt interest	(1,469,320)	(514,262)	(0.68%)
Dividends received deduction	-	-	0.00%
Proration	220,398	77,139	0.10%
Meals & entertainment, lobbying expenses, etc.	33	12	0.00%
Statutory valuation allowance adjustment	-	-	0.00%
ACA fee	-	-	0.00%
Tax reform	-	1,307,449	1.72%
Change to nonadmitted assets & deferred tax true-up	(1,829,571)	(640,350)	(0.84%)
Other, including prior year true-up	(3)	(1)	0.00%
Total	<u>\$ 72,914,845</u>	<u>\$ 26,827,645</u>	<u>35.30%</u>
Federal income taxes incurred [expense/(benefit)]		\$ 24,224,067	31.88%
Tax on capital gains/(losses)		(40,456)	(0.05%)
Change in net deferred income tax [charge/(benefit)]		2,644,034	3.47%
Correction of prior period error		-	0.00%
Total statutory income taxes		<u>\$ 26,827,645</u>	<u>35.30%</u>

- E. Operating loss and tax credit carry-forwards and protective tax deposits

At December 31, 2017, the Company had no net operating loss carry-forwards.

At December 31, 2017, the Company had no capital loss carry-forwards.

At December 31, 2017, the Company had no AMT credit carry-forwards.

- (2) The following table demonstrates the income tax expense for 2015, 2016 and 2017 that is available for the recoupment in the event of future net losses:

	Ordinary	Capital	Total
2015	\$ -	\$ -	\$ -
2016	23,086,080	338,798	23,424,878
2017	24,227,252	(40,456)	24,186,796
Total	<u>\$ 47,313,332</u>	<u>\$ 298,342</u>	<u>\$ 47,611,674</u>

- (3) There are no deposits admitted under IRC § 6603.

- F. The Company is included in a consolidated federal income tax return with its parent Company, Humana Inc. The Company has a written agreement, approved by the Company's Board of Directors, which sets forth the manner in which the total combined federal income tax is allocated to each entity which is a party to the consolidation. Pursuant to this agreement, the Company has the enforceable right to be paid for any future net losses it may incur. The Company has no contingent income tax liabilities. The Company has not adjusted gross deferred tax assets due to changes in judgment about the realizability of the related deferred tax asset. The Company has no deposits under Section 6603 of the Internal Revenue Code.

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

NOTES TO THE FINANCIAL STATEMENTS

HUMANA INC. AND SUBSIDIARIES INCLUDED IN 2017 CONSOLIDATED FEDERAL INCOME TAX RETURN

**CALENDAR YEAR ENDED DECEMBER 31, 2017
AFFILIATIONS SCHEDULE**

**CORPORATE NAME AND EMPLOYER IDENTIFICATION NUMBER
THE ADDRESS OF EACH COMPANY IS: P. O. BOX 740026, LOUISVILLE, KY 40201**

CORP. NO.	CORPORATION NAME	EMPLOYER IDENTIFICATION NUMBER
1	HUMANA INC.	61-0647538
2	154TH STREET MEDICAL PLAZA, INC.	65-0851053
3	516-526 WEST MAIN STREET CONDOMINIUM COUNCIL OF CO- OWNERS, INC.	20-5309363
4	54TH STREET MEDICAL PLAZA, INC.	65-0293220
5	AMERICAN ELDERCARE, INC.	65-0380198
6	ARCADIAN HEALTH PLAN, INC.	20-1001348
7	CAC MEDICAL CENTER HOLDINGS, INC.	30-0117876
8	CAC-FLORIDA MEDICAL CENTERS, LLC	26-0010657
9	CARENETWORK, INC.	39-1514846
10	CAREPLUS HEALTH PLANS, INC.	59-2598550
11	CARITEN HEALTH PLAN INC.	62-1579044
12	CHA HMO, INC.	61-1279717
13	CHA SERVICE COMPANY, INC.	61-1279716
14	COMPBENEFITS COMPANY	59-2531815
15	COMPBENEFITS CORPORATION	04-3185995
16	COMPBENEFITS DENTAL, INC.	36-3686002
17	COMPBENEFITS DIRECT, INC.	58-2228851
18	COMPBENEFITS INSURANCE COMPANY	74-2552026
19	COMPLEX CLINICAL MANAGEMENT, INC.	45-3713941
20	COMPREHENSIVE HEALTH INSIGHTS, INC.	42-1575099
21	CONTINUCARE CORPORATION	59-2716023
22	CONTINUCARE MEDICAL MANAGEMENT, INC.	65-0791417
23	CONTINUCARE MSO, INC.	65-0780986
24	CORPHEALTH PROVIDER LINK, INC.	20-8236655
25	DATALINK SOLUTIONS, INC.	47-4706668
26	DEFENSEWEB TECHNOLOGIES, INC.	33-0916248
27	DENTAL CARE PLUS MANAGEMENT, CORP.	36-3512545
28	DENTICARE, INC.	76-0039628
29	EMPHEYSYS INSURANCE COMPANY	31-0935772
30	EMPHEYSYS, INC.	61-1237697
31	HARRIS, ROTHENBERG INTERNATIONAL, INC.	27-1649291
32	HEALTH VALUE MANAGEMENT, INC.	61-1223418
33	HUMANA EAP AND WORK-LIFE SERVICES OF CALIFORNIA, INC. (fka HRI HUMANA OF CALIFORNIA, INC.)	46-4912173
34	HUMANA ACTIVE OUTLOOK, INC.	20-4835394
35	HUMANA AT HOME (DALLAS), INC.	75-2739333
36	HUMANA AT HOME (HOUSTON), INC.	76-0537878
37	HUMANA AT HOME (MA), INC.	04-3580066
38	HUMANA AT HOME (SAN ANTONIO), INC.	01-0766084
39	HUMANA AT HOME (TLC), INC.	75-2600512
40	HUMANA AT HOME 1, INC.	65-0274594
41	HUMANA AT HOME, INC.	13-4036798
42	HUMANA BEHAVIORAL HEALTH, INC.	75-2043865
43	HUMANA BENEFIT PLAN OF ILLINOIS, INC.	37-1326199
44	HUMANA DENTAL COMPANY	59-1843760
45	HUMANA DENTAL CONCERN, LTD.	36-3654697
46	HUMANA EMPLOYERS HEALTH PLAN OF GEORGIA, INC.	58-2209549
47	HUMANA GOVERNMENT BUSINESS, INC.	61-1241225
48	HUMANA HEALTH BENEFIT PLAN OF LOUISIANA, INC.	72-1279235
49	HUMANA HEALTH COMPANY OF NEW YORK, INC.	26-2800286
50	HUMANA HEALTH INSURANCE COMPANY OF FLORIDA, INC.	61-1041514
51	HUMANA HEALTH PLAN OF CALIFORNIA, INC.	26-3473328
52	HUMANA HEALTH PLAN OF OHIO, INC.	31-1154200
53	HUMANA HEALTH PLAN OF TEXAS, INC.	61-0994632

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

NOTES TO THE FINANCIAL STATEMENTS

54	HUMANA HEALTH PLAN, INC.	61-1013183
55	HUMANA HOME ADVANTAGE (TX), P.A.	81-0789608
56	HUMANA INNOVATION ENTERPRISES, INC.	61-1343791
57	HUMANA INSURANCE COMPANY	39-1263473
58	HUMANA INSURANCE COMPANY OF KENTUCKY	61-1311685
59	HUMANA INSURANCE COMPANY OF NEW YORK	20-2888723
60	HUMANA MARKETPOINT, INC.	61-1343508
61	HUMANA MEDICAL PLAN OF MICHIGAN, INC.	27-3991410
62	HUMANA MEDICAL PLAN OF PENNSYLVANIA, INC.	27-4460531
63	HUMANA MEDICAL PLAN OF UTAH, INC.	20-8411422
64	HUMANA MEDICAL PLAN, INC.	61-1103898
65	HUMANA PHARMACY SOLUTIONS, INC.	45-2254346
66	HUMANA PHARMACY, INC.	61-1316926
67	HUMANA REGIONAL HEALTH PLAN, INC.	20-2036444
68	HUMANA VETERANS HEALTHCARE SERVICES, INC.	20-8418853
69	HUMANA WISCONSIN HEALTH ORGANIZATION INSURANCE CORPORATION	39-1525003
70	HUMANADENTAL INSURANCE COMPANY	39-0714280
71	HUMANADENTAL, INC.	61-1364005
72	HUMCO, INC.	61-1239538
73	HUM-e-FL, INC.	61-1383567
74	KANAWHA INSURANCE COMPANY	57-0380426
75	KMG AMERICA CORPORATION	20-1377270
76	MANAGED CARE INDEMNITY, INC.	61-1232669
77	METCARE OF FLORIDA, INC.	65-0879131
78	METROPOLITAN HEALTH NETWORKS, INC.	65-0635748
79	PARTNERS IN INTEGRATED CARE, INC.	47-2905609
80	PARTNERS IN PRIMARY CARE (KS), P.A.	82-2000699
81	PARTNERS IN PRIMARY CARE (NC), P.C.	82-1926920
82	PARTNERS IN PRIMARY CARE OF ILLINOIS, P.C.	45-4041098
83	PARTNERS IN PRIMARY CARE, P.A.	47-1161014
84	PHP COMPANIES, INC.	62-1552091
85	PREFERRED HEALTH PARTNERSHIP, INC.	62-1250945
86	PRESERVATION ON MAIN, INC.	20-1724127
87	PRIMARY CARE HOLDINGS, INC.	46-1225873
88	ROHC, LLC	75-2844854
89	SENIORBRIDGE (NC), INC.	56-2593719
90	SENIORBRIDGE CARE MANAGEMENT, INC.	80-0581269
91	SENIORBRIDGE FAMILY COMPANIES (AZ), INC.	46-0702349
92	SENIORBRIDGE FAMILY COMPANIES (CA), INC.	45-3039782
93	SENIORBRIDGE FAMILY COMPANIES (CT), INC.	27-0452360
94	SENIORBRIDGE FAMILY COMPANIES (FL), INC.	65-1096853
95	SENIORBRIDGE FAMILY COMPANIES (IL), INC.	02-0660212
96	SENIORBRIDGE FAMILY COMPANIES (MD), INC.	81-0557727
97	SENIORBRIDGE FAMILY COMPANIES (MO), INC.	46-0677759
98	SENIORBRIDGE FAMILY COMPANIES (NJ), INC.	36-4484449
99	SENIORBRIDGE FAMILY COMPANIES (NY), INC.	36-4484443
100	SENIORBRIDGE FAMILY COMPANIES (OH), INC.	20-0260501
101	SENIORBRIDGE FAMILY COMPANIES (PA), INC.	38-3643832
102	SENIORBRIDGE FAMILY COMPANIES (VA), INC.	46-0691871
103	TEXAS DENTAL PLANS, INC.	74-2352809
104	THE DENTAL CONCERN, INC.	52-1157181
105	TRANSCEND COMMUNITY PHYSICIAN NETWORK (AR), P.A.	47-2770181
106	TRANSCEND COMMUNITY PHYSICIAN NETWORK (KS), P.A.	47-2111323
107	TRANSCEND COMMUNITY PHYSICIAN NETWORK, P.C.	47-2750105
108	TRANSCEND INSIGHTS, INC.	80-0072760
109	TRANSCEND POPULATION HEALTH MANAGEMENT, LLC	46-5329373

G. The Company does not have any tax loss contingencies for which it is reasonably possible that the total liability will significantly increase within twelve months of the reporting date.

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

NOTES TO THE FINANCIAL STATEMENTS

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2017 and 2016 were \$104,594,192 and \$96,560,031, respectively. As a part of this agreement, the Company makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana Inc. is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

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

At December 31, 2017, the Company reported \$2,392,103 due to Humana Inc. Amounts due to or from parent are generally settled within 30 days.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

M. All SCA Investments

Not Applicable.

N. Investment in Insurance SCA

Not Applicable.

11. Debt

A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

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

A.-D. Defined Benefit Plans

Not Applicable.

E. Defined Contribution Plans

Not Applicable.

F. Multiemployer Plans

Not Applicable.

G. Consolidated/Holding Company Plans

The Company employees are eligible to participate in the Humana Retirement and Savings Plan ("the Plan"), a defined contribution plan, sponsored by Humana Inc. The Plan maintains two accounts, the Savings Account and the Retirement Account.

Humana Inc.'s total contributions paid to the Savings and Retirement accounts of the Humana Retirement Savings Plan were \$216,450,717 and \$193,755,632 for the years ended December 31, 2017 and 2016, respectively. As of December 31, 2017 and 2016, the fair market value of the Humana Retirement Savings Plan's assets was \$4,638,342,913 and \$3,900,036,594, respectively.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

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

- (1) The Company has \$25 par value common stock with 100,000 shares authorized and 100,000 shares issued and 100,000 outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Illinois Department of Insurance statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Illinois Department of Insurance is the greater of 10% of unassigned funds or net income from the prior year. Based on these restrictions, the Company was permitted to pay a maximum dividend or return of capital to shareholders of approximately \$32,070,000 in 2017 without prior regulatory approval.

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

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

- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2018.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(34,363).
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Penn Treaty is a financially distressed unaffiliated long-term care insurance company. On March 1, 2017, the Pennsylvania Commonwealth Court approved the liquidation of Penn Treaty. Under state guaranty assessment laws, including those related to state cooperative failures in the industry, the Company may be assessed (up to prescribed limits) for certain obligations to the policyholders and claimants of insolvent insurance companies that write the same line or lines of business as the Company. This court ruling triggered a guaranty fund assessment for the Company in the first quarter of 2017. Based on current information, the assessment is estimated at approximately \$3,267,655. The Company has also recognized an asset for premium tax credits associated with the assessment of \$10, which are expected to be realized over the next 5 years. While the ultimate payment timing and associated recovery is currently unknown, the Company anticipates that the majority of the assessments will be paid within the next 5 years.

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

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

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

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

C. Gain Contingencies

Not Applicable.

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

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

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

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

15. Leases

A. Lessee Operating Lease

(1) The Company has entered into operating leases for medical and administrative office space and equipment with lease terms ranging from one to five years. Operating lease rental payments charged to expenses for the years ended December 31, 2017 and 2016 was \$431,697 and \$316,120, respectively.

(2) Noncancelable Lease Terms:

a) At January 1, 2018, the minimum aggregate rental commitments are as follows:

Year ending December 31,		
2018	\$	145,394
2019		145,394
2020		145,394
2021		145,389
2022		12,112
Thereafter		-
Total Minimum Lease Payments	\$	<u>593,683</u>

b) Certain rental commitments have renewal options extending through the year 2022. Some of these renewals are subject to adjustments in future periods.

(3) The Company is not involved in any sales-leaseback transactions.

B. Lessor Leases

Not Applicable.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

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NOTES TO THE FINANCIAL STATEMENTS

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of December 31, 2017, the Company has recorded a receivable from CMS of \$5,454,528 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

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

	Level 1	Level 2	Level 3	Total
a. Assets at fair value				
Bonds				
U.S. governments	\$ -	\$ -	\$ -	\$ -
Tax-exempt municipal	-	-	-	-
Residential mortgage-backed	-	-	-	-
Corporate debt securities	-	2,351,592	-	2,351,592
Total bonds	-	2,351,592	-	2,351,592
Total assets at fair value	\$ -	\$ 2,351,592	\$ -	\$ 2,351,592
b. Liabilities at fair value	\$ -	\$ -	\$ -	\$ -
Total liabilities at fair value	\$ -	\$ -	\$ -	\$ -

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

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

Not Applicable.

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

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

(5) Derivative Fair Values

Not Applicable.

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B. Other Fair Value Disclosures

Not Applicable.

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$ 319,783,242	\$ 320,397,995	\$ 118,770,283	\$ 201,012,959	\$ -	\$ -
Total	\$ 319,783,242	\$ 320,397,995	\$ 118,770,283	\$ 201,012,959	\$ -	\$ -

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

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

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

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

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

(3) Direct exposure through other investments:

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

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

Not Applicable.

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

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

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22. Events Subsequent

On January 1, 2018, the Company will be subject to an annual fee under section 9010 of the Federal Affordable Care Act (ACA). This annual fee will be allocated to individual health insurers based on the ratio of the amount of the entity's net premiums written during the preceding calendar year to the amount of health insurance for any U.S. health risk that is written during the preceding calendar year. A health insurance entity's portion of the annual fee becomes payable once the entity provides health insurance for any U.S. health risk for each calendar year beginning on or after January 1 of the year the fee is due. As of December 31, 2017, the Company has written health insurance subject to the ACA assessment, expects to conduct health insurance business in 2018, and estimates their portion of the annual health insurance industry fee to be payable on September 30, 2018 to be \$35,347,291. This amount is reflected in special surplus. This assessment is expected to impact risk based capital (RBC) by 16.92%. Reporting the ACA assessment as of December 31, 2017 would not have triggered an RBC action level. The Company expects to offset the impact of the health insurance industry fee on its results of operations in 2018 through pretax income improvement; however, there can be no assurance that it will be able to do so.

In 2016 the Company was not subject to the annual fee under Section 9010 of the Federal Health Care Reform Law. The Consolidated Appropriations Act, 2016, which was signed into law on December 18, 2015 imposed a moratorium on the 2017 fee applied to all health insurance providers. Based on the moratorium no segregation was recorded within special surplus for the annual health insurance industry fee related to the 2016 data year. The impact of the annual health insurance industry fee on the Company's operations as of December 31, 2017 and 2016 were as follows:

	Current Year	Prior Year
A. Did the reporting entity write accident and health insurance premium that is subject to Section 9010 of the federal Affordable Care Act (YES/NO)?	Yes	
B. ACA fee assessment payable for the upcoming year	\$ 35,347,291	\$ -
C. ACA fee assessment paid	\$ -	\$ 16,840,725
D. Premiums written subject to ACA 9010 assessment	\$ 1,019,988,065	\$ -
E. Total Adjusted Capital before surplus adjustment (Five-Year Historical Line 14)	\$ 208,914,525	161,762,936
F. Total Adjusted Capital after surplus adjustment (Five-Year Historical Line 14 minus 22B above)	\$ 173,567,234	161,762,936
G. Authorized Control Level (Five-Year Historical Line 15)	\$ 30,978,243	30,197,453
H. Would reporting the ACA assessment as of December 31, 2017, have triggered an RBC action level (YES/NO)	No	

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through February 23, 2018 for the Statutory Statement issued on February 23, 2018.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

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

Yes () No (X)

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NOTES TO THE FINANCIAL STATEMENTS

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at December 31, 2017 that are subject to retrospective rating features was \$1,016,423,661, or 99.99% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

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

E. Risk Sharing Provisions of the Affordable Care Act

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$74,010,264. As of December 31, 2017, \$68,839,504 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$488,112 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4,682,648 favorable prior-year development since December 31, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen in Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies..

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

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NOTES TO THE FINANCIAL STATEMENTS

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2017	\$ 14,326,617	\$ 14,326,617	\$ -	\$ -	\$ -
9/30/2017	15,710,327	15,710,327	15,704,324	-	-
6/30/2017	15,205,890	15,205,890	15,195,597	10,288	-
3/31/2017	15,180,015	15,180,015	15,178,538	-	1,477
12/31/2016	10,919,063	10,919,063	10,918,886	177	-
9/30/2016	10,837,783	10,837,783	10,837,092	-	691
6/30/2016	9,489,041	9,489,041	9,476,192	-	12,849
3/31/2016	8,083,506	8,083,506	8,075,965	-	7,541
12/31/2015	6,676,645	6,676,645	6,676,645	87,493	13,357
9/30/2015	7,917,303	7,917,303	7,907,700	3,475	6,128
6/30/2015	6,123,535	6,123,535	6,115,745	-	7,790
3/31/2015	3,884,247	3,884,247	3,880,383	-	3,864

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No []
If yes, complete Schedule Y, Parts 1, 1A and 2
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [] N/A []
- 1.3 State Regulating? Illinois
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2015
- 3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2015
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/13/2017
- 3.4 By what department or departments?
Illinois Department of Insurance
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] N/A []
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] No [] N/A []
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.11 sales of new business? Yes [] No [X]
4.12 renewals? Yes [] No [X]
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
4.21 sales of new business? Yes [] No [X]
4.22 renewals? Yes [] No [X]
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 5.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- | 1
Name of Entity | 2
NAIC Company Code | 3
State of Domicile |
|---------------------|------------------------|------------------------|
| | | |
- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [] No [X]
- 6.2 If yes, give full information:
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [] No [X]
- 7.2 If yes,
7.21 State the percentage of foreign control; 0.0 %
7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PricewaterhouseCoopers LLC, 500 West Main Street, Suite 1800, Louisville, Kentucky 40202-4264
- 10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [] No [X]
- 10.2 If the response to 10.1 is yes, provide information related to this exemption:
.....
- 10.3 Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [] No [X]
- 10.4 If the response to 10.3 is yes, provide information related to this exemption:
.....
- 10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [X] No [] N/A []
- 10.6 If the response to 10.5 is no or n/a, please explain
.....
11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Susan Mateja, Appointed Actuary, 500 West Main Street, Louisville, KY 40202
- 12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [] No [X]
- 12.11 Name of real estate holding company
- 12.12 Number of parcels involved0
- 12.13 Total book/adjusted carrying value\$0
- 12.2 If, yes provide explanation:
.....
- 13. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**
- 13.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
Not Applicable.
- 13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [] No []
- 13.3 Have there been any changes made to any of the trust indentures during the year? Yes [] No []
- 13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [] No [] N/A []
- 14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.
- 14.11 If the response to 14.1 is No, please explain:
.....
- 14.2 Has the code of ethics for senior managers been amended? Yes [X] No []
- 14.21 If the response to 14.2 is yes, provide information related to amendment(s).
Revised based on general policy and regulatory changes
- 14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]
- 14.31 If the response to 14.3 is yes, provide the nature of any waiver(s).
.....

GENERAL INTERROGATORIES

- 15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [] No [X]
- 15.2 If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1 American Bankers Association (ABA) Routing Number	2 Issuing or Confirming Bank Name	3 Circumstances That Can Trigger the Letter of Credit	4 Amount

BOARD OF DIRECTORS

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof? Yes [X] No []
17. Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof? Yes [X] No []
18. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict with the official duties of such person? Yes [X] No []

FINANCIAL

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [] No [X]
- 20.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|-----------|
| 20.11 To directors or other officers..... | \$0 |
| 20.12 To stockholders not officers..... | \$0 |
| 20.13 Trustees, supreme or grand (Fraternal Only) | \$0 |
- 20.2 Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):
- | | |
|---|-----------|
| 20.21 To directors or other officers..... | \$0 |
| 20.22 To stockholders not officers..... | \$0 |
| 20.23 Trustees, supreme or grand (Fraternal Only) | \$0 |
- 21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [] No [X]
- 21.2 If yes, state the amount thereof at December 31 of the current year:
- | | |
|---------------------------------|-----------|
| 21.21 Rented from others..... | \$0 |
| 21.22 Borrowed from others..... | \$0 |
| 21.23 Leased from others | \$0 |
| 21.24 Other | \$0 |
- 22.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes [] No [X]
- 22.2 If answer is yes:
- | | |
|---|-----------|
| 22.21 Amount paid as losses or risk adjustment \$ | \$0 |
| 22.22 Amount paid as expenses | \$0 |
| 22.23 Other amounts paid | \$0 |
- 23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]
- 23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$0

INVESTMENT

- 24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 24.03)..... Yes [X] No []
- 24.02 If no, give full and complete information relating thereto
.....
- 24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 17 where this information is also provided)
.....
- 24.04 Does the Company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions? Yes [] No [] N/A [X]
- 24.05 If answer to 24.04 is yes, report amount of collateral for conforming programs. \$0
- 24.06 If answer to 24.04 is no, report amount of collateral for other programs. \$0
- 24.07 Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract? Yes [] No [] N/A [X]
- 24.08 Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%? Yes [] No [] N/A [X]
- 24.09 Does the reporting entity or the reporting entity 's securities lending agent utilize the Master Securities lending Agreement (MSLA) to conduct securities lending? Yes [] No [] N/A [X]

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

GENERAL INTERROGATORIES

24.10 For the reporting entity's security lending program state the amount of the following as December 31 of the current year:

24.101 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....	\$	0
24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.....	\$	0
24.103 Total payable for securities lending reported on the liability page.....	\$	0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 21.1 and 24.03). Yes No

25.2 If yes, state the amount thereof at December 31 of the current year:

25.21 Subject to repurchase agreements	\$	0
25.22 Subject to reverse repurchase agreements	\$	0
25.23 Subject to dollar repurchase agreements	\$	0
25.24 Subject to reverse dollar repurchase agreements	\$	0
25.25 Placed under option agreements	\$	0
25.26 Letter stock or securities restricted as to sale - excluding FHLB Capital Stock	\$	0
25.27 FHLB Capital Stock	\$	0
25.28 On deposit with states	\$	2,894,800
25.29 On deposit with other regulatory bodies	\$	0
25.30 Pledged as collateral - excluding collateral pledged to an FHLB	\$	0
25.31 Pledged as collateral to FHLB - including assets backing funding agreements	\$	0
25.32 Other	\$	0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes No

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No N/A
If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes No

27.2 If yes, state the amount thereof at December 31 of the current year. \$

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

28.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

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

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

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

28.03 Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year? Yes No

28.04 If yes, give full and complete information relating thereto:

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

GENERAL INTERROGATORIES

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

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

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?..... Yes [X] No []

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?..... Yes [X] No []

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5(b)(1)])? Yes [] No [X]

29.2 If yes, complete the following schedule:

1 CUSIP #	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
29.2999 - Total		0

29.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation
.....

30. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds	320,397,995	319,783,242	(614,753)
30.2 Preferred stocks	0	0	0
30.3 Totals	320,397,995	319,783,242	(614,753)

30.4 Describe the sources or methods utilized in determining the fair values:

Fair value of actively traded debt and equity securities are based on quoted market prices. Fair value of inactively traded debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates using either a market or income valuation.

31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D? Yes [] No [X]

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source? Yes [] No []

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:
.....

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

32.2 If no, list exceptions:
.....

GENERAL INTERROGATORIES

33. By self-designating 5*GI securities, the reporting entity is certifying the following elements of each self-designated 5*GI security:
- a. Documentation necessary to permit a full credit analysis of the security does not exist.
 - b. Issuer or obligor is current on all contracted interest and principal payments.
 - c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

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

OTHER

34.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?\$0

34.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid

35.1 Amount of payments for legal expenses, if any?\$0

35.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid

36.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?\$0

36.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid

GENERAL INTERROGATORIES

PART 2 - HEALTH INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
1.2	If yes, indicate premium earned on U.S. business only.	\$		88,167
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$		0
1.31	Reason for excluding			
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above	\$		0
1.5	Indicate total incurred claims on all Medicare Supplement Insurance.	\$		61,673
1.6	Individual policies:			
	Most current three years:			
	1.61 Total premium earned	\$		86,397
	1.62 Total incurred claims	\$		61,035
	1.63 Number of covered lives			90
	All years prior to most current three years:			
	1.64 Total premium earned	\$		1,770
	1.65 Total incurred claims	\$		638
	1.66 Number of covered lives			1
1.7	Group policies:			
	Most current three years:			
	1.71 Total premium earned	\$		0
	1.72 Total incurred claims	\$		0
	1.73 Number of covered lives			0
	All years prior to most current three years:			
	1.74 Total premium earned	\$		0
	1.75 Total incurred claims	\$		0
	1.76 Number of covered lives			0
2.	Health Test:			
		1	2	
		Current Year	Prior Year	
2.1	Premium Numerator	1,016,511,828	969,514,141	
2.2	Premium Denominator	1,016,511,828	969,514,141	
2.3	Premium Ratio (2.1/2.2)	1.000	1.000	
2.4	Reserve Numerator	93,331,990	77,031,755	
2.5	Reserve Denominator	93,331,990	77,031,755	
2.6	Reserve Ratio (2.4/2.5)	1.000	1.000	
3.1	Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.2	If yes, give particulars:			
4.1	Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and dependents been filed with the appropriate regulatory agency?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4.2	If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.1	Does the reporting entity have stop-loss reinsurance?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
5.2	If no, explain: Stop-Loss Reinsurance is Not required			
5.3	Maximum retained risk (see instructions)			
	5.31 Comprehensive Medical	\$		0
	5.32 Medical Only	\$		0
	5.33 Medicare Supplement	\$		0
	5.34 Dental & Vision	\$		0
	5.35 Other Limited Benefit Plan	\$		0
	5.36 Other	\$		0
6.	Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements: Provider contracts include hold harmless and continuation of benefits provisions. Insurer has an indemnity agreement with the parent company.			
7.1	Does the reporting entity set up its claim liability for provider services on a service date basis?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.2	If no, give details			
8.	Provide the following information regarding participating providers:			
	8.1 Number of providers at start of reporting year			261,183
	8.2 Number of providers at end of reporting year			218,504
9.1	Does the reporting entity have business subject to premium rate guarantees?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
9.2	If yes, direct premium earned:			
	9.21 Business with rate guarantees between 15-36 months.	\$		0
	9.22 Business with rate guarantees over 36 months	\$		0

GENERAL INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold or Bonus Arrangements in its provider contracts? Yes [X] No []

10.2 If yes:

10.21 Maximum amount payable bonuses.....	\$	11,084,563
10.22 Amount actually paid for year bonuses.....	\$	2,340,603
10.23 Maximum amount payable withholds.....	\$	0
10.24 Amount actually paid for year withholds.....	\$	0

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,	Yes []	No [X]
11.13 An Individual Practice Association (IPA), or,	Yes []	No [X]
11.14 A Mixed Model (combination of above)?	Yes []	No [X]

11.2 Is the reporting entity subject to Statutory Minimum Capital and Surplus Requirements? Yes [X] No []

11.3 If yes, show the name of the state requiring such minimum capital and surplus. Wisconsin 623.11

11.4 If yes, show the amount required. \$ 138,606,824

11.5 Is this amount included as part of a contingency reserve in stockholder's equity? Yes [] No [X]

11.6 If the amount is calculated, show the calculation
See RBC calculation or state regulation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
AL - Statewide; AK - Statewide; AZ - Statewide; AR - Statewide; CO - Statewide; CT - Statewide; DE - Statewide; District of Columbia; GA - Statewide; HI - Statewide; ID - Statewide; IN - Statewide; IA - Statewide; KS - Statewide; KY - Statewide; LA - Statewide; ME - Statewide; MD - Statewide; MA - Statewide; MI - Statewide; MN - Statewide; MS - Statewide; MO - Statewide; MT - Statewide; NE - Statewide; NV - Statewide; NH - Statewide; NJ - Statewide; NM - Statewide; NC - Statewide; ND - Statewide; OH - Statewide; OK - Statewide; OR - Statewide; PA - Statewide; RI - Statewide; SC - Statewide; SD - Statewide; TN - Statewide; TX - Statewide; VT - Statewide; VA - Statewide; WA - Statewide; WV - Statewide; WI - Statewide; WY - Statewide
IL - Boone, Brown, Bureau, Cass, Cook, DeKalb, DeWitt, DuPage, Fulton, Hancock, Henderson, Henry, Kane, Kendall, Knox, Lake, LaSalle, Lee, Livingston, Marshall, McDonough, McHenry, McLean, Mercer, Ogle, Peoria, Putnam, Stark, Stephenson, Tazewell, Warren, Whiteside, Will, Winnebago, Woodford

13.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

13.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

13.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

13.4 If yes, please provide the balance of funds administered as of the reporting date. \$ 0

14.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [X] N/A []

14.2 If the answer to 14.1 is yes, please provide the following:

1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other

15. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

15.1 Direct Premium Written	\$	0
15.2 Total Incurred Claims	\$	0
15.3 Number of Covered Lives		0

*Ordinary Life Insurance Includes
Term(whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary gurarantee)
Universal Life (with or without secondary gurarantee)
Variable Universal Life (with or without secondary gurarantee)

FIVE-YEAR HISTORICAL DATA

	1 2017	2 2016	3 2015	4 2014	5 2013
Balance Sheet (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 28)	367,032,666	248,641,098	197,585,103	88,521,925	66,426,352
2. Total liabilities (Page 3, Line 24)	158,118,141	86,878,162	67,209,391	26,668,701	20,497,773
3. Statutory minimum capital and surplus requirement	138,606,824	131,027,219	92,826,392	41,571,957	17,593,926
4. Total capital and surplus (Page 3, Line 33)	208,914,525	161,762,936	130,375,712	61,853,224	45,928,579
Income Statement (Page 4)					
5. Total revenues (Line 8)	1,016,511,828	969,514,794	700,126,363	280,194,697	172,250,549
6. Total medical and hospital expenses (Line 18)	835,836,137	804,287,019	615,655,095	225,343,651	145,172,639
7. Claims adjustment expenses (Line 20)	34,302,364	32,736,928	26,730,533	9,975,110	9,370,241
8. Total administrative expenses (Line 21)	74,446,892	83,582,073	51,644,010	22,297,750	12,951,398
9. Net underwriting gain (loss) (Line 24)	71,926,435	51,940,774	3,064,725	24,559,186	2,775,271
10. Net investment gain (loss) (Line 27)	4,152,188	3,234,530	2,709,925	2,281,763	1,862,218
11. Total other income (Lines 28 plus 29)	(44,859)	(7,591)	9	(923)	12,598
12. Net income or (loss) (Line 32)	51,809,697	32,079,043	(925,708)	19,535,278	4,671,588
Cash Flow (Page 6)					
13. Net cash from operations (Line 11)	92,076,674	34,341,275	8,681,951	17,206,506	5,117,372
Risk-Based Capital Analysis					
14. Total adjusted capital	208,914,525	161,762,936	130,375,712	61,853,224	45,928,579
15. Authorized control level risk-based capital	30,978,243	30,197,453	23,010,314	8,311,597	5,453,782
Enrollment (Exhibit 1)					
16. Total members at end of period (Column 5, Line 7)	88,054	87,846	69,270	29,745	18,443
17. Total members months (Column 6, Line 7)	1,050,027	1,040,122	805,912	354,286	222,287
Operating Percentage (Page 4) (Item divided by Page 4, sum of Lines 2, 3 and 5) x 100.0					
18. Premiums earned plus risk revenue (Line 2 plus Lines 3 and 5)	100.0	100.0	100.0	100.0	100.0
19. Total hospital and medical plus other non-health (Lines 18 plus Line 19)	82.2	83.0	87.9	80.4	84.3
20. Cost containment expenses	2.8	2.8	3.1	2.8	4.7
21. Other claims adjustment expenses	0.6	0.6	0.8	0.8	0.8
22. Total underwriting deductions (Line 23)	92.9	94.6	99.6	91.2	98.4
23. Total underwriting gain (loss) (Line 24)	7.1	5.4	0.4	8.8	1.6
Unpaid Claims Analysis (U&I Exhibit, Part 2B)					
24. Total claims incurred for prior years (Line 13, Col. 5)	60,532,986	41,999,447	20,283,476	14,040,677	13,373,137
25. Estimated liability of unpaid claims-[prior year (Line 13, Col. 6)]	63,231,337	52,535,407	22,550,384	15,847,190	15,753,826
Investments In Parent, Subsidiaries and Affiliates					
26. Affiliated bonds (Sch. D Summary, Line 12, Col. 1)	0	0	0	0	0
27. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1)	0	0	0	0	0
28. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1)	0	0	0	0	0
29. Affiliated short-term investments (subtotal included in Schedule DA Verification, Col. 5, Line 10)	0	0	0	0	0
30. Affiliated mortgage loans on real estate	0	0	0	0	0
31. All other affiliated	0	0	0	0	0
32. Total of above Lines 26 to 31	0	0	0	0	0
33. Total investment in parent included in Lines 26 to 31 above.	0	0	0	0	0

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors? Yes [] No []
 If no, please explain: _____

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

	1	Direct Business Only							
		2	3	4	5	6	7	8	9
States, etc.	Active Status	Accident & Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Plan Premiums	Life & Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1. Alabama	AL	L	0	22,248,573	0	0	0	22,248,573	0
2. Alaska	AK	L	0	0	0	0	0	0	0
3. Arizona	AZ	L	0	0	0	0	0	0	0
4. Arkansas	AR	L	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	L	0	0	0	0	0	0	0
7. Connecticut	CT	L	0	0	0	0	0	0	0
8. Delaware	DE	L	0	0	0	0	0	0	0
9. District of Columbia	DC	L	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	L	0	29,854,041	0	0	0	29,854,041	0
12. Hawaii	HI	L	0	0	0	0	0	0	0
13. Idaho	ID	L	0	0	0	0	0	0	0
14. Illinois	IL	L	0	185,264,049	0	134,228	0	185,398,277	0
15. Indiana	IN	L	0	59,746,664	0	0	0	59,746,664	0
16. Iowa	IA	L	0	0	0	0	0	0	0
17. Kansas	KS	L	0	0	0	0	0	0	0
18. Kentucky	KY	L	0	269,573,782	0	0	0	269,573,782	0
19. Louisiana	LA	L	0	16,742,131	0	0	0	16,742,131	0
20. Maine	ME	L	0	18,958	0	0	0	18,958	0
21. Maryland	MD	L	0	0	0	0	0	0	0
22. Massachusetts	MA	L	0	0	0	0	0	0	0
23. Michigan	MI	L	0	0	0	0	0	0	0
24. Minnesota	MN	L	0	0	0	0	0	0	0
25. Mississippi	MS	L	0	0	0	0	0	0	0
26. Missouri	MO	L	0	0	0	0	0	0	0
27. Montana	MT	L	0	5,168,470	0	0	0	5,168,470	0
28. Nebraska	NE	L	0	0	0	0	0	0	0
29. Nevada	NV	L	0	0	0	0	0	0	0
30. New Hampshire	NH	L	0	0	0	0	0	0	0
31. New Jersey	NJ	L	0	7,853,341	0	0	0	7,853,341	0
32. New Mexico	NM	L	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. North Carolina	NC	L	0	55,686,479	0	0	0	55,686,479	0
35. North Dakota	ND	L	60,167	0	0	0	0	60,167	0
36. Ohio	OH	L	0	85,318,253	0	0	0	85,318,253	0
37. Oklahoma	OK	L	0	0	0	0	0	0	0
38. Oregon	OR	L	0	0	0	0	0	0	0
39. Pennsylvania	PA	L	0	185,621,070	0	0	0	185,621,070	0
40. Rhode Island	RI	L	0	0	0	0	0	0	0
41. South Carolina	SC	L	0	10,219,033	0	0	0	10,219,033	0
42. South Dakota	SD	L	0	0	0	0	0	0	0
43. Tennessee	TN	L	0	0	0	0	0	0	0
44. Texas	TX	L	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	L	0	0	0	0	0	0	0
47. Virginia	VA	L	0	0	0	0	0	0	0
48. Washington	WA	L	0	0	0	0	0	0	0
49. West Virginia	WV	L	0	83,270,102	0	0	0	83,270,102	0
50. Wisconsin	WI	L	28,000	0	0	0	0	28,000	0
51. Wyoming	WY	L	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0
59. Subtotal	XXX	88,167	1,016,584,947	0	134,228	0	0	1,016,807,342	0
60. Reporting entity contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61. Total (Direct Business)	(a) 47	88,167	1,016,584,947	0	134,228	0	0	1,016,807,342	0
DETAILS OF WRITE-INS									
58001.	XXX								
58002.	XXX								
58003.	XXX								
58998. Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

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

Explanation of basis of allocation by states, premiums by state, etc.

The Company allocates group premiums to the situs of the contract and individual premiums based on residence.

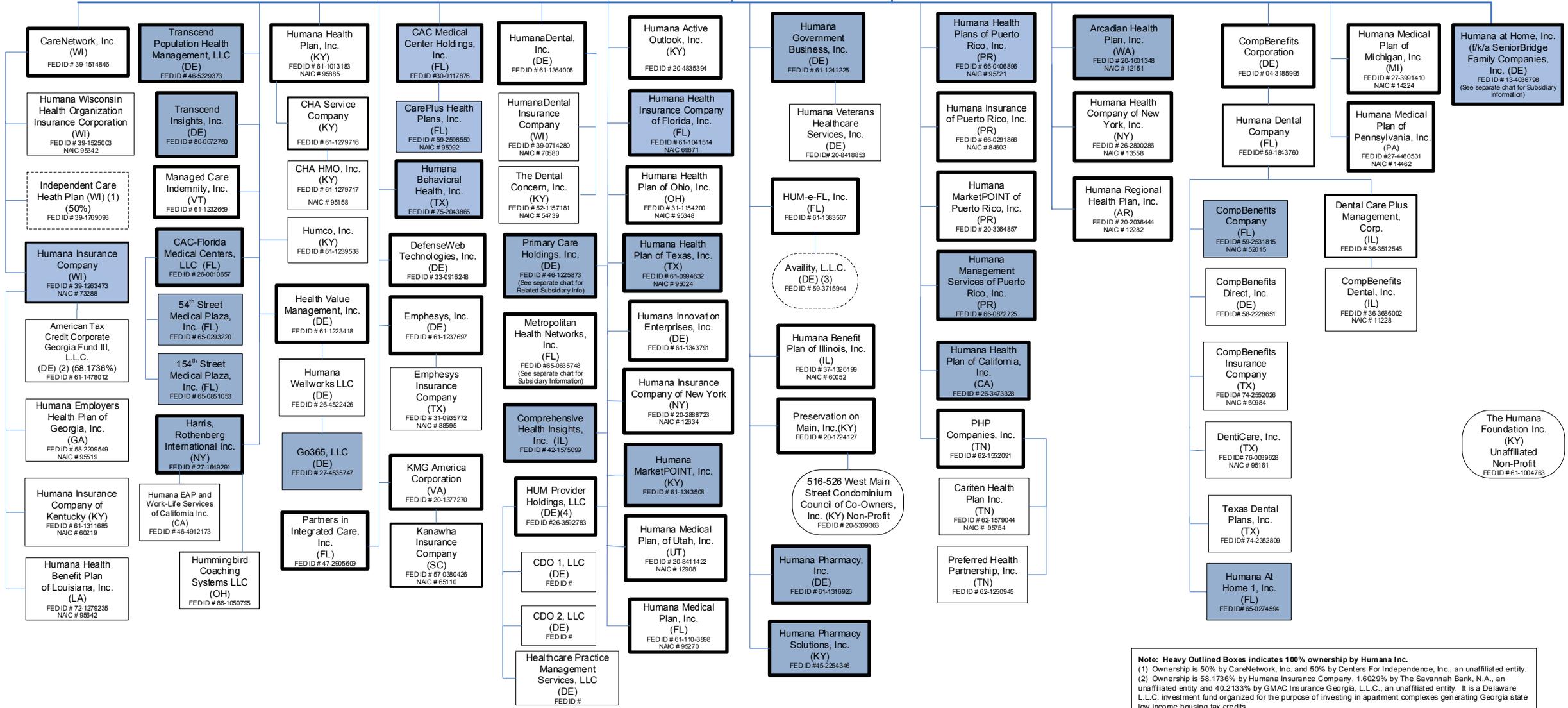
(a) Insert the number of L responses except for Canada and Other Alien.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

As of 12/31/2017

Blue boxes indicate companies with employees

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



40

Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.
 (1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.
 (2) Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits.
 (3) Common Unit Ownership is 19.4% by HUM-e-FL, Inc., 29.1% by Navigy, Inc., an unaffiliated entity, 29.1% by Health Care Service Corporation, an unaffiliated entity, 19.4% by Sellcore, Inc., an unaffiliated entity, and 3% by MI Services, Inc., an unaffiliated entity. Preferred Unit Ownership is 8.33% by HUM-e-FL, Inc., 8.34% by Navigy, Inc., an unaffiliated entity, 8.33% by Health Care Service Corporation, an unaffiliated entity, and 75% by AV Investor, L.L.C., an unaffiliated entity.
 (4) See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

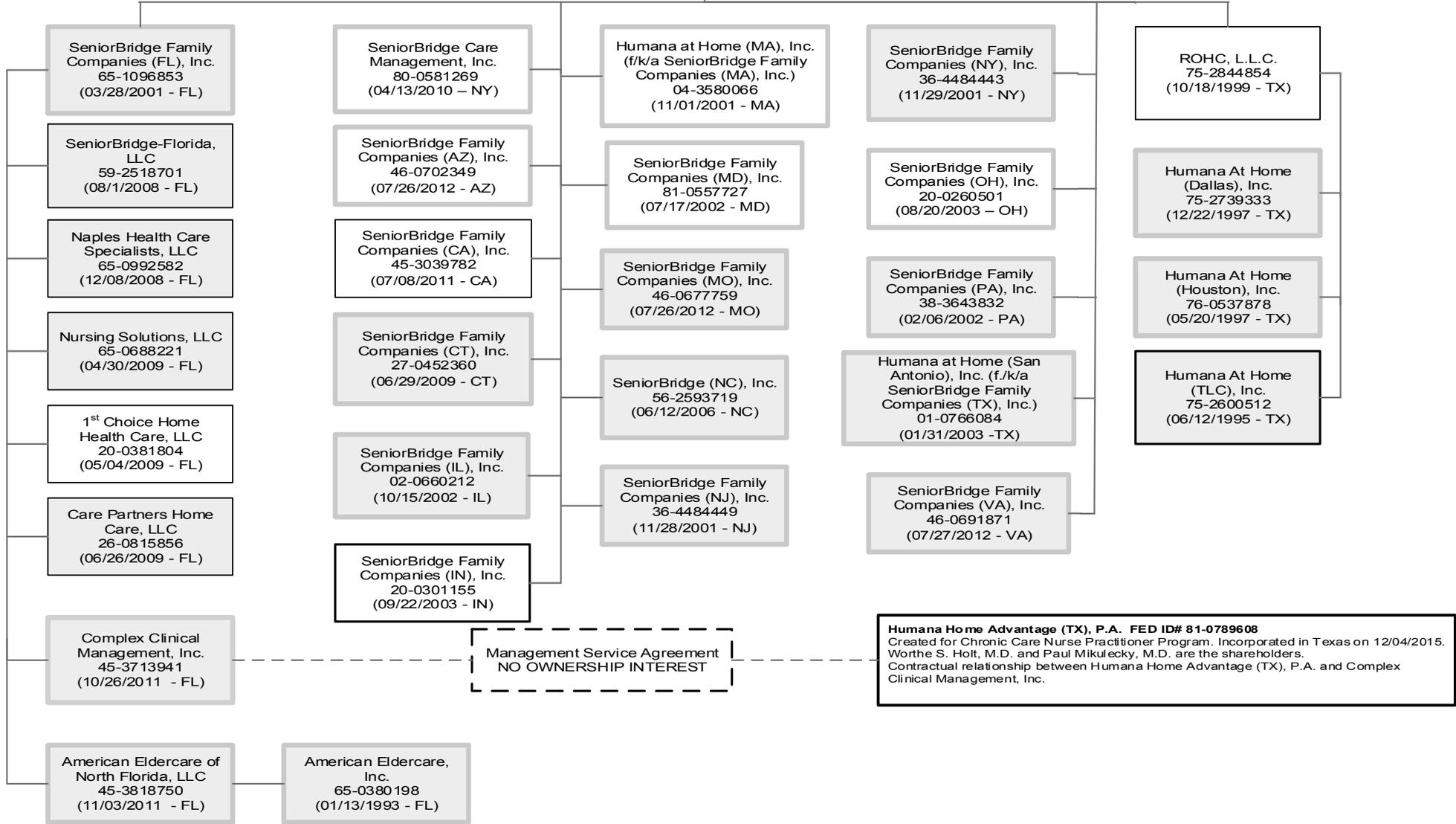
Companies with Employees

Licensed Companies

As of 12.31.2017

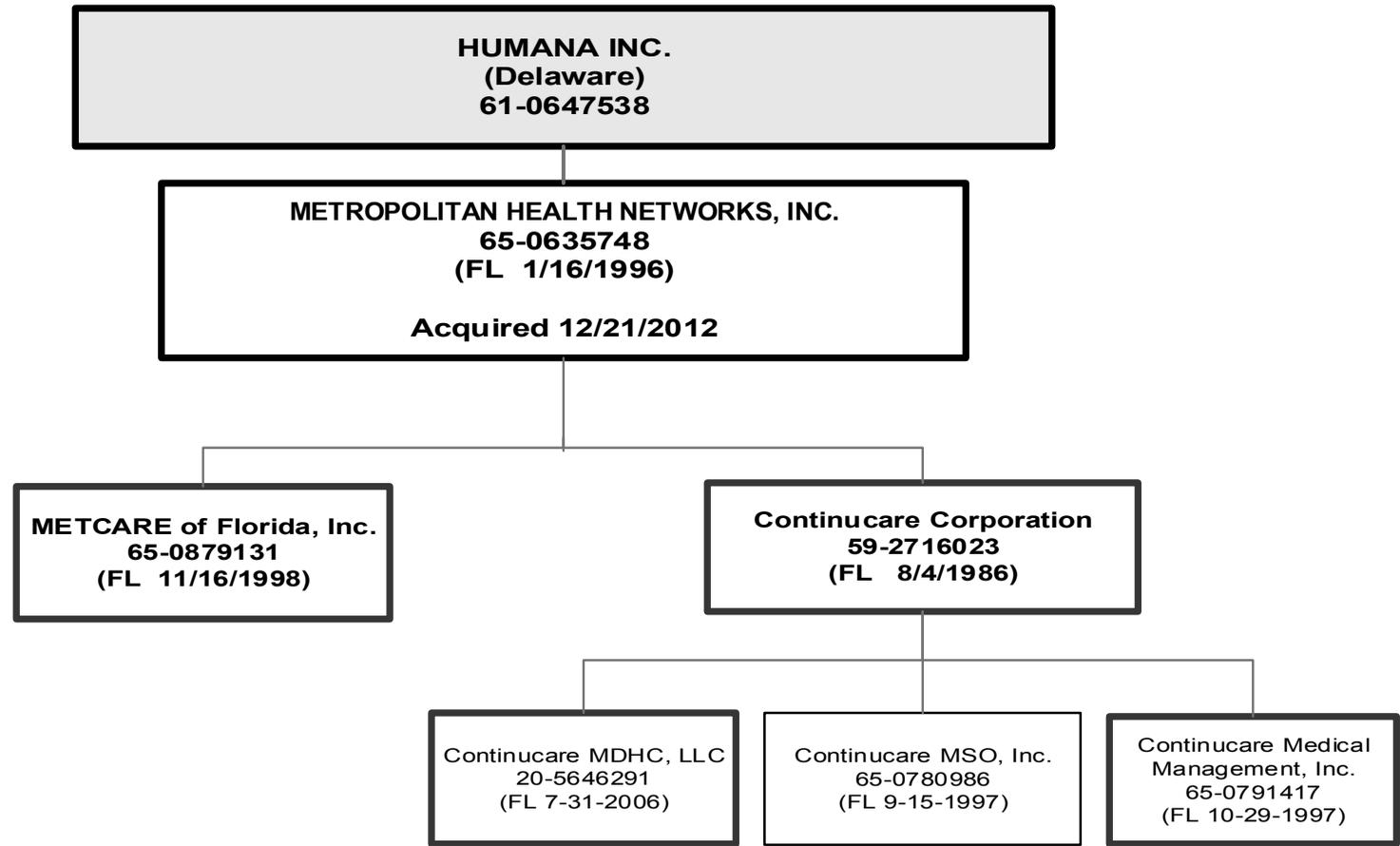
Humana Inc.
(Delaware)
61-0647538

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



40.1

As of 12-31-2017



Employees

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
2504. Prepaid Expenses	12,116	12,116	0	0
2597. Summary of remaining write-ins for Line 25 from overflow page	12,116	12,116	0	0

Additional Write-ins for Exhibit of Nonadmitted Assets Line 25

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Prepaid Expenses	12,116	26,131	14,015
2597. Summary of remaining write-ins for Line 25 from overflow page	12,116	26,131	14,015

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