



# HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2019  
OF THE CONDITION AND AFFAIRS OF THE

## Humana Benefit Plan of Illinois, Inc.

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

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

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health

Is HMO Federally Qualified? Yes [ ] No [ X ]

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

Statutory Home Office 4501 North Sterling Ave., 2nd Floor, Peoria, IL, US 61615  
(Street and Number) (City or Town, State, Country and Zip Code)

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

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

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

Internet Website Address www.humana.com

Statutory Statement Contact Stephen Jackson, 502-580-2715  
(Name) (Area Code) (Telephone Number)  
DOIINQUIRIES@humana.com, 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

President & CEO Bruce Dale Broussard Chief Financial Officer Brian Andrew Kane  
Associate VP, Asst Gen Counsel & Corporate Secretary Joseph Matthew Ruschell # SVP, Chief Actuary Vanessa Marie Olson

### OTHER

<u>Alan James Bailey, VP &amp; Treasurer</u>	<u>Andrew Joseph Besendorf III #, Appointed Actuary</u>	<u>Charles Wilbur Dow Jr., Regional President</u>
<u>Courtney Danielle Durall #, Sr Legal Professional &amp; Asst Corp Sec</u>	<u>Douglas Allen Edwards, Vice President</u>	<u>Jeffrey Carl Fernandez, SVP, Medicare West and MarketPOINT</u>
<u>Christopher Howal Hunter, Segment President, Group Business</u>	<u>Steven Edward McCulley, SVP, Medicare</u>	<u>Sean Joseph O'Reilly, SVP, Enterprise Compliance &amp; Chief Compliance Officer</u>
<u>William Mark Preston, VP, Investments</u>	<u>Richard Donald Remmers, SVP, Employer Group Sales</u>	<u>George Renaudin II, SVP, Medicare East &amp; Provider</u>
<u>Donald Hank Robinson, SVP, Tax</u>	<u>Gilbert Alan Stewart, SVP, Medicare Divisional Leader</u>	<u>Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader</u>
<u>Timothy Alan Wheatley, Segment President, Retail</u>	<u>Ralph Martin Wilson, Vice President</u>	<u>Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer &amp; Controller</u>

### DIRECTORS OR TRUSTEES

<u>Bruce Dale Broussard</u>	<u>Neal Curtis Fischer, M.D.</u>	<u>Brian Andrew Kane</u>
<u>Praveen Gope Thadani #</u>	<u>Ross Alan Westreich</u>	<u>Timothy Alan Wheatley</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 Matthew Ruschell #</u> Corporate Secretary	<u>Alan James Bailey</u> VP & Treasurer
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Subscribed and sworn to before me this 24th day of February, 2020

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

Julia Wentworth  
Notary Public  
January 10, 2021





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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	28,397,115	151,474,908	0	40,903,657	28,397,115	28,397,115
2. Claim overpayment receivables .....	6,826	0	0	37,137	6,826	6,826
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	736,288	0	0	(67,806)	736,288	736,288
6. Other health care receivables.....	0	0	0	236,195	0	0
7. Totals (Lines 1 through 6)	29,140,229	151,474,908	0	41,109,183	29,140,229	29,140,229

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



**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

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

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc.	Reimbursements from expenditures made directly by Humana Inc. for the benefit of Humana Benefit Plan of Illinois Inc. or for the services provided by Humana Inc. for the Company. The direct expenditures include payments for trade payables and payroll related items. The services provided include and are not limited to billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing.	14,668,479	14,668,479	0
0199999. Individually listed payables		14,668,479	14,668,479	0
0299999. Payables not individually listed		0	0	0
0399999 Total gross payables		14,668,479	14,668,479	0

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	673,906,151	31.7	255,949	100.0	0	673,906,151
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	673,906,151	31.7	255,949	100.0	0	673,906,151
<b>Other Payments:</b>						
5. Fee-for-service .....	33,966,027	1.6	XXX	XXX	0	33,966,027
6. Contractual fee payments .....	1,361,422,523	63.9	XXX	XXX	0	1,361,422,523
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	59,621,809	2.8	XXX	XXX	0	59,621,809
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	1,455,010,359	68.3	XXX	XXX	0	1,455,010,359
13. TOTAL (Line 4 plus Line 12)	2,128,916,510	100%	XXX	XXX	0	2,128,916,510

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

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

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	81,627	0	35,797	45,830	45,830	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	0	0	0	0	0	0
6. Total	81,627	0	35,797	45,830	45,830	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2019							NAIC Company Code	
		60052		1	2 Comprehensive (Hospital & Medical)		3	4	5	6	7	8
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	2,630	0	0	482	0	0	0	2,148	0	0		
2. First Quarter .....	3,093	0	0	1,032	0	0	0	2,061	0	0		
3. Second Quarter .....	3,386	0	0	1,302	0	0	0	2,084	0	0		
4. Third Quarter .....	3,696	0	0	1,578	0	0	0	2,118	0	0		
5. Current Year .....	3,988	0	0	1,864	0	0	0	2,124	0	0		
6. Current Year Member Months	41,164	0	0	16,133	0	0	0	25,031	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	68,540	0	0	22,008	0	0	0	46,532	0	0		
8. Non-Physician .....	27,875	0	0	5,477	0	0	0	22,398	0	0		
9. Total .....	96,415	0	0	27,485	0	0	0	68,930	0	0		
10. Hospital Patient Days Incurred	5,522	0	0	787	0	0	0	4,735	0	0		
11. Number of Inpatient Admissions	657	0	0	182	0	0	0	475	0	0		
12. Health Premiums Written (b) .....	27,178,041	0	0	1,960,644	0	0	0	25,217,396	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	27,178,041	0	0	1,960,644	0	0	0	25,217,396	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services.....	20,749,051	0	0	1,668,993	0	0	0	19,080,057	0	0		
18. Amount Incurred for Provision of Health Care Services	21,585,292	0	0	1,907,909	0	0	0	19,677,383	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2,124 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....25,217,396

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

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

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
	1 Total	District of Columbia		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								2019 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Georgia		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	4,085	0	0	887	0	0	0	3,198	0	0		
2. First Quarter .....	4,038	0	0	1,324	0	0	0	2,714	0	0		
3. Second Quarter .....	4,263	0	0	1,532	0	0	0	2,731	0	0		
4. Third Quarter .....	4,495	0	0	1,741	0	0	0	2,754	0	0		
5. Current Year	4,681	0	0	1,924	0	0	0	2,757	0	0		
6. Current Year Member Months	51,538	0	0	18,634	0	0	0	32,904	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	84,133	0	0	31,337	0	0	0	52,796	0	0		
8. Non-Physician .....	41,034	0	0	9,654	0	0	0	31,380	0	0		
9. Total	125,167	0	0	40,991	0	0	0	84,176	0	0		
10. Hospital Patient Days Incurred	7,254	0	0	1,458	0	0	0	5,796	0	0		
11. Number of Inpatient Admissions	876	0	0	277	0	0	0	599	0	0		
12. Health Premiums Written (b) .....	31,871,252	0	0	2,936,434	0	0	0	28,934,818	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	31,871,252	0	0	2,936,434	0	0	0	28,934,818	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	26,207,798	0	0	2,689,425	0	0	0	23,518,374	0	0		
18. Amount Incurred for Provision of Health Care Services	26,175,003	0	0	2,921,699	0	0	0	23,253,304	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2,757 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....28,934,818

30.GA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)	
	1 Total	Hawaii		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	NAIC Company Code	
		2 Individual	3 Group									
<b>NONE</b>												
<b>Total Members at end of:</b>												
1. Prior Year .....												
2. First Quarter .....												
3. Second Quarter .....												
4. Third Quarter .....												
5. Current Year												
6. Current Year Member Months												
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....												
8. Non-Physician .....												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b) .....												
13. Life Premiums Direct .....												
14. Property/Casualty Premiums Written .....												
15. Health Premiums Earned .....												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services .....												
18. Amount Incurred for Provision of Health Care Services												

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

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF Idaho			DURING THE YEAR 2019						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

30.ID



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year	98,968	0	0	629	0	0	0	98,339	0	0		
2. First Quarter	109,588	0	0	904	0	0	0	108,684	0	0		
3. Second Quarter	111,412	0	0	1,096	0	0	0	110,316	0	0		
4. Third Quarter	113,646	0	0	1,268	0	0	0	112,378	0	0		
5. Current Year	114,810	0	0	1,466	0	0	0	113,344	0	0		
6. Current Year Member Months	1,342,628	0	0	13,376	0	0	0	1,329,252	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	2,323,294	0	0	18,214	0	0	7	2,305,073	0	0		
8. Non-Physician	1,011,187	0	0	7,091	0	0	0	1,004,096	0	0		
9. Total	3,334,481	0	0	25,305	0	0	7	3,309,169	0	0		
10. Hospital Patient Days Incurred	278,045	0	0	1,266	0	0	0	276,779	0	0		
11. Number of Inpatient Admissions	31,135	0	0	201	0	0	0	30,934	0	0		
12. Health Premiums Written (b)	1,345,171,054	0	0	1,909,975	0	0	0	1,343,261,080	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,345,171,054	0	0	1,909,975	0	0	0	1,343,261,080	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	1,124,925,900	0	0	1,691,974	0	0	(19,247)	1,123,253,172	0	0		
18. Amount Incurred for Provision of Health Care Services	1,160,320,949	0	0	1,821,105	0	0	(19,775)	1,158,519,618	0	0		

(a) For health business: number of persons insured under PPO managed care products .....7,734 and number of persons insured under indemnity only products .....0 .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....1,343,261,080

30.1L



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year .....	3,687	0	0	321	0	0	0	3,366	0	0		
2. First Quarter .....	3,413	0	0	614	0	0	0	2,799	0	0		
3. Second Quarter .....	3,449	0	0	714	0	0	0	2,735	0	0		
4. Third Quarter .....	3,508	0	0	802	0	0	0	2,706	0	0		
5. Current Year	3,572	0	0	901	0	0	0	2,671	0	0		
6. Current Year Member Months	41,653	0	0	8,602	0	0	0	33,051	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	84,882	0	0	10,300	0	0	0	74,582	0	0		
8. Non-Physician .....	48,280	0	0	3,719	0	0	0	44,561	0	0		
9. Total	133,162	0	0	14,019	0	0	0	119,143	0	0		
10. Hospital Patient Days Incurred	12,146	0	0	544	0	0	0	11,602	0	0		
11. Number of Inpatient Admissions	1,160	0	0	99	0	0	0	1,061	0	0		
12. Health Premiums Written (b) .....	41,684,108	0	0	1,127,635	0	0	0	40,556,474	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	41,684,108	0	0	1,127,635	0	0	0	40,556,474	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services.....	34,432,769	0	0	899,537	0	0	0	33,533,232	0	0		
18. Amount Incurred for Provision of Health Care Services	34,577,610	0	0	944,862	0	0	0	33,632,748	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2,671 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....40,556,474

30.IN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF Iowa			DURING THE YEAR 2019				(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services										

NONE

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Kansas			DURING THE YEAR 2019						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30 KS



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	23,515	0	0	0	0	0	0	23,515	0	0		
2. First Quarter .....	23,949	0	0	0	0	0	0	23,949	0	0		
3. Second Quarter .....	24,255	0	0	0	0	0	0	24,255	0	0		
4. Third Quarter .....	24,572	0	0	0	0	0	0	24,572	0	0		
5. Current Year	24,631	0	0	0	0	0	0	24,631	0	0		
6. Current Year Member Months	291,494	0	0	0	0	0	0	291,494	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	546,608	0	0	0	0	0	0	546,608	0	0		
8. Non-Physician .....	380,400	0	0	0	0	0	0	380,400	0	0		
9. Total	927,008	0	0	0	0	0	0	927,008	0	0		
10. Hospital Patient Days Incurred	64,272	0	0	0	0	0	0	64,272	0	0		
11. Number of Inpatient Admissions	6,994	0	0	0	0	0	0	6,994	0	0		
12. Health Premiums Written (b) .....	308,025,072	0	0	0	0	0	0	308,025,072	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	308,025,072	0	0	0	0	0	0	308,025,072	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	247,922,947	0	0	0	0	0	0	247,922,947	0	0		
18. Amount Incurred for Provision of Health Care Services	254,903,533	0	0	0	0	0	0	254,903,533	0	0		

(a) For health business: number of persons insured under PPO managed care products .....24,631 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....308,025,072

30 KY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Louisiana		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	1,960	0	0	0	0	0	0	1,960	0	0		
2. First Quarter .....	2,248	0	0	0	0	0	0	2,248	0	0		
3. Second Quarter .....	2,373	0	0	0	0	0	0	2,373	0	0		
4. Third Quarter .....	2,528	0	0	0	0	0	0	2,528	0	0		
5. Current Year	2,602	0	0	0	0	0	0	2,602	0	0		
6. Current Year Member Months	28,903	0	0	0	0	0	0	28,903	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	50,714	0	0	0	0	0	0	50,714	0	0		
8. Non-Physician .....	35,101	0	0	0	0	0	0	35,101	0	0		
9. Total	85,815	0	0	0	0	0	0	85,815	0	0		
10. Hospital Patient Days Incurred	6,379	0	0	0	0	0	0	6,379	0	0		
11. Number of Inpatient Admissions	668	0	0	0	0	0	0	668	0	0		
12. Health Premiums Written (b) .....	30,362,113	0	0	0	0	0	0	30,362,113	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	30,362,113	0	0	0	0	0	0	30,362,113	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services.....	23,712,431	0	0	0	0	0	0	23,712,431	0	0		
18. Amount Incurred for Provision of Health Care Services	24,746,220	0	0	0	0	0	0	24,746,220	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2,602 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....30,362,113

30.LA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Maine		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	2	0	0	0	0	0	0	2	0	0		
2. First Quarter	2	0	0	0	0	0	0	2	0	0		
3. Second Quarter	2	0	0	0	0	0	0	2	0	0		
4. Third Quarter	2	0	0	0	0	0	0	2	0	0		
5. Current Year	2	0	0	0	0	0	0	2	0	0		
6. Current Year Member Months	24	0	0	0	0	0	0	24	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	21	0	0	0	0	0	0	21	0	0		
8. Non-Physician	29	0	0	0	0	0	0	29	0	0		
9. Total	50	0	0	0	0	0	0	50	0	0		
10. Hospital Patient Days Incurred	0	0	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	0	0	0	0	0	0	0	0	0	0		
12. Health Premiums Written (b)	18,499	0	0	0	0	0	0	18,499	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	18,499	0	0	0	0	0	0	18,499	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	15,102	0	0	0	0	0	0	15,102	0	0		
18. Amount Incurred for Provision of Health Care Services	14,126	0	0	0	0	0	0	14,126	0	0		

(a) For health business: number of persons insured under PPO managed care products .....2 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....18,499

30 ME



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

30.MD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

30.MA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Michigan		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	504	0	0	504	0	0	0	0	0	0		
2. First Quarter .....	1,120	0	0	1,120	0	0	0	0	0	0		
3. Second Quarter .....	1,489	0	0	1,489	0	0	0	0	0	0		
4. Third Quarter .....	1,829	0	0	1,829	0	0	0	0	0	0		
5. Current Year	2,257	0	0	2,257	0	0	0	0	0	0		
6. Current Year Member Months	18,530	0	0	18,530	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	26,201	0	0	26,201	0	0	0	0	0	0		
8. Non-Physician .....	11,629	0	0	11,629	0	0	0	0	0	0		
9. Total	37,830	0	0	37,830	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	1,458	0	0	1,458	0	0	0	0	0	0		
11. Number of Inpatient Admissions	255	0	0	255	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	2,458,688	0	0	2,458,688	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	2,458,688	0	0	2,458,688	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	2,616,790	0	0	2,616,790	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	2,997,719	0	0	2,997,719	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

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

NONE

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

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

30 MN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Mississippi		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	371	0	0	371	0	0	0	0	0	0		
2. First Quarter .....	591	0	0	591	0	0	0	0	0	0		
3. Second Quarter .....	687	0	0	687	0	0	0	0	0	0		
4. Third Quarter .....	770	0	0	770	0	0	0	0	0	0		
5. Current Year	864	0	0	864	0	0	0	0	0	0		
6. Current Year Member Months	8,310	0	0	8,310	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	12,082	0	0	12,082	0	0	0	0	0	0		
8. Non-Physician .....	4,974	0	0	4,974	0	0	0	0	0	0		
9. Total	17,056	0	0	17,056	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	663	0	0	663	0	0	0	0	0	0		
11. Number of Inpatient Admissions	111	0	0	111	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	1,148,098	0	0	1,148,098	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	1,148,098	0	0	1,148,098	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	1,051,724	0	0	1,051,724	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,109,130	0	0	1,109,130	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30 MS



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

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

NONE

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

30.MO



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Montana		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	3,251	0	0	0	0	0	0	3,251	0	0		
2. First Quarter .....	4,832	0	0	0	0	0	0	4,832	0	0		
3. Second Quarter .....	4,915	0	0	0	0	0	0	4,915	0	0		
4. Third Quarter .....	4,991	0	0	0	0	0	0	4,991	0	0		
5. Current Year .....	4,995	0	0	0	0	0	0	4,995	0	0		
6. Current Year Member Months	58,965	0	0	0	0	0	0	58,965	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	45,912	0	0	0	0	0	0	45,912	0	0		
8. Non-Physician .....	39,312	0	0	0	0	0	0	39,312	0	0		
9. Total	85,224	0	0	0	0	0	0	85,224	0	0		
10. Hospital Patient Days Incurred	5,214	0	0	0	0	0	0	5,214	0	0		
11. Number of Inpatient Admissions	681	0	0	0	0	0	0	681	0	0		
12. Health Premiums Written (b) .....	34,395,064	0	0	0	0	0	0	34,395,064	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	34,395,064	0	0	0	0	0	0	34,395,064	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services.....	27,309,617	0	0	0	0	0	0	27,309,617	0	0		
18. Amount Incurred for Provision of Health Care Services	28,373,491	0	0	0	0	0	0	28,373,491	0	0		

(a) For health business: number of persons insured under PPO managed care products .....4,995 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....34,395,064

30.MT



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

30.NE



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF Nevada			DURING THE YEAR 2019						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

30 NV



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

HN 03



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Jersey		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	502	0	0	0	0	0	0	502	0	0		
2. First Quarter	475	0	0	0	0	0	0	475	0	0		
3. Second Quarter	471	0	0	0	0	0	0	471	0	0		
4. Third Quarter	468	0	0	0	0	0	0	468	0	0		
5. Current Year	468	0	0	0	0	0	0	468	0	0		
6. Current Year Member Months	5,703	0	0	0	0	0	0	5,703	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	12,521	0	0	0	0	0	0	12,521	0	0		
8. Non-Physician	7,626	0	0	0	0	0	0	7,626	0	0		
9. Total	20,147	0	0	0	0	0	0	20,147	0	0		
10. Hospital Patient Days Incurred	2,016	0	0	0	0	0	0	2,016	0	0		
11. Number of Inpatient Admissions	175	0	0	0	0	0	0	175	0	0		
12. Health Premiums Written (b)	7,154,327	0	0	0	0	0	0	7,154,327	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	7,154,327	0	0	0	0	0	0	7,154,327	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	6,787,434	0	0	0	0	0	0	6,787,434	0	0		
18. Amount Incurred for Provision of Health Care Services	7,065,860	0	0	0	0	0	0	7,065,860	0	0		

(a) For health business: number of persons insured under PPO managed care products .....468 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....7,154,327



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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

30.NM



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Carolina		2019							NAIC Company Code	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
	1	2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	5,498	0	0	0	0	0	0	5,498	0	0		
2. First Quarter .....	27,757	0	0	0	0	0	0	27,757	0	0		
3. Second Quarter .....	30,842	0	0	0	0	0	0	30,842	0	0		
4. Third Quarter .....	33,586	0	0	0	0	0	0	33,586	0	0		
5. Current Year	35,345	0	0	0	0	0	0	35,345	0	0		
6. Current Year Member Months	371,666	0	0	0	0	0	0	371,666	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	524,701	0	0	0	0	0	0	524,701	0	0		
8. Non-Physician .....	273,625	0	0	0	0	0	0	273,625	0	0		
9. Total	798,326	0	0	0	0	0	0	798,326	0	0		
10. Hospital Patient Days Incurred	49,235	0	0	0	0	0	0	49,235	0	0		
11. Number of Inpatient Admissions	6,191	0	0	0	0	0	0	6,191	0	0		
12. Health Premiums Written (b) .....	270,781,711	0	0	0	0	0	0	270,781,711	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	270,781,711	0	0	0	0	0	0	270,781,711	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	214,466,631	0	0	0	0	0	0	214,466,631	0	0		
18. Amount Incurred for Provision of Health Care Services	234,939,854	0	0	0	0	0	0	234,939,854	0	0		

(a) For health business: number of persons insured under PPO managed care products .....35,345 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....270,781,711

30 NC



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		North Dakota		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	75	0	0	75	0	0	0	0	0	0		
2. First Quarter .....	103	0	0	103	0	0	0	0	0	0		
3. Second Quarter .....	134	0	0	134	0	0	0	0	0	0		
4. Third Quarter .....	194	0	0	194	0	0	0	0	0	0		
5. Current Year	314	0	0	314	0	0	0	0	0	0		
6. Current Year Member Months	1,994	0	0	1,994	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	1,747	0	0	1,747	0	0	0	0	0	0		
8. Non-Physician .....	1,305	0	0	1,305	0	0	0	0	0	0		
9. Total	3,052	0	0	3,052	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	50	0	0	50	0	0	0	0	0	0		
11. Number of Inpatient Admissions	15	0	0	15	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	254,430	0	0	254,430	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	254,430	0	0	254,430	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	181,119	0	0	181,119	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	204,261	0	0	204,261	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Ohio		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	6,810	0	0	1,174	0	0	0	5,636	0	0		
2. First Quarter	11,338	0	0	2,035	0	0	0	9,303	0	0		
3. Second Quarter	12,286	0	0	2,278	0	0	0	10,008	0	0		
4. Third Quarter	13,339	0	0	2,644	0	0	0	10,695	0	0		
5. Current Year	13,990	0	0	2,898	0	0	0	11,092	0	0		
6. Current Year Member Months	149,547	0	0	28,418	0	0	0	121,129	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	258,045	0	0	36,448	0	0	0	221,597	0	0		
8. Non-Physician	173,999	0	0	15,543	0	0	0	158,456	0	0		
9. Total	432,044	0	0	51,991	0	0	0	380,053	0	0		
10. Hospital Patient Days Incurred	32,692	0	0	1,797	0	0	0	30,895	0	0		
11. Number of Inpatient Admissions	3,714	0	0	358	0	0	0	3,356	0	0		
12. Health Premiums Written (b)	133,525,994	0	0	3,767,602	0	0	0	129,758,392	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	133,525,994	0	0	3,767,602	0	0	0	129,758,392	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	113,624,562	0	0	2,955,219	0	0	0	110,669,343	0	0		
18. Amount Incurred for Provision of Health Care Services	119,138,654	0	0	3,156,993	0	0	0	115,981,661	0	0		

(a) For health business: number of persons insured under PPO managed care products .....11,092 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....129,758,392

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Oklahoma		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								2019 NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF Oregon			DURING THE YEAR 2019				(LOCATION)		
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months										
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services										

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Pennsylvania		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	16,796	0	0	293	0	0	0	16,503	0	0		
2. First Quarter	21,025	0	0	778	0	0	0	20,247	0	0		
3. Second Quarter	21,846	0	0	1,053	0	0	0	20,793	0	0		
4. Third Quarter	22,797	0	0	1,401	0	0	0	21,396	0	0		
5. Current Year	23,508	0	0	1,678	0	0	0	21,830	0	0		
6. Current Year Member Months	264,113	0	0	13,581	0	0	0	250,532	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	455,278	0	0	21,552	0	0	0	433,726	0	0		
8. Non-Physician	261,557	0	0	6,759	0	0	0	254,798	0	0		
9. Total	716,835	0	0	28,311	0	0	0	688,524	0	0		
10. Hospital Patient Days Incurred	64,786	0	0	1,242	0	0	0	63,544	0	0		
11. Number of Inpatient Admissions	6,783	0	0	211	0	0	0	6,572	0	0		
12. Health Premiums Written (b)	240,793,339	0	0	1,934,150	0	0	0	238,859,188	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	240,793,339	0	0	1,934,150	0	0	0	238,859,188	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	191,965,691	0	0	1,710,614	0	0	0	190,255,076	0	0		
18. Amount Incurred for Provision of Health Care Services	198,184,985	0	0	1,979,563	0	0	0	196,205,422	0	0		

(a) For health business: number of persons insured under PPO managed care products .....21,830 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....238,859,188



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR						(LOCATION)	
	1 Total	Rhode Island		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	NAIC Company Code		10 Other	
		2 Individual	3 Group					8 Title XVIII Medicare	9 Title XIX Medicaid		
<b>NONE</b>											
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

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

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	1,088	0	0	0	0	0	0	1,088	0	0		
2. First Quarter .....	1,048	0	0	0	0	0	0	1,048	0	0		
3. Second Quarter .....	1,042	0	0	0	0	0	0	1,042	0	0		
4. Third Quarter .....	1,043	0	0	0	0	0	0	1,043	0	0		
5. Current Year	1,056	0	0	0	0	0	0	1,056	0	0		
6. Current Year Member Months	12,554	0	0	0	0	0	0	12,554	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	15,763	0	0	0	0	0	0	15,763	0	0		
8. Non-Physician .....	10,900	0	0	0	0	0	0	10,900	0	0		
9. Total	26,663	0	0	0	0	0	0	26,663	0	0		
10. Hospital Patient Days Incurred	1,560	0	0	0	0	0	0	1,560	0	0		
11. Number of Inpatient Admissions	176	0	0	0	0	0	0	176	0	0		
12. Health Premiums Written (b) .....	9,835,225	0	0	0	0	0	0	9,835,225	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	9,835,225	0	0	0	0	0	0	9,835,225	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	7,398,537	0	0	0	0	0	0	7,398,537	0	0		
18. Amount Incurred for Provision of Health Care Services	7,354,861	0	0	0	0	0	0	7,354,861	0	0		

(a) For health business: number of persons insured under PPO managed care products .....1,056 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....9,835,225

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

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

NONE

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

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

30.SD



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Tennessee			DURING THE YEAR 2019						(LOCATION)	
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								NAIC Company Code
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	1,201	0	0	1,201	0	0	0	0	0	0		
2. First Quarter	4,260	0	0	4,260	0	0	0	0	0	0		
3. Second Quarter	6,030	0	0	6,030	0	0	0	0	0	0		
4. Third Quarter	8,187	0	0	8,187	0	0	0	0	0	0		
5. Current Year	10,766	0	0	10,766	0	0	0	0	0	0		
6. Current Year Member Months	78,740	0	0	78,740	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	111,878	0	0	111,878	0	0	0	0	0	0		
8. Non-Physician	39,166	0	0	39,166	0	0	0	0	0	0		
9. Total	151,044	0	0	151,044	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	4,226	0	0	4,226	0	0	0	0	0	0		
11. Number of Inpatient Admissions	832	0	0	832	0	0	0	0	0	0		
12. Health Premiums Written (b)	10,425,734	0	0	10,425,734	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	10,425,734	0	0	10,425,734	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	10,864,948	0	0	10,864,948	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	12,973,194	0	0	12,973,194	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
<b>Total Members at end of:</b>												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	319	0	0	319	0	0	0	0	0	0		
3. Second Quarter	615	0	0	615	0	0	0	0	0	0		
4. Third Quarter	1,003	0	0	1,003	0	0	0	0	0	0		
5. Current Year	1,408	0	0	1,408	0	0	0	0	0	0		
6. Current Year Member Months	8,571	0	0	8,571	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	10,480	0	0	10,480	0	0	0	0	0	0		
8. Non-Physician	3,144	0	0	3,144	0	0	0	0	0	0		
9. Total	13,624	0	0	13,624	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	884	0	0	884	0	0	0	0	0	0		
11. Number of Inpatient Admissions	127	0	0	127	0	0	0	0	0	0		
12. Health Premiums Written (b)	1,034,600	0	0	1,034,600	0	0	0	0	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	1,034,600	0	0	1,034,600	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	919,776	0	0	919,776	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	1,185,828	0	0	1,185,828	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

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ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

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

NAIC Group Code	BUSINESS IN THE STATE OF			DURING THE YEAR							(LOCATION)
	1 Total	Washington		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								2019
<b>Total Members at end of:</b>											
1. Prior Year .....											
2. First Quarter .....											
3. Second Quarter .....											
4. Third Quarter .....											
5. Current Year											
6. Current Year Member Months											
<b>Total Member Ambulatory Encounters for Year:</b>											
7. Physician .....											
8. Non-Physician .....											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b) .....											
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services .....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

30.WA



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		West Virginia		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year	6,570	0	0	0	0	0	0	6,570	0	0		
2. First Quarter	6,477	0	0	0	0	0	0	6,477	0	0		
3. Second Quarter	6,391	0	0	0	0	0	0	6,391	0	0		
4. Third Quarter	6,307	0	0	0	0	0	0	6,307	0	0		
5. Current Year	6,247	0	0	0	0	0	0	6,247	0	0		
6. Current Year Member Months	76,603	0	0	0	0	0	0	76,603	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician	145,224	0	0	0	0	0	0	145,224	0	0		
8. Non-Physician	111,968	0	0	0	0	0	0	111,968	0	0		
9. Total	257,192	0	0	0	0	0	0	257,192	0	0		
10. Hospital Patient Days Incurred	20,021	0	0	0	0	0	0	20,021	0	0		
11. Number of Inpatient Admissions	2,047	0	0	0	0	0	0	2,047	0	0		
12. Health Premiums Written (b)	84,473,646	0	0	0	0	0	0	84,473,646	0	0		
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned	84,473,646	0	0	0	0	0	0	84,473,646	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services	73,016,140	0	0	0	0	0	0	73,016,140	0	0		
18. Amount Incurred for Provision of Health Care Services	73,726,892	0	0	0	0	0	0	73,726,892	0	0		

(a) For health business: number of persons insured under PPO managed care products .....6,247 and number of persons insured under indemnity only products .....0 .  
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....84,473,646

30100



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Wisconsin		2019							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>												
1. Prior Year .....	273	0	0	273	0	0	0	0	0	0		
2. First Quarter .....	365	0	0	365	0	0	0	0	0	0		
3. Second Quarter .....	384	0	0	384	0	0	0	0	0	0		
4. Third Quarter .....	394	0	0	394	0	0	0	0	0	0		
5. Current Year	445	0	0	445	0	0	0	0	0	0		
6. Current Year Member Months	4,606	0	0	4,606	0	0	0	0	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>												
7. Physician .....	6,542	0	0	6,542	0	0	0	0	0	0		
8. Non-Physician .....	3,387	0	0	3,387	0	0	0	0	0	0		
9. Total	9,929	0	0	9,929	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	602	0	0	602	0	0	0	0	0	0		
11. Number of Inpatient Admissions	79	0	0	79	0	0	0	0	0	0		
12. Health Premiums Written (b) .....	976,975	0	0	976,975	0	0	0	0	0	0		
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0		
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0		
15. Health Premiums Earned .....	976,975	0	0	976,975	0	0	0	0	0	0		
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0		
17. Amount Paid for Provision of Health Care Services .....	747,544	0	0	747,544	0	0	0	0	0	0		
18. Amount Incurred for Provision of Health Care Services	809,400	0	0	809,400	0	0	0	0	0	0		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0 .

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

30.W1



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

2.

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

NONE

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

30.WY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

REPORT FOR: 1. CORPORATION

Humana Benefit Plan of Illinois, Inc.

2. Peoria, IL

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)							
			Grand Total		DURING THE YEAR			2019		
			Comprehensive (Hospital & Medical)		4	5	6	7	8	9
	1	2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>										
1. Prior Year	177,786	0	0	6,210	0	0	0	171,576	0	0
2. First Quarter	226,041	0	0	13,445	0	0	0	212,596	0	0
3. Second Quarter	236,272	0	0	17,314	0	0	0	218,958	0	0
4. Third Quarter	247,355	0	0	21,811	0	0	0	225,544	0	0
5. Current Year	255,949	0	0	26,785	0	0	0	229,164	0	0
6. Current Year Member Months	2,857,306	0	0	219,495	0	0	0	2,637,811	0	0
<b>Total Member Ambulatory Encounters for Year:</b>										
7. Physician	4,784,566	0	0	308,789	0	0	7	4,475,770	0	0
8. Non-Physician	2,486,498	0	0	111,848	0	0	0	2,374,650	0	0
9. Total	7,271,064	0	0	420,637	0	0	7	6,850,420	0	0
10. Hospital Patient Days Incurred	557,025	0	0	14,977	0	0	0	542,048	0	0
11. Number of Inpatient Admissions	62,676	0	0	2,747	0	0	0	59,929	0	0
12. Health Premiums Written (b)	2,581,567,970	0	0	29,934,965	0	0	0	2,551,633,005	0	0
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned	2,581,567,970	0	0	29,934,965	0	0	0	2,551,633,005	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	2,128,916,510	0	0	27,997,662	0	0	(19,247)	2,100,938,095	0	0
18. Amount Incurred for Provision of Health Care Services	2,210,386,862	0	0	32,011,663	0	0	(19,775)	2,178,394,973	0	0

(a) For health business: number of persons insured under PPO managed care products .....123,554 and number of persons insured under indemnity only products .....0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....2,551,633,005

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Schedule S - Part 1 - Section 2

**NONE**

Schedule S - Part 2

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance	
										11 Current Year	12 Prior Year			
0399999. Total General Account - Authorized U.S. Affiliates								0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates								0	0	0	0	0	0	0
62308	06-0303370	11/01/2010	CONNECTICUT GENERAL LIFE INSURANCE CO	CT	QA/A/G	MR	66,074	0	0	0	0	0	0	
0899999. General Account - Authorized U.S. Non-Affiliates								66,074	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates								66,074	0	0	0	0	0	0
1199999. Total General Account Authorized								66,074	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates								0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates								0	0	0	0	0	0	0
2299999. Total General Account Unauthorized								0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates								0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates								0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates								0	0	0	0	0	0	0
3399999. Total General Account Certified								0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified								66,074	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates								0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates								0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates								0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates								0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized								0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates								0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates								0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates								0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates								0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized								0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates								0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates								0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates								0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates								0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified								0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified								0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)								66,074	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)								0	0	0	0	0	0	0
9999999 - Totals								66,074	0	0	0	0	0	0

Schedule S - Part 4

**NONE**

Schedule S - Part 4 - Bank Footnote

**NONE**

Schedule S - Part 5

**NONE**

Schedule S - Part 5 - Bank Footnote

**NONE**

**SCHEDULE S - PART 6**

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	0	0	0	2	7
2. Title XVIII - Medicare .....	66	264	296	192	234
3. Title XIX - Medicaid .....	0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	1	15	7	5	0
5. Total hospital and medical expenses .....	30	255	247	132	169
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	0	0	0	0	0
7. Claims payable .....	0	8	30	12	27
8. Reinsurance recoverable on paid losses .....	0	15	23	11	29
9. Experience rating refunds due or unpaid .....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	0	0	0	0	0
11. Unauthorized reinsurance offset .....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	645,419,616	0	645,419,616
2. Accident and health premiums due and unpaid (Line 15) .....	45,273,114	0	45,273,114
3. Amounts recoverable from reinsurers (Line 16.1) .....	0	0	0
4. Net credit for ceded reinsurance .....	XXX	429	429
5. All other admitted assets (Balance) .....	66,456,579	(429)	66,456,150
6. Total assets (Line 28)	757,149,309	0	757,149,309
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	256,385,339	0	256,385,339
8. Accrued medical incentive pool and bonus payments (Line 2) .....	20,198,141	0	20,198,141
9. Premiums received in advance (Line 8) .....	1,902,815	0	1,902,815
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	62,615,921	0	62,615,921
15. Total liabilities (Line 24) .....	341,102,216	0	341,102,216
16. Total capital and surplus (Line 33) .....	416,047,094	XXX	416,047,094
17. Total liabilities, capital and surplus (Line 34)	757,149,309	0	757,149,309
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	429		
23. Total ceded reinsurance recoverables .....	429		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	429		

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

Allocated by States and Territories

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

**NONE**

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Humana Real Estate Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc. LLC	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	35-2608414				CDO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management, Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	42-1575099				Humana Healthcare Research, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2716023				Continuicare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5646291				Continuicare MDHC, LLC	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0791417				Continuicare Medical Management, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4880828				Conviva Care Solutions, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.15886	75-2043865				Humana Benefit Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management, Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.88595	31-0935772				EmpheSys Insurance Company	TX	IA	EmpheSys, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1237697				EmpheSys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3592783				HJM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	RQHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	RQHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	RE	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.000	See Footnote 1		2
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	50.000	Humana Inc.		3
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5569675				MCCI Holdings, LLC	DE	NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5904436				MCCI Group Holdings, LLC	DE	NIA	MCCI Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-4493313				MCCI/Lifetime of Aventura, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-2957926				MCCI Speciality, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-4379634				Medical Care Consortium Incorporated of Texas	TX	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-1724127				Humana Real Estate Company	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	56-2655900				Primary Care Specialist of the Palm Beaches, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	38-3920730				RMA Island Doctors Orlando MSO, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	90-1022183				RMA Medical Center of South Orlando, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1722871				RMA Medical Center of Orlando, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	90-1022373				RMA Medical Center of Sunrise, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	90-1021973				RMA Medical Centers of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	30-0806075				RMA Medical Group of Florida, LLC	FL	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2600512				Humana At Home (TLC), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	80-0072760				Humana Digital Health and Analytics Platform Services, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-5329373				Transcend Population Health Management, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	66-0872725				Humana Management Services of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	83-3321367				North Region Providers, LLC	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	35-2640679				Primary Care Holdings II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	37-1910409				Transcend Population Health Management II, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	84-2214810				Edge Health MSO, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	47-2905609				Partners in Integrated Care, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	84-3226630				Humana Benefit Plan of South Carolina, Inc.	SC	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0

Asterisk	Explanation
0000001	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
0000002	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	9,668,642	0		0	9,668,642	0
00000	20-5309363	515-526 W MainSt Condo Council of Co-Owners	0	0	0	0	190	0		0	190	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	16,281,170	0		0	16,281,170	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	70,222,850	0	0	(1,712,001,015)	0		0	(1,641,778,165)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	299,655	0		0	299,655	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	293,368,813	0		0	293,368,813	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	189	0		0	189	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(1,282,643)	0		0	(1,282,643)	0
95092	59-2598550	CarePlus Health Plans, Inc.	85,000,000	498,488	0	0	(874,703,304)	0		0	(789,204,816)	0
95754	62-1579044	Cariten Health Plan Inc.	164,840,000	438,657	0	0	(573,803,476)	0		0	(408,524,819)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	17,492,642	0		0	17,492,642	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	5,310,329	0		0	5,310,329	0
95158	61-1279717	CHA HMO, Inc.	0	300,034,665	0	0	(1,316,413,827)	0		0	(1,016,379,162)	0
52015	59-2531815	CompBenefits Company	5,000,000	0	0	0	(12,052,106)	0		0	(7,052,106)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	481,460	0		0	481,460	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,179,480)	0		0	(2,179,480)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,653)	0		0	(14,653)	0
60984	74-2552026	CompBenefits Insurance Company	0	20,000,000	0	0	(66,184,877)	0		0	(46,184,877)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	90,315,480	0		0	90,315,480	0
00000	59-2716023	Continucare Corporation	0	0	0	0	35,122,633	0		0	35,122,633	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	49,319,615	0		0	49,319,615	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	164,658,675	0		0	164,658,675	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	1,252,944	0		0	1,252,944	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	37,801	0		0	37,801	0
95161	76-0039628	DentiCare, Inc.	2,100,000	0	0	0	(7,066,805)	0		0	(4,966,805)	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	157,406	0		0	157,406	0
88595	31-0935772	EmpheSys Insurance Company	0	0	0	0	4,191	0		0	4,191	0
00000	61-1237697	EmpheSys, Inc.	0	0	0	0	415	0		0	415	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	53,996,200	0		0	53,996,200	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	1,049	0		0	1,049	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	225	0		0	225	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	1,486	0		0	1,486	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	139	0		0	139	0
00000	27-4535747	Go365, LLC	0	0	0	0	80,988,991	0		0	80,988,991	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(24,611,307)	0		0	(24,611,307)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	55,711	0		0	55,711	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	(66,865)	0		0	(66,865)	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	490	0		0	490	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(1,684,823)	0		0	(1,684,823)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(1,666,309)	0		0	(1,666,309)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	37,596,858	0		0	37,596,858	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	(1)	0		0	(1)	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

**SCHEDULE Y**

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	151,618,543	0		0	151,618,543	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	83,861,362	0		0	83,861,362	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	12,228,084	0	0	(884,291,756)	0		0	(872,063,672)	0
00000	75-2043865	Humana Benefit Plan of Texas, Inc.	6,000,000	0	0	0	73,726	0		0	6,073,726	0
00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	0	0	0	11,000	0		0	11,000	0
00000	59-1843760	Humana Dental Company	0	0	0	0	3,795,124	0		0	3,795,124	0
00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	0	0	0	0	(97,826)	0		0	(97,826)	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	100,000,000	360,393	0	0	(543,006,642)	0		0	(442,646,249)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(41,458,928)	0		0	(41,458,928)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	50,000,000	640,194	0	0	(836,648,119)	0		0	(786,007,925)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	60,032,679	0	0	(143,925,499)	0		0	(83,892,820)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	75,000,000	75,898	0	0	138,605,715	0		0	213,681,613	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	71,344	0	0	(12,402,087)	0		0	(12,330,743)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	17,500,000	121,854	0	0	(68,742,849)	0		0	(51,120,995)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	302,583	0	0	(158,417,363)	0		0	(158,114,780)	0
95885	61-1013183	Humana Health Plan, Inc.	430,000,000	(148,276,608)	0	0	(913,582,579)	0		0	(631,859,187)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	33,000,000	0	0	(119,783,936)	0		0	(86,783,936)	0
00000	42-1575099	Humana Healthcare Research, Inc.	0	0	0	0	2,431,946	0		0	2,431,946	0
00000	61-0647538	Humana Inc.	(1,800,000,000)	(412,794,780)	0	0	2,531,952,707	0		0	319,157,927	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(6,703,308)	0		0	(6,703,308)	0
73288	39-1263473	Humana Insurance Company	475,000,000	19,984,786	0	0	(16,181,962,654)	(17,223,253)		0	(15,704,201,121)	0
60219	61-1311685	Humana Insurance Company of Kentucky	50,000,000	20	0	0	(38,095,598)	17,223,253		0	29,127,675	0
12634	20-2888723	Humana Insurance Company of New York	0	674,294	0	0	(658,719,118)	0		0	(658,044,824)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(73,671,532)	0		0	(73,671,532)	0
00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	0	0	34,838,529	0		0	34,838,529	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0		0	0	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	592,220,215	0		0	592,220,215	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	16,056	0	0	(55,162,000)	0		0	(55,145,944)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	10,000,000	18,812	0	0	(1,368,670)	0		0	8,650,142	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	7,500,000	16,731	0	0	(9,882,215)	0		0	(2,365,484)	0
95270	61-1103898	Humana Medical Plan, Inc.	260,000,000	2,118,359	0	0	(4,486,039,973)	0		0	(4,223,921,614)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	19,094,608,692	0		0	19,094,608,692	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	6,199,702,950	0		0	6,199,702,950	0
00000	20-1724127	Humana Real Estate Company	0	0	0	0	(1,065,107)	0		0	(1,065,107)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	5,007,095	0	0	(50,286,403)	0		0	(45,279,308)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	11,226	0		0	11,226	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	300	0		0	300	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	40,000,000	207,546	0	0	(1,123,245,744)	0		0	(1,083,038,198)	0
70580	39-0714280	HumanaDental Insurance Company	5,560,000	35,000,000	0	0	(85,721,224)	0		0	(45,161,224)	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	322,106	0		0	322,106	0

42.1

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(5,789,626)	0		0	(5,789,626)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	128,780	0		0	128,780	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	14,000,000	0	0	0	(866,731)	0		0	13,133,269	0
00000	20-5904436	MCCI Group Holdings, LLC	0	0	0	0	659,280,489	0		0	659,280,489	0
00000	20-5569675	MCCI Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	81-2957926	MCCI Speciality, LLC	0	0	0	0	0	0		0	0	0
00000	45-4493313	MCCI/Lifetime of Aventura, LLC	0	0	0	0	0	0		0	0	0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	0	0	0	0	(3,764,240)	0		0	(3,764,240)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	199,844,263	0		0	199,844,263	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	139,339	0		0	139,339	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	0	0		0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	47-2905609	Partners in Integrated Care, Inc.	0	0	0	0	914,258	0		0	914,258	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	14,727	0		0	14,727	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	467	0		0	467	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	87,382,890	0		0	87,382,890	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	2,949,663	0		0	2,949,663	0
00000	56-2655900	Primary Care Specialist of the Palm Beaches, LLC	0	0	0	0	0	0		0	0	0
00000	38-3920730	RMA Island Doctors Orlando MSO, LLC	0	0	0	0	0	0		0	0	0
00000	61-1722871	RMA Medical Center of Orlando, LLC	0	0	0	0	0	0		0	0	0
00000	90-1022183	RMA Medical Center of South Orlando, LLC	0	0	0	0	4,578,781	0		0	4,578,781	0
00000	90-1022373	RMA Medical Center of Sunrise, LLC	0	0	0	0	45,126,927	0		0	45,126,927	0
00000	90-1021973	RMA Medical Centers of Florida, LLC	0	0	0	0	45,853,373	0		0	45,853,373	0
00000	30-0806075	RMA Medical Group of Florida, LLC	0	0	0	0	33,084,338	0		0	33,084,338	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(1,677,855)	0		0	(1,677,855)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	23,789,745	0		0	23,789,745	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(1,730,798)	0		0	(1,730,798)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	279,396	0		0	279,396	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(48,313)	0		0	(48,313)	0
54739	52-1157181	The Dental Concern, Inc.	2,500,000	0	0	0	(6,512,037)	0		0	(4,012,037)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	29,253,431	0		0	29,253,431	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	(4,661,620)	0		0	(4,661,620)	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	289,974,852	0		0	289,974,852	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0





SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ALMESNM10A	A	NO	0234000	04/20/2018					0	0	0.0	0	889	557	62.6	2
	ALMESNM10F	F	NO	0234000	04/20/2018					0	0	0.0	0	371,164	374,610	100.9	267
	ALMESNM10F(HD)	F	NO	0234000	04/20/2018					0	0	0.0	0	27,808	35,376	127.2	54
	ALMESNM10G	G	NO	0234000	04/20/2018					0	0	0.0	0	1,313,984	1,274,265	97.0	1,301
	ALMESNM10G(HD)	G	NO	0234000	07/11/2019					0	0	0.0	0	0	0	0.0	0
	ALMESNM10N	N	NO	0234000	04/20/2018					0	0	0.0	0	246,799	223,102	90.4	240
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,960,644	1,907,909	97.3	1,864

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	GAMESNM10A	A	NO	0234060	11/13/2017					0	0	0.0	0	18,208	23,052	126.6	13
	GAMESNM10F	F	NO	0234060	11/13/2017					0	0	0.0	0	786,799	734,772	93.4	408
	GAMESNM10F(HD)	F	NO	0234060	11/13/2017					0	0	0.0	0	352,923	408,713	115.8	294
	GAMESNM10G	G	NO	0234060	11/13/2017					0	0	0.0	0	1,253,609	1,160,304	92.6	826
	GAMESNM10G(HD)	G	NO	0234060	07/15/2019					0	0	0.0	0	0	0	0.0	0
	GAMESNM10N	N	NO	0234060	11/13/2017					0	0	0.0	0	524,896	594,859	113.3	383
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,936,434	2,921,699	99.5	1,924

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	ILMESNM10A	A	NO	0234060	11/15/2017					0	0	0.0	0	5,542	1,072	19.3	3
	ILMESNM10F	F	NO	0234060	11/15/2017					0	0	0.0	0	581,176	623,809	107.3	326
	ILMESNM10F(HD)	F	NO	0234060	11/15/2017					0	0	0.0	0	102,700	37,157	36.2	176
	ILMESNM10G	G	NO	0234060	11/15/2017					0	0	0.0	0	942,451	865,628	91.8	741
	ILMESNM10G(HD)	G	NO	0234060	08/15/2019					0	0	0.0	0	0	0	0.0	0
	ILMESNM10N	N	NO	0234060	11/15/2017					0	0	0.0	0	278,105	293,439	105.5	220
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,909,975	1,821,105	95.3	1,466

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	INMESNM10A	A	NO	0234000	03/19/2018					0	0	0.0	0	2,592	2,503	96.6	2
	INMESNM10F	F	NO	0234000	03/19/2018					0	0	0.0	0	256,824	177,955	69.3	157
	INMESNM10F(HD)	F	NO	0234000	03/19/2018					0	0	0.0	0	32,362	3,608	11.1	61
	INMESNM10G	G	NO	0234000	03/19/2018					0	0	0.0	0	692,825	662,718	95.7	559
	INMESNM10G(HD)	G	NO	0234000	12/20/2019					0	0	0.0	0	0	0	0.0	0
	INMESNM10N	N	NO	0234000	03/19/2018					0	0	0.0	0	143,032	98,079	68.6	122
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,127,635	944,862	83.8	901

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MIMESNM10A	A	NO	.0234560	04/10/2018					0	0	0.0	0	31,562	82,432	261.2	16
	MIMESNM10C	C	NO	.0234560	04/10/2018			12/31/2019		0	0	0.0	0	493,219	779,412	158.0	267
	MIMESNM10F	F	NO	.0234000	04/10/2018					0	0	0.0	0	311,796	568,256	182.3	200
	MIMESNM10F(HD)	F	NO	.0234000	04/10/2018					0	0	0.0	0	47,779	24,031	50.3	.88
	MIMESNM10G	G	NO	.0234000	04/10/2018					0	0	0.0	0	1,312,563	1,360,186	103.6	1,415
	MIMESNM10G(HD)	G	NO	.0234000	08/01/2019					0	0	0.0	0	0	0	0.0	0
	MIMESNM10N	N	NO	.0234000	04/10/2018					0	0	0.0	0	261,769	183,402	70.1	271
0199999. Total Experience on Individual Policies										0	0	0.0	0	2,458,688	2,997,719	121.9	2,257

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

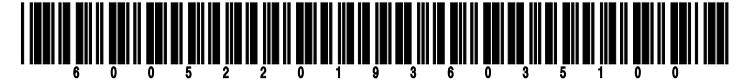
For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	MSMESNM10A	A	NO	0234060	11/08/2017					0	0	0.0	0	1,440	254	17.6	1
	MSMESNM10F	F	NO	0234060	11/08/2017					0	0	0.0	0	359,275	285,468	79.5	243
	MSMESNM10F(HD)	F	NO	0234060	11/08/2017					0	0	0.0	0	44,028	45,388	103.1	61
	MSMESNM10G	G	NO	0234060	11/08/2017					0	0	0.0	0	571,336	601,742	105.3	418
	MSMESNM10G(HD)	G	NO	0234060	09/03/2019					0	0	0.0	0	0	0	0.0	0
	MSMESNM10N	N	NO	0234060	11/08/2017					0	0	0.0	0	172,019	176,279	102.5	141
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,148,098	1,109,130	96.6	864

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	NDMESVA	A	NO	0034000	12/13/2013					0	0	0.0	0	0	0.0	0	
	NDMESVF	F	NO	0034000	12/13/2013					16,360	11,274	68.9	8	74,629	98,463	131.9	58
	NDMESVF(HD)	F	NO	0034000	12/13/2013					573	0	0.0	1	3,426	0	0.0	5
	NDMESVG	G	NO	0034000	12/13/2013					7,508	4,994	66.5	5	130,013	81,025	62.3	214
	NDMESVG(HD)	G	NO	0034000	09/11/2019					0	0	0.0	0	0	0	0.0	0
	NDMESVK	K	NO	0034000	12/13/2013					0	0	0.0	0	732	0	0.0	1
	NDMESVN	N	NO	0034000	12/13/2013					7,098	2,761	38.9	6	14,091	5,745	40.8	16
0199999. Total Experience on Individual Policies										31,539	19,029	60.3	20	222,891	185,233	83.1	294

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	OHMESNM10A	A	NO	0234000	12/12/2017					0	0	0.0	0	11,018	9,336	84.7	10
	OHMESNM10F	F	NO	0234000	12/12/2017					0	0	0.0	0	928,399	832,974	89.7	569
	OHMESNM10F(HD)	F	NO	0234000	12/12/2017					0	0	0.0	0	115,146	44,903	39.0	214
	OHMESNM10G	G	NO	0234000	12/12/2017					0	0	0.0	0	1,731,421	1,612,084	93.1	1,330
	OHMESNM10G(HD)	G	NO	0234000	10/28/2019					0	0	0.0	0	0	0	0.0	0
	OHMESNM10N	N	NO	0234000	12/12/2017					0	0	0.0	0	981,618	657,696	67.0	775
0199999. Total Experience on Individual Policies										0	0	0.0	0	3,767,602	3,156,993	83.8	2,898

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	PAMESNM10A	A	NO	0234060	06/04/2018					0	0	0.0	0	7,125	3,306	46.4	6
	PAMESNM10B	B	NO	0234060	06/04/2018					0	0	0.0	0	3,376	2,774	82.2	2
	PAMESNM10F	F	NO	0234060	06/04/2018					0	0	0.0	0	384,050	587,873	153.1	229
	PAMESNM10F(HD)	F	NO	0234060	06/04/2018					0	0	0.0	0	70,034	43,179	61.7	129
	PAMESNM10G	G	NO	0234060	06/04/2018					0	0	0.0	0	949,421	968,280	102.0	843
	PAMESNM10G(HD)	G	NO	0234060	10/10/2019					0	0	0.0	0	0	0	0.0	0
	PAMESNM10N	N	NO	0234060	06/04/2018					0	0	0.0	0	520,144	374,152	71.9	469
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,934,150	1,979,563	102.3	1,678

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	TXMESNM10A	A	NO	0234060	06/18/2018					0	0	0.0	0	1,046,958	2,556,211	244.2	434
	TXMESNM10F	F	NO	0234000	06/18/2018					0	0	0.0	0	2,483,298	3,291,661	132.6	1,815
	TXMESNM10F(HD)	F	NO	0234000	06/18/2018					0	0	0.0	0	113,217	19,458	17.2	246
	TXMESNM10G	G	NO	0234000	06/18/2018					0	0	0.0	0	6,298,464	6,761,638	107.4	7,660
	TXMESNM10G(HD)	G	NO	0234000	10/31/2019					0	0	0.0	0	0	0	0.0	0
	TXMESNM10N	N	NO	0234000	06/18/2018					0	0	0.0	0	483,798	344,226	71.2	611
0199999. Total Experience on Individual Policies										0	0	0.0	0	10,425,734	12,973,194	124.4	10,766

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	VAMESNM10A	A	NO	.0234000	10/15/2018					0	0	0.0	0	134	0	0.0	1
	VAMESNM10F	F	NO	.0234000	10/15/2018					0	0	0.0	0	317,486	395,479	124.6	350
	VAMESNM10F(HD)	F	NO	.0234000	10/15/2018					0	0	0.0	0	41,713	5,746	13.8	99
	VAMESNM10G	G	NO	.0234000	10/15/2018					0	0	0.0	0	535,098	615,953	115.1	751
	VAMESNM10N	N	NO	.0234000	10/15/2018					0	0	0.0	0	140,168	168,650	120.3	207
0199999. Total Experience on Individual Policies										0	0	0.0	0	1,034,600	1,185,828	114.6	1,408

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.  
**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For The Year Ended December 31, 2019  
 (To Be Filed by March 1)

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

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2016				Policies Issued in 2017; 2018; 2019			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
	WIMESHCBASIC	B	NO	0230560	09/28/2016					0	0	0.0	0	976,975	809,400	82.8	445
0199999. Total Experience on Individual Policies										0	0	0.0	0	976,975	809,400	82.8	445

GENERAL INTERROGATORIES

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



# LIFE SUPPLEMENTS

For The Year Ended December 31, 2019

(To Be Filed By March 1)

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

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

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

Life Supplement - Exhibit 5 - Aggregate Reserve for Life Contracts

**N O N E**

Life Supplement - Exhibit 5 - Interrogatories

**N O N E**

Life Supplement - Exhibit 7 - Deposit-Type Contracts

**N O N E**

Life Supplement - Schedule S - Part 1 - Section 1

**N O N E**

Life Supplement - Schedule S - Part 3 - Section 1

**N O N E**



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and various other policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,124 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, Death benefits, etc. Large 'NONE' watermark is present.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Rows include Unpaid December 31, Incurred during current year, etc. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, etc. Large 'NONE' watermark is present.

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,757 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,734 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,671 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan premium, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable, Guaranteed renewable, Non-renewable for stated reasons only, Other accident only, All other, and Totals. A large 'NONE' watermark is present across the table.

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 24,631 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....2,602 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....4,995 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....468 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 35,345 and number of persons insured under indemnity only products 0.



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....11,092 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....21,830 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan premium, Credit (Group and Individual), Collectively renewable policies/certificates, Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable, Guaranteed renewable, Non-renewable for stated reasons only, Other accident only, All other, and Totals. A large 'NONE' watermark is present across the table.

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and various other policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,056 and number of persons insured under indemnity only products .....0 .



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan premium, Credit (Group and Individual), Medicare Title XVIII exempt from state taxes or fees, Non-cancelable, Guaranteed renewable, Non-renewable for stated reasons only, Other accident only, All other, and Totals. A large 'NONE' watermark is present across the table.

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Includes rows for Life insurance, Annuity considerations, and Grand Totals. A large 'NONE' watermark is present.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit. A large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Includes rows for Group Policies, Federal Employees Health Benefits Plan, and Medicare Title XVIII. A large 'NONE' watermark is present.

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and Policy Exhibit.

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 6,247 and number of persons insured under indemnity only products 0



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0119

DURING THE YEAR 2019
NAIC Company Code 60052

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



SUPPLEMENT FOR THE YEAR 2019 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2019

NAIC Group Code 0119

LIFE INSURANCE

NAIC Company Code 60052

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Policyholder Dividends Paid, Refunds to Members Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies, Federal Employees Health Benefits Plan, Credit (Group and Individual), Medicare Title XVIII, and other individual policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 123,554 and number of persons insured under indemnity only products 0.

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