



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2016
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183
(Current) (Prior)

Organized under the Laws of Kentucky, State of Domicile or Port of Entry KY

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 500 West Main Street, Louisville, KY, US 40202
(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 Stephenie Abel, 502-580-2050
(Name) (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com, 502-580-2099
(E-mail Address) (FAX Number)

OFFICERS

President & CEO Bruce Dale Broussard Sr. VP & CFO Brian Andrew Kane
VP & Corporate Secretary Joan Olliges Lenahan VP & Chief Actuary Kenny Waitem Kan

OTHER

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

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane James Elmer Murray

State of Kentucky SS:
County of Jefferson

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

Bruce Dale Broussard
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this 24th day of February, 2017

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

Michele Sizemore
Notary Public
January 3, 2019

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	1,068,373	665,181	434,299	3,859,740	3,859,740	2,167,853
Group Subscribers:						
ACCURATE PAPER BOX CO INC	17,750	0	0	0	0	17,750
ARIZONA MEDICAL SERVICES	12,590	0	0	0	0	12,590
BALLARD NURSING CENTER	32,572	0	0	0	0	32,572
BLUE GRASS QUALITY MEATS	0	15,338	14,299	743	743	29,637
BRILLIANT ELECTRIC HEATIN	0	0	0	17,607	17,607	0
CHIPPS CAFFREY & DUBILIE	40,265	709	2,893	0	0	43,867
COBRA	0	0	0	31,425	31,425	0
DIN LAW LLC	0	0	0	26,738	26,738	0
EIC TECHNOLOGIES	12,263	0	0	0	0	12,263
FEHBP-LEXINGTON-MI-HIGH OPT	94,046	0	0	0	0	94,046
FEHBP-LEXINGTON-MI-STANDARD OPT	12,576	0	0	0	0	12,576
FLOORS N MORE LLC	29,484	0	0	0	0	29,484
FLOYD CONSULTING	10,669	0	0	0	0	10,669
FOX LAKE SCHOOL DISTRICT 114	29,608	0	0	0	0	29,608
GC MANAGEMENT INC	11,093	0	0	0	0	11,093
GIRLS INC. OF METRO DENVE	10,261	0	0	0	0	10,261
GLENSHIRE HEALTH AND HOME	72,935	0	0	0	0	72,935
HAYSWOOD HOME HEALTH	16,367	0	0	0	0	16,367
HERCULES MANUFACTURING COMPANY	34,094	0	0	0	0	34,094
HUBBLE MINING COMPANY LLC	31,633	0	0	0	0	31,633
KENTUCKY LOTTERY CORPORATION	119,099	0	0	0	0	119,099
LAFFERTY ENTERPRISES INC	0	0	0	26,901	26,901	0
LEE MOTORS LLC	0	0	0	13,469	13,469	0
MESA FOODS LLC	52,571	0	0	0	0	52,571
MULTI-CRAFT LITHO INC	33,629	0	0	0	0	33,629
MULTI-SYSTEMS INC.	30,689	0	0	0	0	30,689
NEW ALBANY FLOYD COUNTY CONSOLID	75,138	0	0	0	0	75,138
OVERHEAD DOOR CO OF LEX	10,081	0	0	0	0	10,081
PEPE BARRON ACADEMY	0	0	0	10,287	10,287	0
PERRY COUNTRY FISCAL COURT	0	0	0	70,688	70,688	0
PERSEVERE LLC	0	0	0	11,378	11,378	0
SAINT ANDREW LIFE	18,949	0	0	0	0	18,949
SUN VALLEY SOLAR SOLUTIONS LLC	27,954	2,507	0	0	0	30,461
THE CENTER FOR WOMEN AND FAMILIE	38,927	0	0	0	0	38,927
TIVOLI ENTERPRISES INC.	18,028	0	0	0	0	18,028
TRUE HOME VALUE	13,637	0	0	0	0	13,637
0299997. Group subscriber subtotal	906,908	18,554	17,192	209,236	209,236	942,654
0299998. Premiums due and unpaid not individually listed	12,962,202	4,897,467	4,040,326	10,843,660	10,843,660	21,899,995
0299999. Total group	13,869,110	4,916,021	4,057,518	11,052,896	11,052,896	22,842,649
0399999. Premiums due and unpaid from Medicare entities	8,938,425	0	0	0	0	8,938,425
0499999. Premiums due and unpaid from Medicaid entities	50,828,606	0	0	0	0	50,828,606
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	74,704,514	5,581,202	4,491,817	14,912,636	14,912,636	84,777,533

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	48,756,898	267,955,077	0	69,152,636	48,756,898	47,237,233
2. Claim overpayment receivables	21,398	0	0	19,053	21,398	21,398
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	6,030,952	1,013,780	0	13,951,500	6,030,952	21,020,947
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	54,809,248	268,968,857	0	83,123,189	54,809,248	68,279,578

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

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	7,029,945	559,921	63,323	16,795	58,046	7,728,030
0399999. Aggregate accounts not individually listed-covered	89,404,461	7,120,887	805,326	213,599	738,215	98,282,488
0499999. Subtotals	96,434,406	7,680,808	868,649	230,394	796,261	106,010,518
0599999. Unreported claims and other claim reserves						559,015,547
0699999. Total amounts withheld						0
0799999. Total claims unpaid						665,026,065
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0899999 Accrued medical incentive pool and bonus amounts						3,773,719

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
NONE				
0399999 Total gross payables				

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	2,076,695,959	30.1	968,163	100.0	0	2,076,695,959
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	2,076,695,959	30.1	968,163	100.0	0	2,076,695,959
Other Payments:						
5. Fee-for-service	294,950,995	4.3	XXX	XXX	0	294,950,995
6. Contractual fee payments	3,887,182,228	56.4	XXX	XXX	0	3,887,182,228
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	635,253,480	9.2	XXX	XXX	0	635,253,480
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	4,817,386,703	69.9	XXX	XXX	0	4,817,386,703
13. TOTAL (Line 4 plus Line 12)	6,894,082,662	100%	XXX	XXX	0	6,894,082,662

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	7,560,411	0	5,708,121	1,852,290	1,852,290	0
2. Medical furniture, equipment and fixtures	480,496	0	254,392	226,104	226,104	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	10,519,680	0	7,912,370	2,607,310	2,607,310	0
6. Total	18,560,587	0	13,874,883	4,685,704	4,685,704	0



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Alabama		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	21,043	0	0	0	0	0	0	21,043	0	0		
2. First Quarter	23,567	0	0	0	0	0	0	23,567	0	0		
3. Second Quarter	24,271	0	0	0	0	0	0	24,271	0	0		
4. Third Quarter	25,252	0	0	0	0	0	0	25,252	0	0		
5. Current Year	25,745	0	0	0	0	0	0	25,745	0	0		
6. Current Year Member Months	293,843	0	0	0	0	0	0	293,843	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	472,928	0	0	0	0	0	0	472,928	0	0		
8. Non-Physician	246,387	0	0	0	0	0	0	246,387	0	0		
9. Total	719,315	0	0	0	0	0	0	719,315	0	0		
10. Hospital Patient Days Incurred	59,200	0	0	0	0	0	0	59,200	0	0		
11. Number of Inpatient Admissions	6,546	0	0	0	0	0	0	6,546	0	0		
12. Health Premiums Written (b)	221,272,150	0	0	0	0	(13)	0	221,272,163	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	221,272,150	0	0	0	0	(13)	0	221,272,163	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.....	191,718,789	0	0	0	0	264	0	191,718,525	0	0		
18. Amount Incurred for Provision of Health Care Services	191,901,114	0	0	0	0	132	0	191,900,982	0	0		

(a) For health business: number of persons insured under PPO managed care products3,224 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$221,272,163

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arizona		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	71,039	1,031	19,841	0	0	0	2,862	47,305	0	0		
2. First Quarter	70,529	6,467	20,405	0	0	0	2,290	41,367	0	0		
3. Second Quarter	72,370	6,037	22,056	0	0	0	2,253	42,024	0	0		
4. Third Quarter	70,820	5,577	20,507	0	0	0	2,231	42,505	0	0		
5. Current Year	70,605	4,749	20,894	0	0	0	2,194	42,768	0	0		
6. Current Year Member Months	848,582	68,051	250,412	0	0	0	26,749	503,370	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	913,793	43,576	102,124	0	0	0	23,346	744,747	0	0		
8. Non-Physician	354,935	14,529	20,371	0	0	0	8,330	311,705	0	0		
9. Total	1,268,728	58,105	122,495	0	0	0	31,676	1,056,452	0	0		
10. Hospital Patient Days Incurred	93,211	2,031	4,174	0	0	0	741	86,265	0	0		
11. Number of Inpatient Admissions	10,932	399	797	0	0	0	118	9,618	0	0		
12. Health Premiums Written (b)	470,062,978	27,832,995	55,817,221	0	0	0	13,596,390	372,816,372	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	468,356,649	26,121,212	55,822,676	0	0	0	13,596,390	372,816,372	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	406,938,655	28,968,186	46,992,899	0	0	0	13,127,223	317,850,347	0	0		
18. Amount Incurred for Provision of Health Care Services	408,255,860	31,429,181	47,435,379	0	0	0	12,434,444	316,956,856	0	0		

(a) For health business: number of persons insured under PPO managed care products25,542 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$372,816,372

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Arkansas		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	39,593	0	0	0	0	0	0	39,593	0	0		
2. First Quarter	36,663	0	0	0	0	0	0	36,663	0	0		
3. Second Quarter	36,734	0	0	0	0	0	0	36,734	0	0		
4. Third Quarter	36,744	0	0	0	0	0	0	36,744	0	0		
5. Current Year	36,605	0	0	0	0	0	0	36,605	0	0		
6. Current Year Member Months	440,457	0	0	0	0	0	0	440,457	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	595,507	0	0	0	0	0	0	595,507	0	0		
8. Non-Physician	348,341	0	0	0	0	0	0	348,341	0	0		
9. Total	943,848	0	0	0	0	0	0	943,848	0	0		
10. Hospital Patient Days Incurred	77,180	0	0	0	0	0	0	77,180	0	0		
11. Number of Inpatient Admissions	9,138	0	0	0	0	0	0	9,138	0	0		
12. Health Premiums Written (b)	319,941,463	0	0	0	0	0	0	319,941,463	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	319,941,463	0	0	0	0	0	0	319,941,463	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.....	268,388,663	0	0	0	0	521	0	268,388,142	0	0		
18. Amount Incurred for Provision of Health Care Services	270,997,703	0	0	0	0	490	0	270,997,213	0	0		

(a) For health business: number of persons insured under PPO managed care products5,133 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$319,941,463

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Colorado		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	56,145	10,716	24,053	0	0	0	0	21,376	0	0		
2. First Quarter	51,224	9,743	20,448	0	0	0	666	20,367	0	0		
3. Second Quarter	50,069	9,366	19,471	0	0	0	693	20,539	0	0		
4. Third Quarter	48,870	8,936	18,417	0	0	0	728	20,789	0	0		
5. Current Year	47,131	7,976	17,438	0	0	0	763	20,954	0	0		
6. Current Year Member Months	594,197	107,287	231,670	0	0	0	8,328	246,912	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	475,483	63,037	95,095	0	0	0	4,090	313,261	0	0		
8. Non-Physician	279,889	30,933	38,487	0	0	0	1,775	208,694	0	0		
9. Total	755,372	93,970	133,582	0	0	0	5,865	521,955	0	0		
10. Hospital Patient Days Incurred	48,237	3,358	3,749	0	0	0	68	41,062	0	0		
11. Number of Inpatient Admissions	5,829	568	579	0	0	0	23	4,659	0	0		
12. Health Premiums Written (b)	306,122,037	55,186,869	74,770,022	0	0	0	2,843,376	173,321,770	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	300,801,919	49,865,368	74,771,405	0	0	0	2,843,376	173,321,770	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	257,675,568	53,231,648	53,823,170	0	0	0	2,504,957	148,115,793	0	0		
18. Amount Incurred for Provision of Health Care Services	254,271,327	54,750,193	51,629,781	0	0	0	2,475,543	145,415,810	0	0		

(a) For health business: number of persons insured under PPO managed care products19,326 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$173,321,770

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Idaho		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	4,219	0	0	0	0	0	0	4,219	0	0		
2. First Quarter	3,573	0	0	0	0	0	0	3,573	0	0		
3. Second Quarter	3,600	0	0	0	0	0	0	3,600	0	0		
4. Third Quarter	3,652	0	0	0	0	0	0	3,652	0	0		
5. Current Year	3,688	0	0	0	0	0	0	3,688	0	0		
6. Current Year Member Months	43,429	0	0	0	0	0	0	43,429	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	51,710	0	0	0	0	0	0	51,710	0	0		
8. Non-Physician	47,903	0	0	0	0	0	0	47,903	0	0		
9. Total	99,613	0	0	0	0	0	0	99,613	0	0		
10. Hospital Patient Days Incurred	6,755	0	0	0	0	0	0	6,755	0	0		
11. Number of Inpatient Admissions	814	0	0	0	0	0	0	814	0	0		
12. Health Premiums Written (b)	32,784,546	0	0	0	0	0	0	32,784,546	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	32,784,546	0	0	0	0	0	0	32,784,546	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.....	27,335,586	0	0	0	0	0	0	27,335,586	0	0		
18. Amount Incurred for Provision of Health Care Services	27,556,594	0	0	0	0	0	0	27,556,594	0	0		

(a) For health business: number of persons insured under PPO managed care products353 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,784,546

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Illinois		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	101,053	932	15,489	0	0	0	11,037	58,630	14,965	0		
2. First Quarter	104,580	2,211	14,652	0	0	0	8,712	64,328	14,677	0		
3. Second Quarter	104,656	2,074	14,336	0	0	0	8,472	65,256	14,518	0		
4. Third Quarter	104,665	2,006	14,275	0	0	0	8,273	65,955	14,156	0		
5. Current Year	105,656	1,852	14,481	0	0	0	8,098	67,031	14,194	0		
6. Current Year Member Months	1,247,651	23,902	170,735	0	0	0	98,228	784,273	170,513	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,748,466	12,232	85,744	0	0	0	110,242	1,288,446	251,802	0		
8. Non-Physician	832,704	4,746	33,985	0	0	0	41,878	518,562	233,533	0		
9. Total	2,581,170	16,978	119,729	0	0	0	152,120	1,807,008	485,335	0		
10. Hospital Patient Days Incurred	176,048	875	4,090	0	0	0	4,332	152,377	14,374	0		
11. Number of Inpatient Admissions	20,414	124	659	0	0	0	581	17,355	1,695	0		
12. Health Premiums Written (b)	999,761,819	10,242,495	69,521,822	0	0	0	70,936,404	684,498,211	164,562,887	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	1,000,477,755	8,710,382	69,521,822	0	0	0	70,936,404	686,391,846	164,917,300	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	857,142,438	9,576,677	57,417,921	0	0	0	58,541,493	578,976,739	152,629,608	0		
18. Amount Incurred for Provision of Health Care Services	867,237,607	10,275,755	59,092,639	0	0	0	52,403,632	588,987,224	156,478,357	0		

(a) For health business: number of persons insured under PPO managed care products3,150 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$684,498,211

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Indiana		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	31,144	0	5,910	0	0	0	0	25,234	0	0		
2. First Quarter	31,496	0	6,084	0	0	0	0	25,412	0	0		
3. Second Quarter	32,185	0	6,358	0	0	0	0	25,827	0	0		
4. Third Quarter	32,702	0	6,384	0	0	0	0	26,318	0	0		
5. Current Year	33,173	0	6,404	0	0	0	0	26,769	0	0		
6. Current Year Member Months	386,376	0	75,126	0	0	0	0	311,250	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	496,329	0	38,507	0	0	0	0	457,822	0	0		
8. Non-Physician	291,970	0	14,414	0	0	0	0	277,556	0	0		
9. Total	788,299	0	52,921	0	0	0	0	735,378	0	0		
10. Hospital Patient Days Incurred	65,100	0	1,256	0	0	0	0	63,844	0	0		
11. Number of Inpatient Admissions	7,811	0	253	0	0	0	0	7,558	0	0		
12. Health Premiums Written (b)	293,353,201	0	20,520,379	0	0	0	0	272,832,822	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	293,154,866	0	20,322,044	0	0	0	0	272,832,822	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	238,445,542	0	17,712,408	0	0	0	0	220,733,134	0	0		
18. Amount Incurred for Provision of Health Care Services	239,142,935	0	17,741,147	0	0	0	0	221,401,788	0	0		

(a) For health business: number of persons insured under PPO managed care products6,209 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$272,832,822

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kansas		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	28,573	0	2,206	0	0	0	4,937	21,430	0	0		
2. First Quarter	26,519	0	1,992	0	0	0	4,037	20,490	0	0		
3. Second Quarter	26,585	0	2,021	0	0	0	3,976	20,588	0	0		
4. Third Quarter	26,734	0	2,060	0	0	0	3,942	20,732	0	0		
5. Current Year	26,946	0	2,323	0	0	0	3,902	20,721	0	0		
6. Current Year Member Months	318,106	0	23,992	0	0	0	47,043	247,071	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	453,545	0	10,654	0	0	0	42,756	400,135	0	0		
8. Non-Physician	256,413	0	4,445	0	0	0	21,673	230,295	0	0		
9. Total	709,958	0	15,099	0	0	0	64,429	630,430	0	0		
10. Hospital Patient Days Incurred	70,076	0	424	0	0	0	1,731	67,921	0	0		
11. Number of Inpatient Admissions	7,532	0	73	0	0	0	262	7,197	0	0		
12. Health Premiums Written (b)	246,961,438	0	6,582,228	0	0	0	25,882,430	214,496,780	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	246,961,439	0	6,582,228	0	0	0	25,882,430	214,496,780	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	219,104,572	0	5,855,735	0	0	0	24,582,544	188,666,293	0	0		
18. Amount Incurred for Provision of Health Care Services	216,764,145	0	6,475,381	0	0	0	23,321,365	186,967,400	0	0		

(a) For health business: number of persons insured under PPO managed care products4,096 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$214,496,780

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Kentucky		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	257,670	13,218	107,359	0	0	0	1,696	12,516	122,881	0		
2. First Quarter	258,630	14,424	107,538	0	0	0	1,574	12,796	122,298	0		
3. Second Quarter	261,601	12,018	105,087	0	0	0	1,570	12,966	129,960	0		
4. Third Quarter	264,581	11,150	106,331	0	0	0	1,603	13,093	132,404	0		
5. Current Year	268,413	10,143	105,858	0	0	0	1,614	13,253	137,545	0		
6. Current Year Member Months	3,038,861	144,812	1,270,966	0	0	0	18,975	155,798	1,448,310	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	3,966,475	100,628	867,731	0	0	0	15,910	295,987	2,686,219	0		
8. Non-Physician	2,010,140	41,986	338,747	0	0	0	6,919	166,479	1,456,009	0		
9. Total	5,976,615	142,614	1,206,478	0	0	0	22,829	462,466	4,142,228	0		
10. Hospital Patient Days Incurred	244,370	4,248	31,432	0	0	0	458	39,282	168,950	0		
11. Number of Inpatient Admissions	47,621	791	5,518	0	0	0	87	4,387	36,838	0		
12. Health Premiums Written (b)	1,466,454,361	52,471,560	487,935,456	0	0	0	8,585,808	137,094,821	780,366,716	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	1,466,414,344	43,680,990	487,935,552	0	0	0	8,585,808	137,094,821	789,117,173	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	1,326,242,882	56,474,292	412,692,549	0	0	0	7,399,067	116,449,635	733,227,339	0		
18. Amount Incurred for Provision of Health Care Services	1,310,165,881	56,397,844	407,301,290	0	0	0	6,405,141	116,035,559	724,026,047	0		

(a) For health business: number of persons insured under PPO managed care products109,032 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$137,094,821

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Missouri		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	54,273	0	394	0	0	0	0	53,879	0	0		
2. First Quarter	49,542	0	347	0	0	0	0	49,195	0	0		
3. Second Quarter	49,721	0	350	0	0	0	0	49,371	0	0		
4. Third Quarter	49,801	0	351	0	0	0	0	49,450	0	0		
5. Current Year	49,660	0	341	0	0	0	0	49,319	0	0		
6. Current Year Member Months	595,946	0	4,259	0	0	0	0	591,687	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	902,380	0	2,880	0	0	0	0	899,500	0	0		
8. Non-Physician	554,612	0	1,250	0	0	0	0	553,362	0	0		
9. Total	1,456,992	0	4,130	0	0	0	0	1,452,862	0	0		
10. Hospital Patient Days Incurred	138,409	0	205	0	0	0	0	138,204	0	0		
11. Number of Inpatient Admissions	15,885	0	21	0	0	0	0	15,864	0	0		
12. Health Premiums Written (b)	499,908,459	0	2,005,732	0	0	0	0	497,902,727	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	499,911,265	0	2,008,538	0	0	0	0	497,902,727	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	430,485,856	0	1,454,089	0	0	0	(20,207)	429,051,974	0	0		
18. Amount Incurred for Provision of Health Care Services	428,567,065	0	1,412,919	0	0	0	(44,734)	427,198,880	0	0		

(a) For health business: number of persons insured under PPO managed care products2,713 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$497,902,727

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nebraska		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	4,301	0	0	0	0	0	0	4,301	0	0		
2. First Quarter	2,032	0	0	0	0	0	0	2,032	0	0		
3. Second Quarter	1,990	0	0	0	0	0	0	1,990	0	0		
4. Third Quarter	1,960	0	0	0	0	0	0	1,960	0	0		
5. Current Year	1,892	0	0	0	0	0	0	1,892	0	0		
6. Current Year Member Months	23,714	0	0	0	0	0	0	23,714	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	31,747	0	0	0	0	0	0	31,747	0	0		
8. Non-Physician	19,610	0	0	0	0	0	0	19,610	0	0		
9. Total	51,357	0	0	0	0	0	0	51,357	0	0		
10. Hospital Patient Days Incurred	6,340	0	0	0	0	0	0	6,340	0	0		
11. Number of Inpatient Admissions	614	0	0	0	0	0	0	614	0	0		
12. Health Premiums Written (b)	15,654,386	0	0	0	0	0	0	15,654,386	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	15,654,386	0	0	0	0	0	0	15,654,386	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.....	14,724,460	0	0	0	0	0	0	14,724,460	0	0		
18. Amount Incurred for Provision of Health Care Services	13,668,806	0	0	0	0	0	0	13,668,806	0	0		

(a) For health business: number of persons insured under PPO managed care products408 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$15,654,386

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Nevada		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	44,417	0	1,085	0	0	0	0	43,332	0	0		
2. First Quarter	45,410	0	955	0	0	0	0	44,455	0	0		
3. Second Quarter	45,609	0	988	0	0	0	0	44,621	0	0		
4. Third Quarter	45,772	0	963	0	0	0	0	44,809	0	0		
5. Current Year	46,178	0	1,102	0	0	0	0	45,076	0	0		
6. Current Year Member Months	547,671	0	11,739	0	0	0	0	535,932	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	873,560	0	3,123	0	0	0	0	870,437	0	0		
8. Non-Physician	321,203	0	1,537	0	0	0	0	319,666	0	0		
9. Total	1,194,763	0	4,660	0	0	0	0	1,190,103	0	0		
10. Hospital Patient Days Incurred	82,115	0	350	0	0	0	0	81,765	0	0		
11. Number of Inpatient Admissions	10,832	0	39	0	0	0	0	10,793	0	0		
12. Health Premiums Written (b)	603,352,010	0	2,849,912	0	0	0	0	600,502,098	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	603,361,591	0	2,859,493	0	0	0	0	600,502,098	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.....	524,016,541	0	2,653,344	0	0	0	0	521,363,197	0	0		
18. Amount Incurred for Provision of Health Care Services	518,408,038	0	2,683,971	0	0	0	0	515,724,067	0	0		

(a) For health business: number of persons insured under PPO managed care products1,058 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$600,502,098

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		New Mexico		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	5,362	0	0	0	0	0	0	5,362	0	0		
2. First Quarter	6,270	0	0	0	0	0	0	6,270	0	0		
3. Second Quarter	6,402	0	0	0	0	0	0	6,402	0	0		
4. Third Quarter	6,575	0	0	0	0	0	0	6,575	0	0		
5. Current Year	6,609	0	0	0	0	0	0	6,609	0	0		
6. Current Year Member Months	76,944	0	0	0	0	0	0	76,944	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	92,573	0	0	0	0	0	0	92,573	0	0		
8. Non-Physician	66,257	0	0	0	0	0	0	66,257	0	0		
9. Total	158,830	0	0	0	0	0	0	158,830	0	0		
10. Hospital Patient Days Incurred	13,244	0	0	0	0	0	0	13,244	0	0		
11. Number of Inpatient Admissions	1,371	0	0	0	0	0	0	1,371	0	0		
12. Health Premiums Written (b)	53,941,996	0	0	0	0	0	0	53,941,996	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	53,941,996	0	0	0	0	0	0	53,941,996	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	44,313,082	0	0	0	0	0	0	44,313,082	0	0		
18. Amount Incurred for Provision of Health Care Services	45,019,024	0	0	0	0	0	0	45,019,024	0	0		

(a) For health business: number of persons insured under PPO managed care products626 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$53,941,996

30 NM



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

NAIC Group Code	BUSINESS IN THE STATE OF Ohio			DURING THE YEAR 2016						(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
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

HO 00



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		South Carolina		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	51,416	0	0	0	0	0	0	51,416	0	0		
2. First Quarter	51,184	0	0	0	0	0	0	51,184	0	0		
3. Second Quarter	51,513	0	0	0	0	0	0	51,513	0	0		
4. Third Quarter	51,889	0	0	0	0	0	0	51,889	0	0		
5. Current Year	51,692	0	0	0	0	0	0	51,692	0	0		
6. Current Year Member Months	618,176	0	0	0	0	0	0	618,176	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,046,838	0	0	0	0	0	0	1,046,838	0	0		
8. Non-Physician	521,504	0	0	0	0	0	0	521,504	0	0		
9. Total	1,568,342	0	0	0	0	0	0	1,568,342	0	0		
10. Hospital Patient Days Incurred	140,890	0	0	0	0	0	0	140,890	0	0		
11. Number of Inpatient Admissions	14,968	0	0	0	0	0	0	14,968	0	0		
12. Health Premiums Written (b)	517,676,087	0	0	0	0	0	0	517,676,087	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	517,676,087	0	0	0	0	0	0	517,676,087	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.....	437,925,733	0	0	0	0	0	0	437,925,733	0	0		
18. Amount Incurred for Provision of Health Care Services	431,039,656	0	0	0	0	0	0	431,039,656	0	0		

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$517,676,087

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Tennessee		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	7,964	0	7,662	0	0	0	302	0	0	0		
2. First Quarter	6,072	0	5,751	0	0	0	321	0	0	0		
3. Second Quarter	5,711	0	5,379	0	0	0	332	0	0	0		
4. Third Quarter	5,241	0	4,909	0	0	0	332	0	0	0		
5. Current Year	4,571	0	4,222	0	0	0	349	0	0	0		
6. Current Year Member Months	66,642	0	62,680	0	0	0	3,962	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	48,010	0	44,522	0	0	0	3,488	0	0	0		
8. Non-Physician	15,193	0	13,312	0	0	0	1,881	0	0	0		
9. Total	63,203	0	57,834	0	0	0	5,369	0	0	0		
10. Hospital Patient Days Incurred	1,906	0	1,881	0	0	0	25	0	0	0		
11. Number of Inpatient Admissions	270	0	261	0	0	0	9	0	0	0		
12. Health Premiums Written (b)	23,855,711	0	22,257,432	0	0	0	1,598,279	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	23,856,098	0	22,257,819	0	0	0	1,598,279	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	16,831,701	0	15,343,627	0	0	0	1,488,074	0	0	0		
18. Amount Incurred for Provision of Health Care Services	15,202,251	0	13,817,055	0	0	0	1,385,196	0	0	0		

(a) For health business: number of persons insured under PPO managed care products4,222 and number of persons insured under indemnity only products0 .

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

30.TN



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Texas		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	0	0	0	0	0	0	0	0	0	0		
2. First Quarter	103,657	0	0	0	0	0	0	103,657	0	0		
3. Second Quarter	104,682	0	0	0	0	0	0	104,682	0	0		
4. Third Quarter	105,661	0	0	0	0	0	0	105,661	0	0		
5. Current Year	105,634	0	0	0	0	0	0	105,634	0	0		
6. Current Year Member Months	1,252,774	0	0	0	0	0	0	1,252,774	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,690,323	0	0	0	0	0	0	1,690,323	0	0		
8. Non-Physician	985,344	0	0	0	0	0	0	985,344	0	0		
9. Total	2,675,667	0	0	0	0	0	0	2,675,667	0	0		
10. Hospital Patient Days Incurred	218,399	0	0	0	0	0	0	218,399	0	0		
11. Number of Inpatient Admissions	25,311	0	0	0	0	0	0	25,311	0	0		
12. Health Premiums Written (b)	1,113,032,802	0	0	0	0	0	0	1,113,032,802	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	1,113,032,802	0	0	0	0	0	0	1,113,032,802	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	870,521,865	0	0	0	0	0	0	870,521,865	0	0		
18. Amount Incurred for Provision of Health Care Services	963,188,000	0	0	0	0	0	0	963,188,000	0	0		

(a) For health business: number of persons insured under PPO managed care products11,596 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,113,032,802

30.TX



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Virginia		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
		Individual	Group									
Total Members at end of:												
1. Prior Year	57,766	0	0	0	0	0	0	45,567	12,199	0		
2. First Quarter	56,815	0	0	0	0	0	0	44,548	12,267	0		
3. Second Quarter	56,847	0	0	0	0	0	0	44,690	12,157	0		
4. Third Quarter	57,802	0	0	0	0	0	0	45,288	12,514	0		
5. Current Year	59,704	0	0	0	0	0	0	46,104	13,600	0		
6. Current Year Member Months	693,137	0	0	0	0	0	0	540,232	152,905	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	1,268,298	0	0	0	0	0	0	952,883	315,415	0		
8. Non-Physician	1,080,353	0	0	0	0	0	0	652,407	427,946	0		
9. Total	2,348,651	0	0	0	0	0	0	1,605,290	743,361	0		
10. Hospital Patient Days Incurred	119,342	0	0	0	0	0	0	112,407	6,935	0		
11. Number of Inpatient Admissions	13,088	0	0	0	0	0	0	12,492	596	0		
12. Health Premiums Written (b)	665,799,278	0	0	0	0	0	0	536,427,541	129,371,737	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	665,799,278	0	0	0	0	0	0	536,427,541	129,371,737	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.....	577,999,051	0	0	0	0	0	0	454,584,030	123,415,021	0		
18. Amount Incurred for Provision of Health Care Services	578,191,502	0	0	0	0	0	0	454,502,696	123,688,806	0		

(a) For health business: number of persons insured under PPO managed care products1,704 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$536,427,541

30.VA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
		Washington		2016							NAIC Company Code	
		1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year	25,485	0	0	0	0	0	0	25,485	0	0		
2. First Quarter	24,077	0	0	0	0	0	0	24,077	0	0		
3. Second Quarter	24,149	0	0	0	0	0	0	24,149	0	0		
4. Third Quarter	24,288	0	0	0	0	0	0	24,288	0	0		
5. Current Year	24,261	0	0	0	0	0	0	24,261	0	0		
6. Current Year Member Months	289,882	0	0	0	0	0	0	289,882	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	406,815	0	0	0	0	0	0	406,815	0	0		
8. Non-Physician	215,306	0	0	0	0	0	0	215,306	0	0		
9. Total	622,121	0	0	0	0	0	0	622,121	0	0		
10. Hospital Patient Days Incurred	53,864	0	0	0	0	0	0	53,864	0	0		
11. Number of Inpatient Admissions	5,533	0	0	0	0	0	0	5,533	0	0		
12. Health Premiums Written (b)	226,247,639	0	0	0	0	0	0	226,247,639	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	226,247,639	0	0	0	0	0	0	226,247,639	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	184,271,678	0	0	0	0	0	0	184,271,678	0	0		
18. Amount Incurred for Provision of Health Care Services	191,124,287	0	0	0	0	0	0	191,124,287	0	0		

(a) For health business: number of persons insured under PPO managed care products1,375 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$226,247,639

30.WA



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan 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)	
	West Virginia			2016						NAIC Company Code	
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services											
18. Amount Incurred for Provision of Health Care Services											

NONE

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

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

301WV



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Louisville, KY

NAIC Group Code	0119	BUSINESS IN THE STATE OF	(LOCATION)										
			Grand Total			DURING THE YEAR				2016		NAIC Company Code	95885
			1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
Total	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other				
Total Members at end of:													
1. Prior Year	861,463	25,897	183,999	0	0	0	20,834	480,688	150,045	0			
2. First Quarter	951,840	32,845	178,172	0	0	0	17,600	573,981	149,242	0			
3. Second Quarter	958,695	29,495	176,046	0	0	0	17,296	579,223	156,635	0			
4. Third Quarter	963,009	27,669	174,197	0	0	0	17,109	584,960	159,074	0			
5. Current Year	968,163	24,720	173,063	0	0	0	16,920	588,121	165,339	0			
6. Current Year Member Months	11,376,388	344,052	2,101,579	0	0	0	203,285	6,955,744	1,771,728	0			
Total Member Ambulatory Encounters for Year:													
7. Physician	15,534,780	219,473	1,250,380	0	0	0	199,832	10,611,659	3,253,436	0			
8. Non-Physician	8,448,064	92,194	466,548	0	0	0	82,456	5,689,378	2,117,488	0			
9. Total	23,982,844	311,667	1,716,928	0	0	0	282,288	16,301,037	5,370,924	0			
10. Hospital Patient Days Incurred	1,614,686	10,512	47,561	0	0	0	7,355	1,358,999	190,259	0			
11. Number of Inpatient Admissions	204,509	1,882	8,200	0	0	0	1,080	154,218	39,129	0			
12. Health Premiums Written (b)	8,076,182,361	145,733,919	742,260,204	0	0	(13)	123,442,687	5,990,444,224	1,074,301,340	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	8,069,646,272	128,377,952	742,081,578	0	0	(13)	123,442,687	5,992,337,858	1,083,406,210	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	6,894,082,662	148,250,804	613,945,742	0	0	785	107,623,150	5,014,990,213	1,009,271,968	0			
18. Amount Incurred for Provision of Health Care Services	6,970,701,797	152,852,974	607,589,562	0	0	622	98,380,587	5,107,684,843	1,004,193,209	0			

(a) For health business: number of persons insured under PPO managed care products199,767 and number of persons insured under indemnity only products0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$5,990,444,224

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SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
999999 - Totals											

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan 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
37273	39-1338397	10/01/2015	AXIS INSURANCE COMPANY	IL	SSL/A/I	CMM	949,137	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	US DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	SSL/A/I	CMM	616,536	0	0	0	0	0	0
16535	36-4233459	01/01/2016	ZURICH AMERICAN INSURANCE COMPANY	NY	SSL/A/I	CMM	1,626	0	0	0	0	0	0
16535	36-4233459	01/01/2016	ZURICH AMERICAN INSURANCE COMPANY	NY	DTH/A/I	MR	23,135	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							1,590,434	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							1,590,434	0	0	0	0	0	0
1199999. Total General Account Authorized							1,590,434	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
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	MT	QA/A/I	MC	789,117,173	0	0	0	0	0	68,928,968
1999999. General Account - Unauthorized U.S. Non-Affiliates							789,117,173	0	0	0	0	0	68,928,968
2199999. Total General Account - Unauthorized Non-Affiliates							789,117,173	0	0	0	0	0	68,928,968
2299999. Total General Account Unauthorized							789,117,173	0	0	0	0	0	68,928,968
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							790,707,607	0	0	0	0	0	68,928,968
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)							790,707,607	0	0	0	0	0	68,928,968
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							790,707,607	0	0	0	0	0	68,928,968

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols.5+6+7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999			Total General Account - Life and Annuity U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0699999			Total General Account - Life and Annuity Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
0799999			Total General Account - Life and Annuity Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1099999			Total General Account - Life and Annuity Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1199999			Total General Account Life and Annuity	0	0	0	0	0	XXX	0	0	0	0	0
1499999			Total General Account - Accident and Health U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1799999			Total General Account - Accident and Health Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
1899999			Total General Account - Accident and Health Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
00000	00-0000000	11/20/2012	CARESOURCE REINSURANCE LLC	0	75,549,723	0	75,549,723	0		0	68,928,968	0	5,719,735	74,648,703
1999999			General Account - Accident and Health U.S. Non-Affiliates	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703
2199999			Total General Account - Accident and Health Non-Affiliates	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703
2299999			Total General Account Accident and Health	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703
2399999			Total General Account	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703
2699999			Total Separate Accounts - U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
2999999			Total Separate Accounts - Non-U.S. Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3099999			Total Separate Accounts - Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3399999			Total Separate Accounts - Non-Affiliates	0	0	0	0	0	XXX	0	0	0	0	0
3499999			Total Separate Accounts	0	0	0	0	0	XXX	0	0	0	0	0
3599999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703
3699999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)	0	0	0	0	0	XXX	0	0	0	0	0
9999999			Totals	0	75,549,723	0	75,549,723	0	XXX	0	68,928,968	0	5,719,735	74,648,703

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
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 2016	2 2015	3 2014	4 2013	5 2012
A. OPERATIONS ITEMS					
1. Premiums	1,567	2,429	2,582	1,183	981
2. Title XVIII - Medicare	23	(7)	126	109	0
3. Title XIX - Medicaid	789,117	760,709	467,360	86,605	0
4. Commissions and reinsurance expense allowance	67,608	66,255	39,822	0	0
5. Total hospital and medical expenses	733,418	634,817	440,637	81,908	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	5,720	4,658	9,000	0	0
7. Claims payable	76,381	87,085	83,400	11,912	0
8. Reinsurance recoverable on paid losses	10,660	19,105	19,228	0	0
9. Experience rating refunds due or unpaid	0	0	489	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	68,929	121,922	106,400	10,875	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	68,929	121,922	106,400	10,875	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	489	1,619	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,238,440,376	0	1,238,440,376
2. Accident and health premiums due and unpaid (Line 15)	220,377,592	5,719,735	226,097,327
3. Amounts recoverable from reinsurers (Line 16.1)	10,660,085	(10,660,085)	0
4. Net credit for ceded reinsurance	XXX	10,874,946	10,874,946
5. All other admitted assets (Balance)	209,139,859	(464)	209,139,395
6. Total assets (Line 28)	1,678,617,912	5,934,131	1,684,552,043
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	588,645,379	76,380,686	665,026,065
8. Accrued medical incentive pool and bonus payments (Line 2)	3,773,719	0	3,773,719
9. Premiums received in advance (Line 8)	23,309,853	0	23,309,853
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	68,928,968	(68,928,968)	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	901,020	(901,020)	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)	126,327,698	(616,567)	125,711,131
15. Total liabilities (Line 24)	811,886,637	5,934,131	817,820,769
16. Total capital and surplus (Line 33)	866,731,275	XXX	866,731,275
17. Total liabilities, capital and surplus (Line 34)	1,678,617,912	5,934,131	1,684,552,044
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	76,380,686		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	10,660,085		
22. Other ceded reinsurance recoverables	464		
23. Total ceded reinsurance recoverables	87,041,235		
24. Premiums receivable	5,719,735		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	68,928,968		
26. Unauthorized reinsurance	901,020		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	616,567		
30. Total ceded reinsurance payables/offsets	76,166,290		
31. Total net credit for ceded reinsurance	10,874,946		

**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 2016 OF THE Humana Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CAC Medical Center Holdings, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	DS	CHA Service Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2043965				Humana Behavioral Health, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	TX	IA	Empheys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3580066				Humana at Home (MA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52028	36-3654697				Humana Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan 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	RE	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-0647538			NYSE	Humana Inc.	DE	LOP	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1238538				Humco, Inc.	KY	DS	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Humana Behavioral Health, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	100.000	Humana Inc.		2
.0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0119	Humana Inc.	..00000	01-0766084				Humana At Home (San Antonio), Inc.	..TX	..NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	..VA	..NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	59-2518701				SeniorBridge-Florida, LLC	..FL	..NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	74-2352809				Texas Dental Plans, Inc.	..TX	..NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..54739	52-1157181				The Dental Concern, Inc.	..KY	..IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	75-2600512				Humana at Home (TLC), Inc.	..TX	..NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	80-0072760				Transcend Insights, Inc.	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.		..0
..0119	Humana Inc.	..00000	46-5329373				Transcend Population Health Management, LLC	..DE	..NIA	Humana Inc.	Ownership	100.000	Humana Inc.		..0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%.

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan 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	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(554,140)	0		0	(554,140)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	189	0		0	189	0
00000	20-5309363	515-526 W MainSt Condo Council of Co-Owners	0	0	0	0	16	0		0	16	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	426,219	0		0	426,219	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,619,090	0		0	3,619,090	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	(11,715,875)	0		0	(11,715,875)	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	175,000,000	0	0	(47,015,287)	0		0	127,984,713	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(392,811)	0		0	(392,811)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(18,555,203)	0		0	(18,555,203)	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	(578,411)	0		0	(578,411)	0
95092	59-2598550	CarePlus Health Plans, Inc.	142,500,000	0	0	0	(70,910,454)	0		0	71,589,546	0
95754	62-1579044	Cariten Health Plan Inc.	20,000,000	0	0	0	(136,588,351)	0		0	(116,588,351)	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(12,536,222)	0		0	(12,536,222)	0
00000	61-1279716	CHA Service Company	0	0	0	0	16	0		0	16	0
52015	59-2531815	CompBenefits Company	8,000,000	0	0	0	(24,606,212)	0		0	(16,606,212)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	1,033,213	0		0	1,033,213	0
11228	36-3686002	CompBenefits Dental, Inc.	450,000	0	0	0	(3,932,063)	0		0	(3,482,063)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(10,613)	0		0	(10,613)	0
60984	74-2552026	CompBenefits Insurance Company	3,050,000	0	0	0	(16,561,927)	0		0	(13,511,927)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(6,179,982)	0		0	(6,179,982)	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	961,562	0		0	961,562	0
00000	59-2716023	Continucare Corporation	0	0	0	0	(3,389,975)	0		0	(3,389,975)	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	3,771,157	0		0	3,771,157	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	1,904,007	0		0	1,904,007	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(1,531,599)	0		0	(1,531,599)	0
00000	20-8236655	Corphealth Provider Link, Inc.	0	0	0	0	7,705	0		0	7,705	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	146,676	0		0	146,676	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	13,850	0		0	13,850	0
95161	76-0039628	DentiCare, Inc.	2,500,000	0	0	0	(8,840,096)	0		0	(6,340,096)	0
88595	31-0935772	EmpheSys Insurance Company	0	0	0	0	8,236	0		0	8,236	0
00000	61-1237697	EmpheSys, Inc.	0	0	0	0	122	0		0	122	0
00000	27-4535747	Go365, LLC	0	0	0	0	(43,782,674)	0		0	(43,782,674)	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(26,832,495)	0		0	(26,832,495)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	(565,706)	0		0	(565,706)	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	(36)	0		0	(36)	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	384	0		0	384	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	460	0		0	460	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(1,644)	0		0	(1,644)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(97,810)	0		0	(97,810)	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	(395,073)	0		0	(395,073)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(8,811,475)	0		0	(8,811,475)	0

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Health Plan Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	28,893	0		0	28,893	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(112,817,226)	0		0	(112,817,226)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(1,739,279)	0		0	(1,739,279)	0
00000	75-2043865	Humana Behavioral Health, Inc.	30,000,000	0	0	0	(12,736,111)	0		0	17,263,889	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	0	0	0	(96,560,031)	0		0	(96,560,031)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	4,133,600	0		0	4,133,600	0
52028	36-3654697	Humana Dental Concern, Ltd.	0	0	0	0	(36,506)	0		0	(36,506)	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	0	0	0	0	(24,287,029)	0		0	(24,287,029)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(55,925,951)	0		0	(55,925,951)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	0	0	0	0	(216,094,573)	0		0	(216,094,573)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	10,000,000	0	0	(10,950,122)	0		0	(950,122)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	25,000,000	0	0	0	167,772,319	0		0	192,772,319	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	0	0	0	6,669,749	0		0	6,669,749	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(52,741,585)	0		0	(52,741,585)	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	22,000,000	0	0	0	45,775,508	0		0	67,775,508	0
95885	61-1013183	Humana Health Plan, Inc.	0	210,000,000	0	0	(739,922,356)	0		0	(529,922,356)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	16,835,878	0		0	16,835,878	0
00000	61-0647538	Humana Inc.	(763,000,000)	(980,000,000)	0	0	2,792,840,056	0		0	1,049,840,056	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	311,109	0		0	311,109	0
73288	39-1263473	Humana Insurance Company	364,000,000	0	0	0	(259,041,808)	(39,878,818)		0	65,079,374	30,675,431
60219	61-1311685	Humana Insurance Company of Kentucky	0	0	0	0	6,189,217	39,802,929		0	45,992,146	(30,675,431)
12634	20-2888723	Humana Insurance Company of New York	0	15,000,000	0	0	(28,871,639)	0		0	(13,871,639)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(16,835,871)	0		0	(16,835,871)	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	474,181,001	0		0	474,181,001	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	10,000,000	0	0	(13,069,267)	0		0	(3,069,267)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	0	0	(5,530,135)	0		0	(5,530,135)	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(1,661,161)	0		0	(1,661,161)	0
95270	61-1103898	Humana Medical Plan, Inc.	100,000,000	0	0	0	(878,930,222)	0		0	(778,930,222)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(96,275,424)	0		0	(96,275,424)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(346,861,766)	0		0	(346,861,766)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	(2,819,646)	0		0	(2,819,646)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(1,867,724)	0		0	(1,867,724)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	(6,700)	0		0	(6,700)	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	25,000,000	0	0	(53,984,078)	0		0	(28,984,078)	0
70580	39-0714280	HumanaDental Insurance Company	40,000,000	0	0	0	(4,618,050)	75,889		0	35,457,839	0
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	2,123,534	0		0	2,123,534	0
00000	61-1239538	Humco, Inc.	0	0	0	0	302	0		0	302	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	554,377	0		0	554,377	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	1,783,769	0		0	1,783,769	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
65110	57-0380426	Kanawha Insurance Company	0	535,000,000	0	0	(46,783,805)	0		0	488,216,195	0
00000	20-1377270	KMG America Corporation	0	0	0	0	14,336	0		0	14,336	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	61-1232669	Managed Care Indemnity, Inc.	3,500,000	.0	.0	.0	(2,253,312)	.0		.0	1,246,688	.0
00000	65-0879131	METCARE of Florida, Inc.	.0	.0	.0	.0	(4,301,903)	.0		.0	(4,301,903)	.0
00000	65-0635728	Metropolitan Health Networks, Inc.	.0	.0	.0	.0	538,122	.0		.0	538,122	.0
00000	65-0992582	Naples Health Care Specialists, LLC	.0	.0	.0	.0	189	.0		.0	189	.0
00000	65-0688221	Nursing Solutions, LLC	.0	.0	.0	.0	189	.0		.0	189	.0
00000	62-1552091	PHP Companies, Inc.	.0	.0	.0	.0	61,081	.0		.0	61,081	.0
00000	62-1250945	Preferred Health Partnership, Inc.	.0	.0	.0	.0	45	.0		.0	45	.0
00000	20-1724127	Preservation on Main, Inc.	.0	.0	.0	.0	2,103,125	.0		.0	2,103,125	.0
00000	46-1225873	Primary Care Holdings, Inc.	.0	.0	.0	.0	10,888,350	.0		.0	10,888,350	.0
00000	75-2844854	ROHC, L.L.C.	.0	.0	.0	.0	(269,467)	.0		.0	(269,467)	.0
00000	56-2593719	SeniorBridge (NC), Inc.	.0	.0	.0	.0	(7,096,334)	.0		.0	(7,096,334)	.0
00000	80-0581269	SeniorBridge Care Management, Inc.	.0	.0	.0	.0	(340,937)	.0		.0	(340,937)	.0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	.0	.0	.0	.0	(1,935,174)	.0		.0	(1,935,174)	.0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	.0	.0	.0	.0	(374,737)	.0		.0	(374,737)	.0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	.0	.0	.0	.0	(163,613)	.0		.0	(163,613)	.0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	.0	.0	.0	.0	(1,398,062)	.0		.0	(1,398,062)	.0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	.0	.0	.0	.0	(5,582,581)	.0		.0	(5,582,581)	.0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	.0	.0	.0	.0	(397,063)	.0		.0	(397,063)	.0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	.0	.0	.0	.0	(395,997)	.0		.0	(395,997)	.0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	.0	.0	.0	.0	(1,918,861)	.0		.0	(1,918,861)	.0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	.0	.0	.0	.0	(108,148)	.0		.0	(108,148)	.0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	.0	.0	.0	.0	(366,179)	.0		.0	(366,179)	.0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	.0	.0	.0	.0	(1,597,059)	.0		.0	(1,597,059)	.0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	.0	.0	.0	.0	(713,430)	.0		.0	(713,430)	.0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	.0	.0	.0	.0	(4,064,138)	.0		.0	(4,064,138)	.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	(111,157)	.0		.0	(111,157)	.0
54739	52-1157181	The Dental Concern, Inc.	2,000,000	.0	.0	.0	(6,757,568)	.0		.0	(4,757,568)	.0
00000	80-0072760	Transcend Insights, Inc.	.0	.0	.0	.0	21,602,302	.0		.0	21,602,302	.0
00000	46-5329373	Transcend Population Health Management, LLC	.0	.0	.0	.0	(800,412)	.0		.0	(800,412)	.0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

MARCH FILING	
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING	
21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING	
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:	
11. This type of business is not written.	
12. This type of business is not written.	
13. This type of business is not written.	
14. This type of business is not written.	
15. This type of business is not written.	
16. This type of business is not written.	
17. This type of business is not written.	
18. No relief will be requested.	
19. No relief will be requested.	
20. No relief will be requested.	
21. This type of business is not written.	
22. This type of business is not written.	
23. This type of business is not written.	

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	
12. Life Supplement [Document Identifier 205]	
13. Property/Casualty Supplement [Document Identifier 207]	
14. SIS Stockholder Information Supplement [Document Identifier 420]	
15. Participating Opinion for Exhibit 5 [Document Identifier 371]	
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
17. Medicare Part D Coverage Supplement [Document Identifier 365]	
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

19. Relief from the one-year cooling off period for independent CPA
[Document Identifier 225]



20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



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