



HEALTH ANNUAL STATEMENT

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

Humana Regional Health Plan, Inc. f/k/a Arkansas Community Care, Inc.

NAIC Group Code 0119 0119 NAIC Company Code 12282 Employer's ID Number 20-2036444
(Current) (Prior)

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No []

Incorporated/Organized 12/09/2004 Commenced Business 01/01/2006

Statutory Home Office c/oCSC300 Spring Bldg, Ste 900, 300 Spring St., Little Rock, AR, US 72201
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 500 W. 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 W. 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 Mallory Seeker, 502-580-3357
(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 Arnold, Vice President</u> | <u>Alan James Bailey, VP & Treasurer</u> | <u>Elizabeth Diane Bierbower, Pres. Group Segment</u> |
| <u>Jonathan Albert Canine, VP & Appointed Actuary</u> | <u>John Gregory Catron, VP & Chief Compliance Officer</u> | <u>Jeffrey Carl Fernandez, Segment VP, Medicare: West</u> |
| <u>Brian Phillip LeClaire, Ph.D., Sr. VP & Chief Info Officer</u> | <u>Steven Edward McCulley, SVP, Medicare Operations</u> | <u>William Mark Preston, VP-Investment Management</u> |
| <u>Richard Donald Remmers, VP, Group Segment</u> | <u>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

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 | 233,729 | 1,354,108 | 0 | 433,304 | 233,729 | 230,347 |
| 2. Claim overpayment receivables | 540 | 0 | 0 | 194 | 540 | 540 |
| 3. Loans and advances to providers | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Capitation arrangement receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Risk sharing receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Other health care receivables..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Totals (Lines 1 through 6) | 234,269 | 1,354,108 | 0 | 433,498 | 234,269 | 230,887 |

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 | 62,020 | 3,557 | 32 | 8 | 0 | 65,617 |
| 0399999. Aggregate accounts not individually listed-covered | 467,914 | 26,836 | 239 | 63 | 0 | 495,052 |
| 0499999. Subtotals | 529,934 | 30,393 | 271 | 71 | 0 | 560,669 |
| 0599999. Unreported claims and other claim reserves | | | | | | 2,264,553 |
| 0699999. Total amounts withheld | | | | | | 0 |
| 0799999. Total claims unpaid | | | | | | 2,825,222 |
| | | | | | | |
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| | | | | | | |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 388,031 |

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 | 6,626,295 | 26.1 | 2,939 | 100.0 | 0 | 6,626,295 |
| 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 | 6,626,295 | 26.1 | 2,939 | 100.0 | 0 | 6,626,295 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 104,125 | 0.4 | XXX | XXX | 0 | 104,125 |
| 6. Contractual fee payments | 18,686,918 | 73.5 | XXX | XXX | 0 | 18,686,918 |
| 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 | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 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 | 18,791,043 | 73.9 | XXX | XXX | 0 | 18,791,043 |
| 13. TOTAL (Line 4 plus Line 12) | 25,417,338 | 100% | XXX | XXX | 0 | 25,417,338 |

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 and Equipment Owned

NONE



ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan, Inc. f/k/a Arkansas Community Care, Inc.

2. Little Rock, AR

(LOCATION)

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | Arkansas | | DURING THE YEAR | | | | | 2016 | | NAIC Company Code | | 12282 |
|---|---|--------------------------|------------------------------------|-------|-----------------|---|---|---|---|------|--------|---------------------|-------------|-------------|
| | | | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | | |
| | | | 2 | 3 | | | | | | | | Medicare Supplement | Vision Only | Dental Only |
| | | 1 | Individual | Group | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | | |
| 1. | Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. | First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3. | Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. | Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. | Current Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. | Current Year Member Months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | | |
| 7. | Physician | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 8. | Non-Physician | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 0 | 0 |
| 9. | Total | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| 10. | Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. | Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. | Health Premiums Written (b) | 54,413 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54,413 | 0 | 0 | 0 |
| 13. | Life Premiums Direct | 0 | 0 | 0 | 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 | 0 | 0 | 0 |
| 15. | Health Premiums Earned | 54,413 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54,413 | 0 | 0 | 0 |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. | Amount Paid for Provision of Health Care Services | 150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 150 | 0 | 0 | 0 |
| 18. | Amount Incurred for Provision of Health Care Services | 49 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 49 | 0 | 0 | 0 |

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$54,413

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan, Inc. f/k/a Arkansas Community Care, Inc.

2. Little Rock, AR

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | | DURING THE YEAR | | | | | | | (LOCATION) | | |
|---|------------|--------------------------|------------------------------------|---------------------|-------------|-------------|---------------------------------------|----------------------|--------------------|-------|-------------------|--|-------|
| | | Oklahoma | | 2016 | | | | | | | NAIC Company Code | | 12282 |
| | | 1 | Comprehensive (Hospital & Medical) | | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | |
| | Total | 2 | 3 | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | | | |
| Total Members at end of: | | | | | | | | | | | | | |
| 1. Prior Year | 2,439 | 0 | 0 | 0 | 0 | 0 | 0 | 2,439 | 0 | 0 | | | |
| 2. First Quarter | 2,773 | 0 | 0 | 0 | 0 | 0 | 0 | 2,773 | 0 | 0 | | | |
| 3. Second Quarter | 2,831 | 0 | 0 | 0 | 0 | 0 | 0 | 2,831 | 0 | 0 | | | |
| 4. Third Quarter | 2,897 | 0 | 0 | 0 | 0 | 0 | 0 | 2,897 | 0 | 0 | | | |
| 5. Current Year | 2,939 | 0 | 0 | 0 | 0 | 0 | 0 | 2,939 | 0 | 0 | | | |
| 6. Current Year Member Months | 34,061 | 0 | 0 | 0 | 0 | 0 | 0 | 34,061 | 0 | 0 | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. Physician | 54,337 | 0 | 0 | 0 | 0 | 0 | 0 | 54,337 | 0 | 0 | | | |
| 8. Non-Physician | 32,543 | 0 | 0 | 0 | 0 | 0 | 0 | 32,543 | 0 | 0 | | | |
| 9. Total | 86,880 | 0 | 0 | 0 | 0 | 0 | 0 | 86,880 | 0 | 0 | | | |
| 10. Hospital Patient Days Incurred | 7,672 | 0 | 0 | 0 | 0 | 0 | 0 | 7,672 | 0 | 0 | | | |
| 11. Number of Inpatient Admissions | 887 | 0 | 0 | 0 | 0 | 0 | 0 | 887 | 0 | 0 | | | |
| 12. Health Premiums Written (b) | 30,546,904 | 0 | 0 | 0 | 0 | 0 | 0 | 30,546,904 | 0 | 0 | | | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | |
| 15. Health Premiums Earned | 30,546,904 | 0 | 0 | 0 | 0 | 0 | 0 | 30,546,904 | 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 | 25,417,188 | 0 | 0 | 0 | 0 | 0 | 0 | 25,417,188 | 0 | 0 | | | |
| 18. Amount Incurred for Provision of Health Care Services | 26,471,238 | 0 | 0 | 0 | 0 | 0 | 0 | 26,471,238 | 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 \$30,546,904

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

NONE

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

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

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Regional Health Plan, Inc. f/k/a Arkansas Community Care, Inc.

2. Little Rock, AR

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF | (LOCATION) | | | | | | | | | | |
|---|---|--------------------------|-------------|------------------------------------|-----------------|--------------------------|------------------|------------------|--|---------------------------|-------------------------|-------------------|-------|
| | | | Grand Total | | DURING THE YEAR | | | | | 2016 | | NAIC Company Code | 12282 |
| | | | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | |
| | | 2 Individual | 3 Group | | | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | | | |
| 1. | Prior Year | 2,439 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,439 | 0 | 0 | |
| 2. | First Quarter | 2,773 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,773 | 0 | 0 | |
| 3. | Second Quarter | 2,831 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,831 | 0 | 0 | |
| 4. | Third Quarter | 2,897 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,897 | 0 | 0 | |
| 5. | Current Year | 2,939 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2,939 | 0 | 0 | |
| 6. | Current Year Member Months | 34,061 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 34,061 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | | | |
| 7. | Physician | 54,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54,338 | 0 | 0 | |
| 8. | Non-Physician | 32,546 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 32,546 | 0 | 0 | |
| 9. | Total | 86,884 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 86,884 | 0 | 0 | |
| 10. | Hospital Patient Days Incurred | 7,672 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,672 | 0 | 0 | |
| 11. | Number of Inpatient Admissions | 887 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 887 | 0 | 0 | |
| 12. | Health Premiums Written (b) | 30,601,317 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30,601,317 | 0 | 0 | |
| 13. | Life Premiums Direct | 0 | 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 | 0 | |
| 15. | Health Premiums Earned | 30,601,317 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 30,601,317 | 0 | 0 | |
| 16. | Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. | Amount Paid for Provision of Health Care Services | 25,417,338 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 25,417,338 | 0 | 0 | |
| 18. | Amount Incurred for Provision of Health Care Services | 26,471,287 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 26,471,287 | 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 \$30,601,317

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Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

Schedule S - Part 6

NONE

Schedule S - Part 7

NONE

**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

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 | .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 | IA | CHA Service Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 04-3185995 | | | | CompBenefits Corporation | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .11228 | 36-3886002 | | | | 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 | | | | Empheysys Insurance Company | TX | IA | Empheysys, Inc. | Ownership | 100.000 | Humana Inc. | | .0 |
| .0119 | Humana Inc. | .00000 | 61-1237697 | | | | Empheysys, 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 |

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
|------------|-------------|-------------------|------------|--------------|-----|--|---|----------------------|----------------------------------|--|--|--|--|----------------------------------|----|
| Group Code | Group Name | NAIC Company Code | ID Number | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or International) | Names of Parent, Subsidiaries Or Affiliates | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | * |
| .0119 | Humana Inc. | 95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 95885 | 61-1013183 | | | | Humana Health Plan, Inc. | KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | 95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-0647538 | | | NYSE | Humana Inc. | DE | | 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 | RE | 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 | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| .0119 | Humana Inc. | .00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | 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 Regional Health Plan Inc. f/k/a Arkansas Community Care 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%. |

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 | 0.00 | 0 | (554,140) | 0 |
| 00000 | 20-0381804 | 1st Choice Home Health Care, LLC | 0 | 0 | 0 | 0 | 189 | 0 | 0.00 | 0 | 189 | 0 |
| 00000 | 20-5309363 | 515-526 W MainSt Condo Council of Co-Owners | 0 | 0 | 0 | 0 | 16 | 0 | 0.00 | 0 | 16 | 0 |
| 00000 | 65-0293220 | 54th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | 426,219 | 0 | 0.00 | 0 | 426,219 | 0 |
| 00000 | 45-3818750 | American Eldercare of North Florida, LLC | 0 | 0 | 0 | 0 | 3,619,090 | 0 | 0.00 | 0 | 3,619,090 | 0 |
| 00000 | 65-0380198 | American Eldercare, Inc. | 0 | 0 | 0 | 0 | (11,715,875) | 0 | 0.00 | 0 | (11,715,875) | 0 |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | 0 | 175,000,000 | 0 | 0 | (47,015,287) | 0 | 0.00 | 0 | 127,984,713 | 0 |
| 00000 | 59-3715944 | Availity, L.L.C. | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 30-0117876 | CAC Medical Center Holdings, Inc. | 0 | 0 | 0 | 0 | (392,811) | 0 | 0.00 | 0 | (392,811) | 0 |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | 0 | 0 | 0 | 0 | (18,555,203) | 0 | 0.00 | 0 | (18,555,203) | 0 |
| 00000 | 26-0815856 | Care Partners Home Care, LLC | 0 | 0 | 0 | 0 | 189 | 0 | 0.00 | 0 | 189 | 0 |
| 00000 | 39-1514846 | CareNetwork, Inc. | 0 | 0 | 0 | 0 | (578,411) | 0 | 0.00 | 0 | (578,411) | 0 |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | 142,500,000 | 0 | 0 | 0 | (70,910,454) | 0 | 0.00 | 0 | 71,589,546 | 0 |
| 95754 | 62-1579044 | Cariten Health Plan Inc. | 20,000,000 | 0 | 0 | 0 | (136,588,351) | 0 | 0.00 | 0 | (116,588,351) | 0 |
| 95158 | 61-1279717 | CHA HMO, Inc. | 0 | 0 | 0 | 0 | (12,536,222) | 0 | 0.00 | 0 | (12,536,222) | 0 |
| 00000 | 61-1279716 | CHA Service Company | 0 | 0 | 0 | 0 | 16 | 0 | 0.00 | 0 | 16 | 0 |
| 52015 | 59-2531815 | CompBenefits Company | 8,000,000 | 0 | 0 | 0 | (24,606,212) | 0 | 0.00 | 0 | (16,606,212) | 0 |
| 00000 | 04-3185995 | CompBenefits Corporation | 0 | 0 | 0 | 0 | 1,033,213 | 0 | 0.00 | 0 | 1,033,213 | 0 |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | 450,000 | 0 | 0 | 0 | (3,932,063) | 0 | 0.00 | 0 | (3,482,063) | 0 |
| 00000 | 58-2228851 | CompBenefits Direct, Inc. | 0 | 0 | 0 | 0 | (10,613) | 0 | 0.00 | 0 | (10,613) | 0 |
| 60984 | 74-2552026 | CompBenefits Insurance Company | 3,050,000 | 0 | 0 | 0 | (16,561,927) | 0 | 0.00 | 0 | (13,511,927) | 0 |
| 00000 | 45-3713941 | Complex Clinical Management, Inc. | 0 | 0 | 0 | 0 | (6,179,982) | 0 | 0.00 | 0 | (6,179,982) | 0 |
| 00000 | 42-1575099 | Comprehensive Health Insights, Inc. | 0 | 0 | 0 | 0 | 961,562 | 0 | 0.00 | 0 | 961,562 | 0 |
| 00000 | 59-2716023 | Continucare Corporation | 0 | 0 | 0 | 0 | (3,389,975) | 0 | 0.00 | 0 | (3,389,975) | 0 |
| 00000 | 20-5646291 | Continucare MDHC, LLC | 0 | 0 | 0 | 0 | 3,771,157 | 0 | 0.00 | 0 | 3,771,157 | 0 |
| 00000 | 65-0791417 | Continucare Medical Management, Inc. | 0 | 0 | 0 | 0 | 1,904,007 | 0 | 0.00 | 0 | 1,904,007 | 0 |
| 00000 | 65-0780986 | Continucare MSO, Inc. | 0 | 0 | 0 | 0 | (1,531,599) | 0 | 0.00 | 0 | (1,531,599) | 0 |
| 00000 | 20-8236655 | Corphealth Provider Link, Inc. | 0 | 0 | 0 | 0 | 7,705 | 0 | 0.00 | 0 | 7,705 | 0 |
| 00000 | 33-0916248 | DefenseWeb Technologies, Inc. | 0 | 0 | 0 | 0 | 146,676 | 0 | 0.00 | 0 | 146,676 | 0 |
| 00000 | 36-3512545 | Dental Care Plus Management Corp. | 0 | 0 | 0 | 0 | 13,850 | 0 | 0.00 | 0 | 13,850 | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | 2,500,000 | 0 | 0 | 0 | (8,840,096) | 0 | 0.00 | 0 | (6,340,096) | 0 |
| 88595 | 31-0935772 | Empheysis Insurance Company | 0 | 0 | 0 | 0 | 8,236 | 0 | 0.00 | 0 | 8,236 | 0 |
| 00000 | 61-1237697 | Empheysis, Inc. | 0 | 0 | 0 | 0 | 122 | 0 | 0.00 | 0 | 122 | 0 |
| 00000 | 27-4535747 | Go365, LLC | 0 | 0 | 0 | 0 | (43,782,674) | 0 | 0.00 | 0 | (43,782,674) | 0 |
| 00000 | 27-1649291 | Harris, Rothenberg International Inc. | 0 | 0 | 0 | 0 | (26,832,495) | 0 | 0.00 | 0 | (26,832,495) | 0 |
| 00000 | 61-1223418 | Health Value Management, Inc. | 0 | 0 | 0 | 0 | (565,706) | 0 | 0.00 | 0 | (565,706) | 0 |
| 00000 | 46-4912173 | HRI Humana of California Inc. | 0 | 0 | 0 | 0 | (36) | 0 | 0.00 | 0 | (36) | 0 |
| 00000 | 26-3592783 | HUM Provider Holdings, LLC | 0 | 0 | 0 | 0 | 384 | 0 | 0.00 | 0 | 384 | 0 |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | 0 | 0 | 0 | 0 | 460 | 0 | 0.00 | 0 | 460 | 0 |
| 00000 | 75-2739333 | Humana At Home (Dallas), Inc. | 0 | 0 | 0 | 0 | (1,644) | 0 | 0.00 | 0 | (1,644) | 0 |
| 00000 | 76-0537878 | Humana At Home (Houston), Inc. | 0 | 0 | 0 | 0 | (97,810) | 0 | 0.00 | 0 | (97,810) | 0 |
| 00000 | 04-3580066 | Humana at Home (MA), Inc. | 0 | 0 | 0 | 0 | (395,073) | 0 | 0.00 | 0 | (395,073) | 0 |
| 00000 | 01-0766084 | Humana At Home (San Antonio), Inc. | 0 | 0 | 0 | 0 | (8,811,475) | 0 | 0.00 | 0 | (8,811,475) | 0 |

ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care 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 | 0.00 | 0 | 28,893 | 0 |
| 00000 | 65-0274594 | Humana at Home 1, Inc. | 0 | 0 | 0 | 0 | (112,817,226) | 0 | 0.00 | 0 | (112,817,226) | 0 |
| 00000 | 13-4036798 | Humana at Home, Inc. | 0 | 0 | 0 | 0 | (1,739,279) | 0 | 0.00 | 0 | (1,739,279) | 0 |
| 00000 | 75-2043865 | Humana Behavioral Health, Inc. | 30,000,000 | 0 | 0 | 0 | (12,736,111) | 0 | 0.00 | 0 | 17,263,889 | 0 |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois, Inc. | 0 | 0 | 0 | 0 | (96,560,031) | 0 | 0.00 | 0 | (96,560,031) | 0 |
| 00000 | 59-1843760 | Humana Dental Company | 0 | 0 | 0 | 0 | 4,133,600 | 0 | 0.00 | 0 | 4,133,600 | 0 |
| 52028 | 36-3654697 | Humana Dental Concern, Ltd. | 0 | 0 | 0 | 0 | (36,506) | 0 | 0.00 | 0 | (36,506) | 0 |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA, Inc. | 0 | 0 | 0 | 0 | (24,287,029) | 0 | 0.00 | 0 | (24,287,029) | 0 |
| 00000 | 61-1241225 | Humana Government Business, Inc. | 0 | 0 | 0 | 0 | (55,925,951) | 0 | 0.00 | 0 | (55,925,951) | 0 |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc. | 0 | 0 | 0 | 0 | (216,094,573) | 0 | 0.00 | 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 | 0.00 | 0 | (950,122) | 0 |
| 69671 | 61-1041514 | Humana Health Ins. Co. of Florida, Inc. | 25,000,000 | 0 | 0 | 0 | 167,772,319 | 0 | 0.00 | 0 | 192,772,319 | 0 |
| 00000 | 26-3473328 | Humana Health Plan of California, Inc. | 0 | 0 | 0 | 0 | 6,669,749 | 0 | 0.00 | 0 | 6,669,749 | 0 |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | 0 | 0 | 0 | 0 | (52,741,585) | 0 | 0.00 | 0 | (52,741,585) | 0 |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | 22,000,000 | 0 | 0 | 0 | 45,775,508 | 0 | 0.00 | 0 | 67,775,508 | 0 |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | 0 | 210,000,000 | 0 | 0 | (739,922,356) | 0 | 0.00 | 0 | (529,922,356) | 0 |
| 00000 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 16,835,878 | 0 | 0.00 | 0 | 16,835,878 | 0 |
| 00000 | 61-0647538 | Humana Inc. | (763,000,000) | (980,000,000) | 0 | 0 | 2,792,840,056 | 0 | 0.00 | 0 | 1,049,840,056 | 0 |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | 0 | 0 | 0 | 0 | 311,109 | 0 | 0.00 | 0 | 311,109 | 0 |
| 73288 | 39-1263473 | Humana Insurance Company | 364,000,000 | 0 | 0 | 0 | (259,041,808) | (39,878,818) | 0.00 | 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 | 0.00 | 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 | 0.00 | 0 | (13,871,639) | 0 |
| 00000 | 66-0291866 | Humana Insurance of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | (16,835,871) | 0 | 0.00 | 0 | (16,835,871) | 0 |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | 0 | 0 | 0 | 0 | 474,181,001 | 0 | 0.00 | 0 | 474,181,001 | 0 |
| 00000 | 27-3991410 | Humana Medical Plan of Michigan, Inc. | 0 | 10,000,000 | 0 | 0 | (13,069,267) | 0 | 0.00 | 0 | (3,069,267) | 0 |
| 14462 | 27-4660531 | Humana Medical Plan of Pennsylvania, Inc. | 0 | 0 | 0 | 0 | (5,530,135) | 0 | 0.00 | 0 | (5,530,135) | 0 |
| 12908 | 20-8411422 | Humana Medical Plan of Utah, Inc. | 0 | 0 | 0 | 0 | (1,661,161) | 0 | 0.00 | 0 | (1,661,161) | 0 |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | 100,000,000 | 0 | 0 | 0 | (878,930,222) | 0 | 0.00 | 0 | (778,930,222) | 0 |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | 0 | 0 | 0 | 0 | (96,275,424) | 0 | 0.00 | 0 | (96,275,424) | 0 |
| 00000 | 61-1316926 | Humana Pharmacy, Inc. | 0 | 0 | 0 | 0 | (346,861,766) | 0 | 0.00 | 0 | (346,861,766) | 0 |
| 12282 | 20-2036444 | Humana Regional Health Plan, Inc. | 0 | 0 | 0 | 0 | (2,819,646) | 0 | 0.00 | 0 | (2,819,646) | 0 |
| 00000 | 20-8418853 | Humana Veterans Healthcare Services, Inc. | 0 | 0 | 0 | 0 | (1,867,724) | 0 | 0.00 | 0 | (1,867,724) | 0 |
| 00000 | 26-4522426 | Humana WellWorks LLC | 0 | 0 | 0 | 0 | (6,700) | 0 | 0.00 | 0 | (6,700) | 0 |
| 95342 | 39-1525003 | Humana Wisc. Health Org. Ins. Corp. | 0 | 25,000,000 | 0 | 0 | (53,984,078) | 0 | 0.00 | 0 | (28,984,078) | 0 |
| 70580 | 39-0714280 | HumanaDental Insurance Company | 40,000,000 | 0 | 0 | 0 | (4,618,050) | 75,889 | 0.00 | 0 | 35,457,839 | 0 |
| 00000 | 61-1364005 | HumanaDental, Inc. | 0 | 0 | 0 | 0 | 2,123,534 | 0 | 0.00 | 0 | 2,123,534 | 0 |
| 00000 | 61-1239538 | Humco, Inc. | 0 | 0 | 0 | 0 | 302 | 0 | 0.00 | 0 | 302 | 0 |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | 0 | 0 | 0 | 0 | 554,377 | 0 | 0.00 | 0 | 554,377 | 0 |
| 00000 | 86-1050795 | Hummingbird Coaching Systems LLC | 0 | 0 | 0 | 0 | 1,783,769 | 0 | 0.00 | 0 | 1,783,769 | 0 |
| 00000 | 39-1769093 | Independent Care Health Plan | 0 | 0 | 0 | 0 | 0 | 0 | 0.00 | 0 | 0 | 0 |
| 65110 | 57-0380426 | Kanawha Insurance Company | 0 | 535,000,000 | 0 | 0 | (46,783,805) | 0 | 0.00 | 0 | 488,216,195 | 0 |
| 00000 | 20-1377270 | KMG America Corporation | 0 | 0 | 0 | 0 | 14,336 | 0 | 0.00 | 0 | 14,336 | 0 |

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ANNUAL STATEMENT FOR THE YEAR 2016 OF THE Humana Regional Health Plan Inc. f/k/a Arkansas Community Care 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 | 61-1232669 | Managed Care Indemnity, Inc. | 3,500,000 | 0 | 0 | 0 | (2,253,312) | 0 | 0.00 | 0 | 1,246,688 | 0 |
| 00000 | 65-0879131 | METCARE of Florida, Inc. | 0 | 0 | 0 | 0 | (4,301,903) | 0 | 0.00 | 0 | (4,301,903) | 0 |
| 00000 | 65-0635728 | Metropolitan Health Networks, Inc. | 0 | 0 | 0 | 0 | 538,122 | 0 | 0.00 | 0 | 538,122 | 0 |
| 00000 | 65-0992582 | Naples Health Care Specialists, LLC | 0 | 0 | 0 | 0 | 189 | 0 | 0.00 | 0 | 189 | 0 |
| 00000 | 65-0688221 | Nursing Solutions, LLC | 0 | 0 | 0 | 0 | 189 | 0 | 0.00 | 0 | 189 | 0 |
| 00000 | 62-1552091 | PHP Companies, Inc. | 0 | 0 | 0 | 0 | 61,081 | 0 | 0.00 | 0 | 61,081 | 0 |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | 0 | 0 | 0 | 0 | 45 | 0 | 0.00 | 0 | 45 | 0 |
| 00000 | 20-1724127 | Preservation on Main, Inc. | 0 | 0 | 0 | 0 | 2,103,125 | 0 | 0.00 | 0 | 2,103,125 | 0 |
| 00000 | 46-1225873 | Primary Care Holdings, Inc. | 0 | 0 | 0 | 0 | 10,888,350 | 0 | 0.00 | 0 | 10,888,350 | 0 |
| 00000 | 75-2844854 | ROHC, L.L.C. | 0 | 0 | 0 | 0 | (269,467) | 0 | 0.00 | 0 | (269,467) | 0 |
| 00000 | 56-2593719 | SeniorBridge (NC), Inc. | 0 | 0 | 0 | 0 | (7,096,334) | 0 | 0.00 | 0 | (7,096,334) | 0 |
| 00000 | 80-0581269 | SeniorBridge Care Management, Inc. | 0 | 0 | 0 | 0 | (340,937) | 0 | 0.00 | 0 | (340,937) | 0 |
| 00000 | 46-0702349 | SeniorBridge Family Companies (AZ), Inc. | 0 | 0 | 0 | 0 | (1,935,174) | 0 | 0.00 | 0 | (1,935,174) | 0 |
| 00000 | 45-3039782 | SeniorBridge Family Companies (CA), Inc. | 0 | 0 | 0 | 0 | (374,737) | 0 | 0.00 | 0 | (374,737) | 0 |
| 00000 | 27-0452360 | SeniorBridge Family Companies (CT), Inc. | 0 | 0 | 0 | 0 | (163,613) | 0 | 0.00 | 0 | (163,613) | 0 |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | 0 | 0 | 0 | 0 | (1,398,062) | 0 | 0.00 | 0 | (1,398,062) | 0 |
| 00000 | 02-0660212 | SeniorBridge Family Companies (IL), Inc. | 0 | 0 | 0 | 0 | (5,582,581) | 0 | 0.00 | 0 | (5,582,581) | 0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc. | 0 | 0 | 0 | 0 | (397,063) | 0 | 0.00 | 0 | (397,063) | 0 |
| 00000 | 81-0557727 | SeniorBridge Family Companies (MD), Inc. | 0 | 0 | 0 | 0 | (395,997) | 0 | 0.00 | 0 | (395,997) | 0 |
| 00000 | 46-0677759 | SeniorBridge Family Companies (MO), Inc. | 0 | 0 | 0 | 0 | (1,918,861) | 0 | 0.00 | 0 | (1,918,861) | 0 |
| 00000 | 36-4484449 | SeniorBridge Family Companies (NJ), Inc. | 0 | 0 | 0 | 0 | (108,148) | 0 | 0.00 | 0 | (108,148) | 0 |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | 0 | 0 | 0 | 0 | (366,179) | 0 | 0.00 | 0 | (366,179) | 0 |
| 00000 | 20-0260501 | SeniorBridge Family Companies (OH), Inc. | 0 | 0 | 0 | 0 | (1,597,059) | 0 | 0.00 | 0 | (1,597,059) | 0 |
| 00000 | 38-3643832 | SeniorBridge Family Companies (PA), Inc. | 0 | 0 | 0 | 0 | (713,430) | 0 | 0.00 | 0 | (713,430) | 0 |
| 00000 | 46-0691871 | SeniorBridge Family Companies (VA), Inc. | 0 | 0 | 0 | 0 | (4,064,138) | 0 | 0.00 | 0 | (4,064,138) | 0 |
| 00000 | 59-2518701 | SeniorBridge-Florida, LLC | 0 | 0 | 0 | 0 | 189 | 0 | 0.00 | 0 | 189 | 0 |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | 0 | 0 | 0 | 0 | (111,157) | 0 | 0.00 | 0 | (111,157) | 0 |
| 54739 | 52-1157181 | The Dental Concern, Inc. | 2,000,000 | 0 | 0 | 0 | (6,757,568) | 0 | 0.00 | 0 | (4,757,568) | 0 |
| 00000 | 80-0072760 | Transcend Insights, Inc. | 0 | 0 | 0 | 0 | 21,602,302 | 0 | 0.00 | 0 | 21,602,302 | 0 |
| 00000 | 46-5329373 | Transcend Population Health Management, LLC | 0 | 0 | 0 | 0 | (800,412) | 0 | 0.00 | 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] |  |
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| 17. Medicare Part D Coverage Supplement [Document Identifier 365] |  |
| 18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224] |  |

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19. Relief from the one-year cooling off period for independent CPA
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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
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