



HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2002
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code	0119 (Current Period)	0119 (Prior Period)	NAIC Company Code	95348	Employer's ID Number	31-1154200	
Organized under the Laws of			Ohio	State of Domicile or Port of Entry			Ohio
Country of Domicile							United States of America
Licensed as business type:			Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []		
			Vision Service Corporation []	Other []	Health Maintenance Organization [X]		
			Hospital, Medical & Dental Service or Indemnity []	Is HMO, Federally Qualified? Yes [X] No []			
Incorporated		08/19/1985	Commenced Business		03/10/1979		
Statutory Home Office		655 Eden Park Drive, Suite 400 (Street and Number)			Cincinnati, OH 45202 (City or Town, State and Zip Code)		
Main Administrative Office		655 Eden Park Drive, Suite 400 (Street and Number)	513-784-5320 (Area Code) (Telephone Number)				
		Cincinnati, OH 45202 (City or Town, State and Zip Code)					
Mail Address		P.O. Box 740036 (Street and Number or P.O. Box)			Louisville, KY 40201-7436 (City or Town, State and Zip Code)		
Primary Location of Books and Records		655 Eden Park Drive, Suite 400 (Street and Number)	513-784-5320 (Area Code) (Telephone Number)				
		Cincinnati, OH 45202 (City or Town, State and Zip Code)					
Internet Website Address		www.humana.com					
Statement Contact		Murray Gipe (Name)	502-580-1548 (Area Code) (Telephone Number) (Extension)				
		mgipe@humana.com (E-mail Address)	502-580-2099 (FAX Number)				
Policyowner Relations Contact		655 Eden Park Drive, Suite 400 (Street and Number)	655 Eden Park Drive, Suite 400 (Street and Number)		800-448-6262 (Area Code) (Telephone Number) (Extension)		
		Cincinnati, OH 45202 (City or Town, State and Zip Code)					
OFFICERS							
President and CEO	Michael Benedict McCallister		Secretary		Joan Olliges Lenahan		
VP and Treasurer	Brett James McIntyre						
VICE PRESIDENTS							
George Grant Bauernfeind	John Michael Bertko		James Harry Bloem				
Douglas Rogers Carlisle	Thomas Joseph Liston		Heidi Suzanne Margulis				
Steven Oscar Moya	Walter Emerson Neely		Kathleen Stephenson Pellegrino				
Stephen Lance Ringel	Robert Eugene Shields		Sharon Elaine Ware				
Larry Dale Savage, CEO Cincinnati Mkt							
DIRECTORS OR TRUSTEES							
Kenneth John Fasola	Jonathan Thomas Lord, M.D.		Michael Benedict McCallister				
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.

Michael Benedict McCallister
President and CEO

Joan Olliges Lenahan
Secretary

Brett James McIntyre
VP and Treasurer

Subscribed and sworn to before me this
1st day of May, 2002

Julia Basham
Notary Public
January 10, 2005

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

ASSETS

	Current Period			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets	4 Net Admitted Assets
1. Bonds	71,837,042		71,837,042	64,929,831
2. Stocks:				
2.1 Preferred stocks	5,549,603		5,549,603	7,537,452
2.2 Common stocks				
3. Mortgage loans on real estate:				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)			(a)	
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 20,555,051) and short-term investments	28,670,403		28,670,403	20,676,757
(\$ 8,115,352)				
6. Other long-term invested assets	2,000,000		2,000,000	2,000,000
7. Receivable for securities				
8. Aggregate write-ins for invested assets				
9. Subtotals, cash and invested assets (Lines 1 to 8)	108,057,048		108,057,048	95,144,040
10. Accident and health premiums due and unpaid	5,608,130	104,770	5,503,360	3,375,477
11. Health care receivables			0	604,957
12. Amounts recoverable from reinsurers				
13. Net adjustment in assets and liabilities due to foreign exchange rates				
14. Investment income due and accrued	1,014,410		1,014,410	1,011,525
15. Amounts due from parent, subsidiaries and affiliates				4,201,224
16. Amounts receivable relating to uninsured accident and health plans	1,060,327	261,000	799,327	1,077,132
17. Furniture and equipment	1,618,643	1,618,643		
18. Amounts due from agents				
19. Federal and foreign income tax recoverable and interest thereon (including \$ 2,903,694 net deferred tax asset)	6,924,693	4,020,999	2,903,694	2,903,694
20. Electronic data processing equipment and software	685,386		685,386	651,153
21. Other nonadmitted assets	733,783	733,783		
22. Aggregate write-ins for other than invested assets	777,500	777,500		
23. Total assets (Lines 9 plus 10 through 22)	126,479,920	7,516,695	118,963,225	108,969,202
DETAILS OF WRITE-INS				
0801.				
0802.				
0803.				
0898. Summary of remaining write-ins for Line 8 from overflow page				
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above)				
2201. OTHER CURRENT RECEIVABLES	152,958	152,958	0	0
2202. PREPAID COMMISSIONS	603,450	603,450	0	0
2203. PREPAID EXPENSES	21,092	21,092	0	0
2298. Summary of remaining write-ins for Line 22 from overflow page				
2299. Totals (Lines 2201 thru 2203 plus 2298) (Line 22 above)	777,500	777,500		

(a) \$ health care delivery assets included in Line 4.1, Column 3

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	34,148,859	39,390	34,188,249	30,779,740
2. Accrued medical incentive pool and bonus payments	1,512,612		1,512,612	2,023,688
3. Unpaid claims adjustment expenses	923,725		923,725	831,731
4. Aggregate policy reserves	285,000		285,000	285,000
5. Aggregate claim reserves	23,773	27	23,800	25,119
6. Premiums received in advance	7,151,862		7,151,862	5,617,064
7. General expenses due or accrued	13,778,537		13,778,537	12,110,670
8. Federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses) (including \$ net deferred tax liability)				
9. Amounts withheld or retained for the account of others	299,364		299,364	833,814
10. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)				
11. Amounts due to parent, subsidiaries and affiliates	481,997		481,997	
12. Payable for securities	2,410,786		2,410,786	
13. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)				
14. Reinsurance in unauthorized companies				
15. Net adjustments in assets and liabilities due to foreign exchange rates				
16. Liability for amounts held under uninsured accident and health plans				
17. Aggregate write-ins for other liabilities (including \$ current)	969,340		969,340	721,825
18. Total liabilities (Lines 1 to 17)	61,985,854	39,417	62,025,271	53,228,651
19. Common capital stock	XXX	XXX	1,000	1,000
20. Preferred capital stock	XXX	XXX		
21. Gross paid in and contributed surplus	XXX	XXX	12,601,893	12,601,893
22. Surplus notes	XXX	XXX		
23. Aggregate write-ins for other than special surplus funds	XXX	XXX		
24. Unassigned funds (surplus)	XXX	XXX	44,335,061	43,137,658
25. Less treasury stock, at cost:				
25.1 shares common (value included in Line 19) \$)	XXX	XXX		
25.2 shares preferred (value included in Line 20) \$)	XXX	XXX		
26. Total capital and surplus (Lines 19 to 25)	XXX	XXX	56,937,954	55,740,551
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	118,963,225	108,969,202
DETAILS OF WRITE-INS				
1701. UNCLAIMED PROPERTY	259,946		259,946	259,945
1702. THIRD PARTY CONTINGENCIES	434,956		434,956	333,761
1703. MISCELLANEOUS	274,438		274,438	128,118
1798. Summary of remaining write-ins for Line 17 from overflow page				
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	969,340		969,340	721,825
2301.	XXX	XXX		
2302.	XXX	XXX		
2303.	XXX	XXX		
2398. Summary of remaining write-ins for Line 23 from overflow page	XXX	XXX		
2399. Totals (Lines 2301 thru 2303 plus 2398) (Line 23 above)	XXX	XXX		

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year to Date		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	582,376	2,256,907
2. Net premium income	XXX	102,125,605	367,606,357
3. Change in unearned premium reserves and reserve for rate credits	XXX		
4. Fee-for-service (net of \$ medical expenses)	XXX		
5. Risk revenue	XXX		
6. Aggregate write-ins for other health care related revenues	XXX	432	4,598
7. Total revenues (Lines 2 to 6)	XXX	102,126,037	367,610,955
Medical and Hospital:			
8. Hospital/medical benefits	82,650	49,537,322	173,227,525
9. Other professional services	10,633	36,812,155	136,764,907
10. Outside referrals			
11. Emergency room and out-of-area	6,440	155,681	950,809
12. Prescription drugs			
13. Aggregate write-ins for other medical and hospital		49,602	1,201,554
14. Incentive pool and withhold adjustments			
15. Subtotal (Lines 8 to 14)	99,723	86,554,759	312,144,794
Less:			
16. Net reinsurance recoveries			
17. Total medical and hospital (Lines 15 minus 16)	99,723	86,554,759	312,144,794
18. Claims adjustment expenses		2,335,639	7,479,506
19. General administrative expenses.....		13,729,971	45,001,256
20. Increase in reserves for accident and health contracts			285,000
21. Total underwriting deductions (Lines 17 through 20)	99,723	102,620,370	364,910,557
22. Net underwriting gain or (loss) (Lines 7 minus 21)	XXX	(494,333)	2,700,398
23. Net investment income earned		1,107,746	4,583,863
24. Net realized capital gains or (losses)		151,087	1,402,976
25. Net investment gains or (losses) (Lines 23 plus 24)		1,258,832	5,986,838
26. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			
27. Aggregate write-ins for other income or expenses		478	19,691
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27)		764,978	8,706,928
29. Federal and foreign income taxes incurred	XXX	(692,640)	(2,189,969)
30. Net income (loss) (Lines 28 minus 29)	XXX	1,457,618	10,896,897
DETAILS OF WRITE-INS			
0601. MISCELLANEOUS HEALTH CARE REVENUE.....	XXX	432	4,598
0602.	XXX		
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX		
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	432	4,598
1301.			
1302.			
1303.			
1398. Summary of remaining write-ins for Line 13 from overflow page			
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)			
2701. MISCELLANEOUS INCOME.....		478	17,605
2702. GAIN/(LOSS) ON DISPOSAL.....			2,086
2703.			
2798. Summary of remaining write-ins for Line 27 from overflow page			
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)		478	19,691

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year to Date	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
31. Capital and surplus prior reporting period	55,740,551	40,864,486
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
32. Net income or (loss) from Line 30	1,457,618	10,896,897
33. Change in valuation basis of aggregate policy and claim reserves		
34. Net unrealized capital gains and losses	50,617	522,155
35. Change in net unrealized foreign exchange capital gain or (loss)		
36. Change in net deferred income tax		(3,920,327)
37. Change in nonadmitted assets	(310,831)	8,237,691
38. Change in unauthorized reinsurance		
39. Change in treasury stock		
40. Change in surplus notes		
41. Cumulative effect of changes in accounting principles		(860,351)
42. Capital Changes:		
42.1 Paid in		
42.2 Transferred from surplus (Stock Dividend)		
42.3 Transferred to surplus		
43. Surplus adjustments:		
43.1 Paid in		
43.2 Transferred to capital (Stock Dividend)		
43.3 Transferred from capital		
44. Dividends to stockholders		
45. Aggregate write-ins for gains or (losses) in surplus		
46. Net change in capital & surplus (Lines 32 to 45)	1,197,404	14,876,065
47. Capital and surplus end of reporting period (Line 31 plus 46)	56,937,955	55,740,551
DETAILS OF WRITE-INS		
4501.		
4502.		
4503.		
4598. Summary of remaining write-ins for Line 45 from overflow page		
4599. Totals (Lines 4501 thru 4503 plus 4598) (Line 45 above)		

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

CASH FLOW

	1 Current Year to Date	2 Prior Year
Cash from Operations		
1. Premiums and revenues collected net of reinsurance	101,533,342	372,036,033
2. Claims and claims adjustment expenses	85,902,291	321,016,423
3. General administrative expenses paid	12,045,300	44,350,821
4. Other underwriting income (expenses)	432	4,598
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4)	3,586,183	6,673,387
6. Net investment income	1,201,610	4,956,669
7. Other income (expenses)	478	19,691
8. Federal and foreign income taxes (paid) recovered	692,640	2,189,969
9. Net cash from operations (Lines 5 to 8)	5,480,911	13,839,716
Cash from Investments		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds	21,107,175	97,615,493
10.2 Stocks	0	
10.3 Mortgage loans		
10.4 Real estate		
10.5 Other invested assets		
10.6 Net gains or (losses) on cash and short-term investments		
10.7 Miscellaneous proceeds		
10.8 Total investment proceeds (Lines 10.1 to 10.7)	21,107,175	97,615,493
11. Cost of investments acquired (long-term only):		
11.1 Bonds	25,921,582	90,936,942
11.2 Stocks		
11.3 Mortgage loans		
11.4 Real estate		
11.5 Other invested assets		
11.6 Miscellaneous applications		
11.7 Total investments acquired (Lines 11.1 to 11.6)	25,921,582	90,936,942
12. Net Cash from investments (Line 10.8 minus Line 11.7)	(4,814,407)	6,678,551
Cash from Financing and Miscellaneous Sources		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in		
13.2 Net transfers from affiliates	4,683,221	
13.3 Borrowed funds received		
13.4 Other cash provided	3,464,279	5,256,872
13.5 Total (Lines 13.1 to 13.4)	8,147,500	5,256,872
14. Cash applied:		
14.1 Dividends to stockholders paid		
14.2 Net transfers to affiliates		
14.3 Borrowed funds repaid		
14.4 Other applications	820,357	11,338,414
14.5 Total (Lines 14.1 to 14.4)	820,357	11,338,414
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5)	7,327,143	(6,081,542)
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15)	7,993,647	14,436,725
17. Cash and short-term investments:		
17.1 Beginning of period	20,676,757	6,240,032
17.2 End of period (Line 16 plus Line 17.1)	28,670,404	20,676,757

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	190,638			190,638						
2. First Quarter	193,212			193,212						
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months	582,376			582,376						
Total Member Ambulatory Encounters for Period:										
7. Physician	6,545			6,545						
8. Non-Physician	1,972			1,972						
9. Total	8,517			8,517						
10. Hospital Patient Days Incurred	12,705			12,705						
11. Number of Inpatient Admissions	3,149			3,149						
12. Premiums Collected	101,533,342			101,533,342						
13. Premiums Earned	102,125,605			102,125,605						
14. Amount Paid for Provision of Health Care Services	85,658,647			85,550,012				108,635		
15. Amount Incurred for Provision of Health Care Services	86,554,759			86,544,921				9,838		

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

CLAIMS PAYABLE (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 Payable (Reported)						
0199999 Individually Listed Claims Payable						
0299999 Aggregate Accounts Not Individually Listed-Uncovered						
0399999 Aggregate Accounts Not Individually Listed-Covered	39,159	18,029	3,363	4,240	38,709	103,500
0499999 Subtotals	39,159	18,029	3,363	4,240	38,709	103,500
0599999 Unreported Claims and Other Claim Reserves	XXX	XXX	XXX	XXX	XXX	34,084,749
0699999 Total Amounts Withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total Claims Payable	XXX	XXX	XXX	XXX	XXX	34,188,249
0899999 Accrued Medical Incentive Pool	XXX	XXX	XXX	XXX	XXX	1,512,612

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical)	26,966,405	56,029,435	3,620,154	30,557,805	30,586,559	30,678,480
2. Medicare Supplement						
3. Dental Only						
4. Vision Only						
5. Federal Employees Health Benefits Plan Premiums						
6. Title XVIII - Medicare	32,318	69,809	34,090		66,408	126,379
7. Title XIX - Medicaid						
8. Other						
9. Subtotal	26,998,723	56,099,244	3,654,244	30,557,805	30,652,967	30,804,859
10. Medical incentive pools, accruals and disbursements		(52,447)		1,512,612		1,410,563
11. Totals	26,998,723	56,046,797	3,654,244	32,070,417	30,652,967	32,215,422

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

Statement as of March 31, 2002 of the Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The Ohio Insurance Department recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual, version effective January 1, 2001, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices.

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

2002		
1. Net Income, Ohio basis:	\$	1,457,618
2. State Prescribed Practices (Income):	\$	0
3. State Permitted Practices (Income):	\$	0
Net Income, NAIC SAP	\$	<u>1,457,618</u>
4. Statutory Surplus, Ohio basis:	\$	56,937,955
5. State Prescribed Practices (Surplus):	\$	0
6. State Permitted Practices (Surplus):	\$	0
Statutory Surplus, NAIC SAP	\$	<u>56,937,955</u>

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

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

The Company recognizes premium income from members in the period of health care coverage. Premiums billed and collected in advance are recorded as advance premium. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred.

U.S. Treasury obligations and state and municipal securities are valued at cost or, where discounts or premiums exist, at amortized cost; certificates of deposit are carried at cost; common stocks are market value, and preferred stocks as prescribed by the Securities Valuation Office.

Bonds not backed by other loans are stated at amortized cost using the interest method.

Preferred stocks are carried at cost.

Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liability are continually reviewed and any adjustments are reflected in the period determined.

NOTES TO FINANCIAL STATEMENTS

Statement as of March 31, 2002 of the Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

2. Accounting Changes and Corrections of Errors

The Company prepares its statutory financial statements in conformity with accounting practices prescribed or permitted by the State of Ohio. Effective January 1, 2001, the State of Ohio required that insurance companies domiciled in the State of Ohio, prepare their statutory basis financial statements in accordance with the NAIC Accounting Practices and Procedures manual, effective January 1, 2001, subject to any deviations prescribed or permitted by the State of Ohio insurance commissioner.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

Not Applicable.

E. Repurchase Agreements

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

- a. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10% of its admitted assets.
- b. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Investment income due and accrued was non-admitted when over 90 days past due.
- B. The total amount excluded was \$0.

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

8. Derivative Instruments

Not Applicable.

10.1

Statement as of March 31, 2002 of the Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

No material change since year end December 31, 2001.

10. Information Concerning Parent, Subsidiaries and Affiliates

As detailed in Schedule Y, the Company is part of a holding company system, with Humana Inc., being the ultimate parent.

11. Debt

A. Capital Notes

The Company has no capital notes outstanding.

B. All other Debt

The Company has no debentures outstanding.

The Company does not have any reverse repurchase agreements

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

A. Defined Benefit Plan

Not Applicable.

B. Defined Contribution Plan

Not Applicable.

C. Multiemployer Plans

Not Applicable.

D. Consolidated/Holding Company Plans

No material change since year end December 31, 2001.

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

- 1) The company has none par value common stock with 1,000,000 shares authorized and 200,000 shares issued and outstanding.
- 2) The Company has no preferred stock outstanding.
- 3) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution which, together with other dividends or distribution made within the preceding twelve months, exceeds the lesser of (a) ten percent of the Plan's policyholder surplus as of December 31 of the prior year, or (b) the net income, for the twelve month period ending December 31 of the prior year.
- 4) Within the limitations of (3) above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.
- 5) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 6) Not Applicable.
- 7) Not Applicable.
- 8) Not Applicable.
- 9) The portion of unassigned funds (surplus) represented or reduced by each item below is as follow:

NOTES TO FINANCIAL STATEMENTS

a. Unrealized gains and (losses):	\$ 85,463
b. Nonadmitted asset values:	\$ 7,516,695
c. Provision for reinsurance:	\$ 0

10) Not Applicable.
 11) Not Applicable.
 12) Not Applicable.

14. Contingencies

During the ordinary course of business, the Plan is subject to pending and threatened legal actions. Management of the Plan does not believe that any of these actions will have a material adverse effect on the Plan's admitted assets, liabilities, and surplus, results of operations or cash flows.

The Company is not aware of any other material contingent liabilities as of March 31, 2002.

10.2

Statement as of March 31, 2002 of the Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

15. Leases

No material change since year end December 31, 2001.

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

1) The Company has no investment in Financial Instruments with Off Balance Sheet Risk.
 2) The Company has no investment in Financial Instruments with Concentration Credit Risk.

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

Not Applicable.

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

A. ASO Plan:

The gain from operations from ASO uninsured plans and the uninsured portion of partially insured plans was as follows during 2002:

	(1) ASO Uninsured Plans	(2) Uninsured Portion of Partially Insured Plans	(3) Total ASO
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses.	\$ 4,265,956	\$ 0	\$ 4,265,956
b. Total net other income or expenses (including interest paid to or received from plans).	\$ (1,833,250)	\$ 0	\$ (1,833,250)
c. Net gain or (loss) from operations.	\$ 2,432,706	\$ 0	\$ 2,432,706
d. Total claim payment volume.	\$ 29,963,360	\$ 0	\$ 29,963,360

B. ASC Plan:

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract:

Not Applicable.

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

10.3

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

Not Applicable.

20. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures

None

21. Events Subsequent

The Company is not aware of any events occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition.

10.3

Statement as of March 31, 2002 of the Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

22. Reinsurance

A. Unsecured Reinsurance Recoverables

The Company does not have an unsecured aggregate recoverable for losses, paid and unpaid including IBNR, loss adjustment expenses and unearned premium with any individual reinsurers, authorized or unauthorized, that exceeds 3% of the Company's policyholder surplus.

B. Reinsurance Recoverable in Dispute

Not Applicable.

C. Reinsurance Assumed and Ceded

Not Applicable.

D. Uncollectible Reinsurance

Not Applicable.

E. Commutation of Ceded Reinsurance

Not Applicable.

F. Retroactive Reinsurance

Not Applicable.

23. Retrospectively Rated Contracts

Not Applicable.

24. Salvage and Subrogation

Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

No material change since year end December 31, 2001.

26. Organization and Operation

Humana Health Plan of Ohio, Inc. (the "Company") is organized as a group model, an IPA model and a network model.

NOTES TO FINANCIAL STATEMENTS

The subscriber contracts of the Company consist of employer group contracts.

The Company is a wholly-owned subsidiary of Humana Inc. ("Humana") and is licensed to do business in the state of Indiana, Kentucky and Ohio. The Company offers coordinated health insurance coverage as a health maintenance organization (HMO). An HMO provides prepaid health insurance coverage to its members through a network of independent primary care physicians, specialty physicians and other health care providers who contract with the HMO to furnish such services. Primary care physicians generally include internists, family practitioners and pediatricians. Generally, access to specialty physicians and other health care providers must be approved by the member's primary care physician. These other health care providers include, among others, hospitals, nursing homes, home health agencies, pharmacies, mental health and substance abuse centers, diagnostic centers, optometrists, outpatient surgery centers, dentists, urgent care centers and durable medical equipment suppliers. Because access to these other health care providers must generally be approved by the primary care physician, the HMO product is the most restrictive form of managed care.

The location of the books and records is Louisville, Kentucky.

27. Minimum Net Worth

Under regulation 27-13-12-3 of the state of Indiana, the Company is required to maintain net worth of \$26,210,341. The Company as of March 31, 2002 reports net worth of \$56,937,955. The Indiana state regulation is quoted because Indiana has the highest net worth requirement of all the states where the Company maintains a license.

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.**GENERAL INTERROGATORIES**

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

**PART 1 - COMMON INTERROGATORIES
GENERAL**

1.1 Did the reporting entity implement any significant accounting policy changes which would require disclosure in the Notes to the Financial Statements? Yes [] No [X]

1.2 If yes, explain:

.....

2.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes [] No [X]

2.2 If yes, has the report been filed with the domiciliary state? Yes [] No []

3.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [] No [X]

3.2 If yes, date of change: If not previously filed, furnish herewith a certified copy of the instrument as amended.

4. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]

If yes, attach an organizational chart.

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]

5.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....
.....

6. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes [] No [X] NA []

If yes, attach an explanation.

7.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 06/30/2001

7.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/1994

7.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 06/24/1996

7.4 By what department or departments?

OH Dept of Insurance

.....

8.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.) Yes [] No [X]

8.2 If yes, give full information:

.....

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

GENERAL INTERROGATORIES

(Responses to these interrogatories should be based on changes that have occurred since the prior year end unless otherwise noted.)

INVESTMENT

9.1 Has there been any change in the reporting entity's own preferred or common stock? Yes [] No [X]

9.2 If yes, explain:

.....

10.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [] No [X]

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

.....

11. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

12. Amount of real estate and mortgages held in short-term investments: \$ 0

13.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No [X]

13.2 If yes, please complete the following:

	1 Prior Year-End Statement Value	2 Current Quarter Statement Value
13.21 Bonds	\$	\$
13.22 Preferred Stock	\$	\$
13.23 Common Stock	\$	\$
13.24 Short-term Investments	\$	\$
13.25 Mortgages, Loans or Real Estate	\$	\$
13.26 All Other	\$	\$
13.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 13.21 to 13.26)	\$	\$
13.28 Total Investment in Parent included in Lines 13.21 to 13.26 above	\$	\$
13.29 Receivable from Parent not included in Lines 13.21 to 13.26 above	\$	\$

14.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

14.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No []

If no, attach a description with this statement.

15. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 - General, Section IV.H - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [X] No []

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

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase.....	4 New York Plaza, 4th floor New York, NY 10004.....

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

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

15.3 Have there been any changes, including name changes in the custodian(s) identified in 15.1 during the current year? Yes [] No [X]

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

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

15.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
.....

SCHEDULE A - VERIFICATION

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period				
2. Increase (decrease) by adjustment				
3. Cost of acquired				
4. Cost of additions to and permanent improvements				
5. Total profit (loss) on sales				
6. Increase (decrease) by foreign exchange adjustment				
7. Amount received on sales				
8. Book/adjusted carrying value at end of current period				
9. Total valuation allowance				
10. Subtotal (Lines 8 plus 9)				
11. Total nonadmitted amounts				
12. Statement value, current period (Page 2, real estate lines, current period)				

NONE**SCHEDULE B - VERIFICATION**

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/recorded investment excluding accrued interest on mortgages owned, beginning of period				
2. Amount loaned during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount and mortgage interest points and commitment fees				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period				
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)				
12. Total nonadmitted amounts				
13. Statement value of mortgages owned at end of current period				

SCHEDULE BA - VERIFICATION

Other Invested Assets Included in Schedule BA

	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value of long-term invested assets owned, beginning of period	2,000,000			2,000,000
2. Cost of acquisitions during period:				
2.1. Actual cost at time of acquisitions				
2.2. Additional investment made after acquisitions				
3. Accrual of discount				
4. Increase (decrease) by adjustment				
5. Total profit (loss) on sale				
6. Amounts paid on account or in full during the period				
7. Amortization of premium				
8. Increase (decrease) by foreign exchange adjustment				
9. Book/adjusted carrying value of long-term invested assets at end of current period	2,000,000			2,000,000
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)	2,000,000			2,000,000
12. Total nonadmitted amounts				
13. Statement value of long-term invested assets at end of current period	2,000,000			2,000,000

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Statement Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Statement Value End of First Quarter	6 Statement Value End of Second Quarter	7 Statement Value End of Third Quarter	8 Statement Value December 31 Prior Year
BONDS								
1. Class 1	72,513,553	55,954,134	55,286,482	(371,844)	72,809,361			72,513,553
2. Class 2	5,943,455	1,739,814	961,501	267,162	6,988,930			5,943,455
3. Class 3		154,125		(21)	154,104			
4. Class 4								
5. Class 5								
6. Class 6								
7. Total Bonds	78,457,008	57,848,073	56,247,983	(104,703)	79,952,395			78,457,008
PREFERRED STOCK								
8. Class 1	5,304,941		1,000,000	27,151	4,332,092			5,304,941
9. Class 2	2,232,511		1,038,466	23,466	1,217,511			2,232,511
10. Class 3								
11. Class 4								
12. Class 5								
13. Class 6								
14. Total Preferred Stock	7,537,452		2,038,466	50,617	5,549,603			7,537,452
15. Total Bonds and Preferred Stock	85,994,460	57,848,073	58,286,449	(54,086)	85,501,998			85,994,460

SCHEDULE DA - PART 1

Short-Term Investments Owned End of Current Quarter					
	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Amount of Interest Received Current Quarter	5 Paid for Accrued Interest
80999999 Totals	8,115,351	XXX	8,123,305	113,230	39,667

SCHEDULE DA - PART 2- Verification

	Short-Term Investments Owned	1 First Quarter Current Year	2 Second Quarter Current Year	3 Third Quarter Current Year	4 Prior Year Ended December 31
1. Book/adjusted carrying value, beginning of period	13,527,176				7,181,276
2. Cost of short-term investments acquired	31,926,491				75,610,968
3. Increase (decrease) by adjustment	(7,954)				
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	37,330,362				69,265,068
7. Book/adjusted carrying value, current period	8,115,351				13,527,176
8. Total valuation allowance					
9. Subtotal (Lines 7 plus 8)	8,115,351				13,527,176
10. Total nonadmitted amounts					
11. Statement value (Lines 9 minus 10)	8,115,351				13,527,176
12. Income collected during period	65,610				346,742
13. Income earned during period	70,276				346,742

Schedule DB - Part F - Section 1
NONE

Schedule DB - Part F - Section 2
NONE

Schedule S
NONE

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

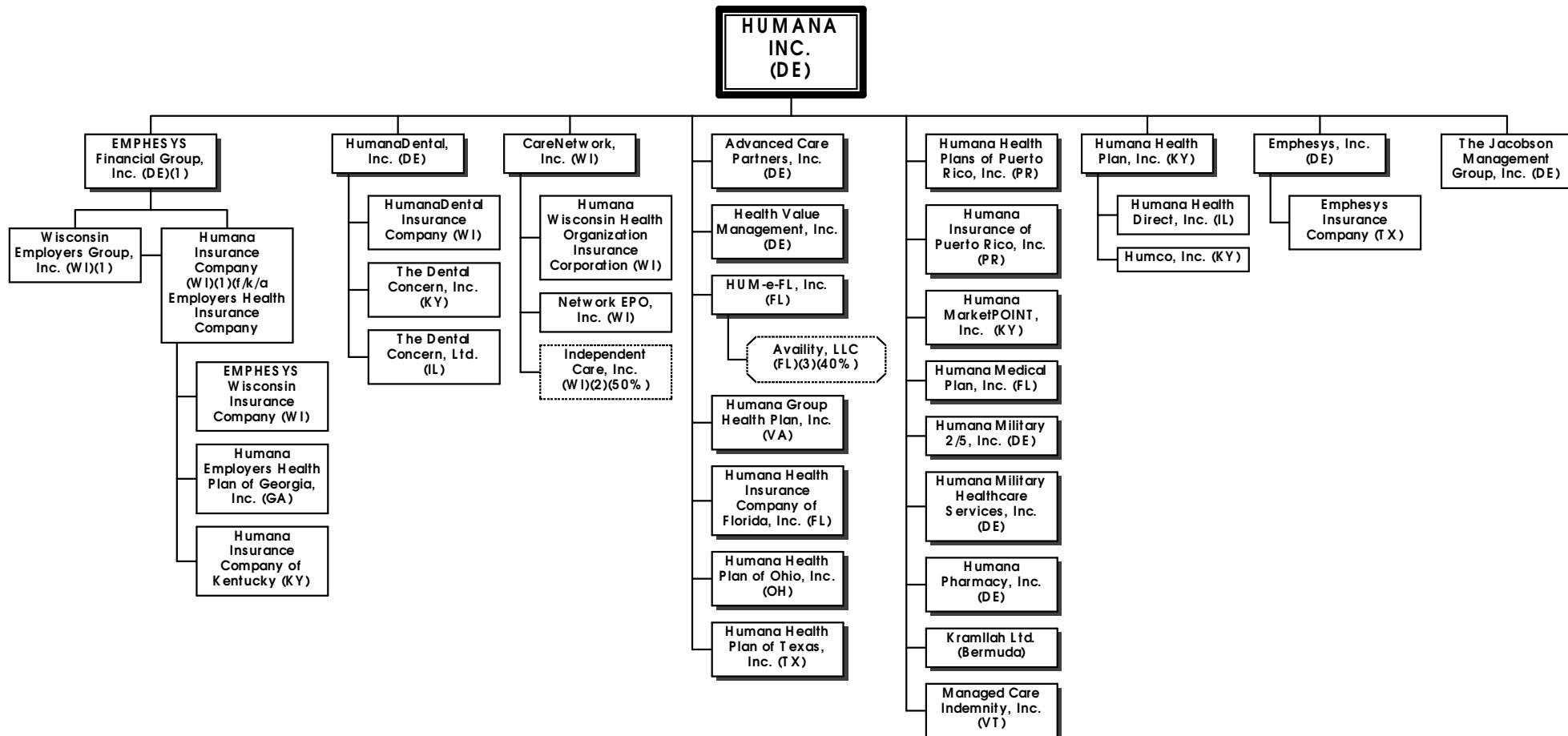
Allocated by States and Territories

States, Etc.	1 Guaranty Fund (Yes or No)	2 Is Insurer Licensed? (Yes or No)	Direct Business Only Year-to-Date			
			3 Premiums	4 Medicare Title XVIII	5 Medicaid Title XIX	6 Federal Employees Health Benefit Program Premium
1. Alabama	AL	No	No			
2. Alaska	AK	No	No			
3. Arizona	AZ	No	No			
4. Arkansas	AR	No	No			
5. California	CA	No	No			
6. Colorado	CO	No	No			
7. Connecticut	CT	No	No			
8. Delaware	DE	No	No			
9. District of Columbia	DC	No	No			
10. Florida	FL	No	No			
11. Georgia	GA	No	No			
12. Hawaii	HI	No	No			
13. Idaho	ID	No	No			
14. Illinois	IL	No	No			
15. Indiana	IN	Yes	Yes	1,327,633		
16. Iowa	IA	No	No			
17. Kansas	KS	No	No			
18. Kentucky	KY	No	Yes	6,229,662		
19. Louisiana	LA	No	No			
20. Maine	ME	No	No			
21. Maryland	MD	No	No			
22. Massachusetts	MA	No	No			
23. Michigan	MI	No	No			
24. Minnesota	MN	No	No			
25. Mississippi	MS	No	No			
26. Missouri	MO	No	No			
27. Montana	MT	No	No			
28. Nebraska	NE	No	No			
29. Nevada	NV	No	No			
30. New Hampshire	NH	No	No			
31. New Jersey	NJ	No	No			
32. New Mexico	NM	No	No			
33. New York	NY	No	No			
34. North Carolina	NC	No	No			
35. North Dakota	ND	No	No			
36. Ohio	OH	No	Yes	94,568,310		
37. Oklahoma	OK	No	No			
38. Oregon	OR	No	No			
39. Pennsylvania	PA	No	No			
40. Rhode Island	RI	No	No			
41. South Carolina	SC	No	No			
42. South Dakota	SD	No	No			
43. Tennessee	TN	No	No			
44. Texas	TX	No	No			
45. Utah	UT	No	No			
46. Vermont	VT	No	No			
47. Virginia	VA	No	No			
48. Washington	WA	No	No			
49. West Virginia	WV	No	No			
50. Wisconsin	WI	No	No			
51. Wyoming	WY	No	No			
52. American Samoa	AS	No	No			
53. Guam	GU	No	No			
54. Puerto Rico	PR	No	No			
55. U.S. Virgin Islands	VI	No	No			
56. Canada	CN	No				
57. Aggregate Other Alien	OT	XXX	XXX			
58. Total (Direct Business)		XXX	(a) 3	102,125,605		
DETAILS OF WRITE-INS						
5701.						
5702.						
5703.						
5798.	Summary of remaining write-ins for Line 57 from overflow page					
5799.	Totals (Lines 5701 thru 5703 plus 5798)(Line 57 above)					

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

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

HUMANA INC. AND SUBSIDIARIES
 MARCH 31, 2002



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your 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 on "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 question.

RESPONSE

1. Will the SVO Compliance Certification be filed with this statement?

.....Yes.....

Explanation:

Bar Code:

OVERFLOW PAGE FOR WRITE-INS

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 1
NONE

Schedule B - Part 2
NONE

Schedule BA - Part 1
NONE

Schedule BA - Part 2
NONE

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired by the Company During the Current Quarter

1 CUSIP Identification	2 Description	3 Date Acquired	4 Name of Vendor	5 Number of Shares of Stock	6 Actual Cost	7 Par Value	8 Paid for Accrued Interest and Dividends	9 NAIC Designation (a)
BONDS								
GOVERNMENTS								
UNITED STATES								
31389D-QB-6.	FANNIE MAE 15 YR MBS/POOL 6.500 12/01/2016	01/03/2002	CREDIT SUISSE FIRST BOSTON CORP.		2,022,885	1,984,588	2,508	1
31392C-AV-6.	FED NTL MTG ASSO FNMA 7.000 02/01/2032	02/12/2002	BEAR STEARNS	1,383,453	1,336,064	3,117	1	
36213E-ST-4.	GOVERNMENT NATIONAL MORTGAGE GNMA 6.500 01/01/2032	03/19/2002	MORGAN STANLEY	990,593	990,438	3,577	1	
912810-DV-7.	UNITED STATES TREASURY GOVERNMENT 9.250 02/15/2016	03/28/2002	JP MORGAN CHASE BANK	1,323,281	1,000,000	11,754	1PE	
912827-3E-0.	UNITED STATES TREASURY 6.125 08/15/2007	03/28/2002	VARIOUS	4,021,328	3,750,000	13,198	1PE	
912827-5Z-1.	US TREASURY N/B 6.500 02/15/2010	01/14/2002	DEUTSCHE BANK ALEX BROWN INC	1,114,609	1,000,000	27,024	1PE	
912827-6J-6.	UNITED STATES TREASURY 5.750 08/15/2010	03/27/2002	DEUTSCHE BANK ALEX BROWN INC	1,026,172	1,000,000	6,512	1PE	
912827-7F-3.	UNITED STATES TREASURY GOVERNMENT 3.500 11/15/2006	02/06/2002	NATIONSBANC CAPITAL MARKETS	242,305	250,000	2,030	1	
912827-Z6-2.	UNITED STATES TREASURY GOVERNMENT 6.500 10/15/2006	02/08/2002	J.P. MORGAN	4,926,797	4,500,000	96,429	1PE	
0399996 - Bonds - U.S. Government					17,051,422	15,811,090	166,150	XXX
0399999 - Total - Bonds - U.S. Government					17,051,422	15,811,090	166,150	XXX
INDUSTRIAL & MISCELLANEOUS (UNAFFILIATED)								
UNITED STATES								
345397-TR-4.	FORD MOTOR CREDIT	CORPORATE 6.875 02/01/2006	02/25/2002	MORGAN STANLEY	200,154	200,000	1,031	2
370334-AR-5.	GENERAL MILLS INC	CORPORATE 5.125 02/15/2007	02/13/2002	BEAR STEARNS	348,835	350,000	1	
421924-AX-9.	HEALTHSOUTH CORP	CORPORATE 8.375 10/01/2011	03/20/2002	LEHMAN BROS	103,500	100,000	4,048	3
92343P-AA-5.	VERITAS DCC INC	CORPORATE 9.750 10/15/2003	03/08/2002	COLDMAN SACHS	50,625	50,000	2,004	3
925524-AQ-3.	VIAFON INC 6.625 05/15/2011	02/06/2002	MERRILL LYNCH	252,410	250,000	3,957		
4599996 - Bonds - Industrial and Misc - United States					955,524	950,000	11,040	XXX
4599999 - Total - Bonds - Industrial, Misc.					955,524	950,000	11,040	XXX
6099997 - Total - Bonds - Part 3					18,006,945	16,761,090	177,190	XXX
6099998 - Total - Bonds - Part 5					7,914,637	7,700,000	155,759	XXX
6099999 - Total - Bonds					25,921,582	24,461,090	332,949	XXX
6599999 - Total - Preferred Stocks						XXX		XXX
7099999 - Total - Common Stocks						XXX		XXX
7199999 - Total - Preferred and Common Stocks						XXX		XXX
7299999 - Totals					25,921,582	XXX	332,949	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues _____.

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value at Disposal Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Designa- tion (a)
BONDS																
GOVERNMENTS																
UNITED STATES																
3128DV-X2-4...	FG D92497 - 20 YEAR 6.500 09/01/2018	03/15/2002	MBS PAYDOWN			.89,053	.89,053	.89,556	.89,057	(3)	0	0	0	0	.615	1
31335H-HL-0...	FG C90235 - 20 YEAR 6.500 10/01/2018	03/15/2002	MBS PAYDOWN			270,915	270,915	.272,185	.270,957	(42)	0	0	0	0	2,681	1
31359M-FS-7...	FED NTL MTG ASSO 7.125 06/15/2010	01/14/2002	BARCLAYS CAPITAL			1,120,391	1,000,000	.1,091,523	.1,091,523	0	0	0	.28,868	.28,868	5,938	1PE
31388K-W4-0...	FED NTL MTG ASSO 6.500 01/01/2031	03/01/2002	MBS PAYDOWN			12,351	12,351	.12,591	.12,353	(2)	0	0	0	0	.125	1
31389D-QB-6...	FANNIE MAE 15 YR MBS/POOL 6.500 12/01/2016	03/01/2002	MBS PAYDOWN			.27,199	.27,199	.27,724	.27,724	(4)	0	0	0	0	.188	1
912827-5X-6...	UNITED STATES TREASURY 6.375 01/31/2002	03/20/2002	VARIOUS			250,000	250,000	.250,000	.250,000	0	0	0	0	0	.8,058	1PE
912827-6J-6...	UNITED STATES TREASURY 5.750 08/15/2010	01/11/2002	DEUTSCHE BANK ALEX BROWN INC			2,126,016	2,000,000	.2,125,625	.2,124,287	(384)	0	0	.2,113	.2,113	.47,500	1PE
912827-6X-5...	UNITED STATES TREASURY GOVERNMENT 4.625 05/15/2006	02/28/2002	LEHMAN BROS			1,021,992	1,000,000	.1,031,602	.1,030,741	(1,069)	0	0	(7,679)	(7,679)	.13,543	1
039996 - Bonds - U.S. Government						4,917,917	4,649,518	4,900,805	4,896,641	(1,504)	0	0	23,301	23,301	78,647	XXX
039999 - Bonds - U.S. Governments						4,917,917	4,649,518	4,900,805	4,896,641	(1,504)	0	0	23,301	23,301	78,647	XXX
SPECIAL REVENUE & SPECIAL ASSESS.																
UNITED STATES																
CALIFORNIA																
130330-FX-6...	CALIFORNIA HFA 1999 D-2-3 5.200 02/01/2012	02/01/2002	CALLED SECURITY at 100.000			290,000	290,000	.302,978	.301,787	(11,787)	0	0	0	0	.7,540	1
TOTAL CALIFORNIA						290,000	290,000	.302,978	.301,787	(11,787)	0	0	0	0	.7,540	XXX
NEW MEXICO																
647199-FR-4...	NEW MEXICO 1998 C-2 6.000 01/01/2014	01/03/2002	CALLED SECURITY at 100.000			25,000	25,000	.25,156	.25,150	(150)	0	0	0	0	.750	1PE
TOTAL NEW MEXICO						25,000	25,000	.25,156	.25,150	(150)	0	0	0	0	.750	XXX
NORTH CAROLINA																
65820E-B9-0...	NORTH CAROLINA HFA SER 6-A 5.000 07/01/2004	01/02/2002	CALLED SECURITY at 100.000			5,000	5,000	.5,000	.5,000	0	0	0	0	0	.125	1PE
TOTAL NORTH CAROLINA						5,000	5,000	.5,000	.5,000	0	0	0	0	0	.125	XXX
UTAH																
91755N-BE-4...	UTAH 1997 B-2 6.300 07/01/2005	01/02/2002	CALLED SECURITY at 100.000			170,000	.170,000	.170,850	.170,580	(580)	0	0	0	0	.5,355	1PE
TOTAL UTAH						170,000	.170,000	.170,850	.170,580	(580)	0	0	0	0	.5,355	XXX
319996 - Bonds - Special Revenues - United States						490,000	490,000	.503,984	.502,517	(12,517)	0	0	0	0	13,770	XXX
319999 - Bonds - Special Revenues						490,000	490,000	.503,984	.502,517	(12,517)	0	0	0	0	13,770	XXX
INDUSTRIAL & MISCELLANEOUS (UNAFFIL.)																
UNITED STATES																
066050-CW-3...	BANK OF AMERICA CORPORATE 6.625 06/15/2004	03/15/2002	CREDIT SUISSE FIRST BOSTON CORP.			209,578	200,000	.209,110	.207,968	(688)	0	0	.2,299	.2,299	.3,497	1PE
073902-BM-9...	BEAR STEARNS CO. 6.150 03/02/2004	03/22/2002	VARIOUS			2,055,820	2,000,000	.1,982,900	.1,987,184	1,367	0	0	.67,269	.67,269	.68,846	1PE
208251-AC-2...	CONOCO INC. CORPORATE 5.900 04/15/2004	03/15/2002	UBS WARBURG LLC			231,091	.225,000	.229,052	.228,495	(309)	0	0	.2,904	.2,904	.5,716	2
22541L-AA-1...	CREDIT SUISSE FIRST BOSTON CORPORATE 5.875 08/01/2006	02/01/2002	VARIOUS			206,200	200,000	.205,700	.205,493	(88)	0	0	.795	.795	.6,103	1PE
31358T-CA-5...	FNMA C93-2 J 7.000 01/01/2003	03/25/2002	MBS PAYDOWN			38,161	38,161	.39,091	.38,182	(20)	0	0	0	0	.459	1

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of by the Company During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 Disposal Date	4 Name of Purchaser	5 Number of Shares of Stock	6 Consideration	7 Par Value	8 Actual Cost	9 Book/Adjusted Carrying Value at Disposal Date	10 Increase (Decrease) by Adjustment	11 Increase (Decrease) by Foreign Exchange Adjustment	12 Foreign Exchange Gain (Loss) on Disposal	13 Realized Gain (Loss) on Disposal	14 Total Gain (Loss) on Disposal	15 Interest on Bonds Received During Year	16 Dividends on Stocks Received During Year	17 NAIC Desig- nation (a)
345397-SU-8...	FORD MOTOR CREDIT CORPORATE 7.600 08/01/2005	02/25/2002	BEAR STEARNS	511,040	.500,000	.531,025	.528,237	(1,127)	0	0	(16,070)	(16,070)	.21,850		2	
370425-RT-9...	GENERAL MOTORS ACCEPTANCE COR CORPORATE 6.750 01/15/2006	02/25/2002	MORGAN STANLEY	204,968	200,000	206,992	206,442	(236)	0	0	(1,238)	(1,238)	.8,363		2	
524908-BZ-2...	LEHMAN BROTHERS HOLDINGS 6.625 04/01/2004	03/22/2002	BNP PARIBAS	2,073,700	2,000,000	2,021,500	2,015,819	(1,371)	0	0	.59,252	.59,252	.64,778		1	
98157D-AH-9...	WORLDCOM INC CORPORATE 6.500 05/15/2004	02/01/2002	GOLDMAN SACHS	198,934	200,000	203,458	203,079	(124)	0	0	(4,021)	(4,021)	.2,925		1	
459996 - Bonds - Industrial and Misc - United States				5,729,492	5,563,161	5,628,829	5,620,898	(2,597)	0	0	111,191	111,191	182,535	XXX	XXX	
459999 - Bonds - Industrial and Miscellaneous				5,729,492	5,563,161	5,628,829	5,620,898	(2,597)	0	0	111,191	111,191	182,535	XXX	XXX	
609997 - Bonds - Part 4				11,137,409	10,702,680	11,033,617	11,020,056	(16,618)	0	0	134,492	134,492	274,953	XXX	XXX	
609998 - Bonds - Part 5				7,962,266	7,700,000	7,914,637	7,914,637	68	0	0	47,561	47,561	157,841	XXX	XXX	
609999 - Total - Bonds				19,099,675	18,402,680	18,948,254	18,934,692	(16,550)	0	0	182,053	182,053	432,794	XXX	XXX	
PREFERRED STOCKS																
BANKS, TRUST AND INSURANCE COS.																
UNITED STATES																
46625H-BS-2...	J.P. MORGAN CHASE & CO	02/04/2002	LEHMAN BROS	20,000,000	1,007,500	0.00	.1,000,000	.972,400	27,600	0	0	.7,500	.7,500	0	P1L	
TOTAL UNITED STATES					1,007,500	XXX	1,000,000	.972,400	27,600	0	0	.7,500	.7,500	XXX	0	XXX
6299999 - Preferred Stocks - Banks, Trust and Insurance Companies					1,007,500	XXX	1,000,000	.972,400	27,600	0	0	.7,500	.7,500	XXX	0	XXX
INDUSTRIAL & MISC. (UNAFFIL)																
UNITED STATES																
963328-30-7...	WHIRLPOOL FINANCIAL	02/01/2002	CALLED SECURITY at 100.000	10,000,000	1,000,000	0.00	.1,048,000	.1,015,000	.23,466	0	0	(38,466)	(38,466)	.15,225	P2A	
TOTAL UNITED STATES					1,000,000	XXX	.1,048,000	.1,015,000	.23,466	0	0	(38,466)	(38,466)	.15,225	XXX	XXX
639999 - Preferred Stocks - Industrial and Miscellaneous					1,000,000	XXX	.1,048,000	.1,015,000	.23,466	0	0	(38,466)	(38,466)	.15,225	XXX	
659997 - Preferred Stocks - Part 4					2,007,500	XXX	.2,048,000	.1,987,400	.51,066	0	0	(30,966)	(30,966)	.15,225	XXX	
659999 - Total - Preferred Stocks					2,007,500	XXX	.2,048,000	.1,987,400	.51,066			(30,966)	(30,966)	.15,225	XXX	
709999 - Total - Common Stocks																
719999 - Total - Preferred and Common Stocks					2,007,500	XXX	.2,048,000	.1,987,400	.51,066	0	0	(30,966)	(30,966)	.15,225	XXX	
7299999 Totals					21,107,175	XXX	20,996,254	20,922,092	34,516	0	0	151,087	151,087	432,794	.15,225	XXX

(a) For all common stock bearing the NAIC designation "U" provide: the number of such issues _____.

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

STATEMENT AS OF MARCH 31, 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Rate of Interest	3 Amount of Interest Received During Current Quarter	4 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			8 *
				5 First Month	6 Second Month	7 Third Month	
CHASE MANHATTAN BANK	NEW YORK, NY			4,685	0	0	
CHASE MANHATTAN BANK	NEW YORK, NY			(4,287,616)	262,851	3,567,967	
CHASE MANHATTAN BANK	NEW YORK, NY			41,772	0	0	
CHASE MANHATTAN BANK	NEW YORK, NY			2,560	0	(22,684)	
CITIBANK	NEW YORK, NY			593	3,104	(3,490,148)	
FIRSTAR	CINCINNATI, OH			500,000	484,872	207,126	
FIRSTAR BANK	CINCINNATI, OH			214,940	214,941	214,941	
FIRSTAR BANK	CINCINNATI, OH			(3,707,944)	(3,794,313)	(3,681,994)	
FIRSTAR BANK	CINCINNATI, OH			(1,603)	0	0	
FIRSTAR BANK	CINCINNATI, OH			(6,226,755)	(5,532,712)	(5,538,330)	
FIRSTAR BANK	CINCINNATI, OH			6,434,921	2,000,688	2,638,555	
FIRSTAR BANK	CINCINNATI, OH			(20,940)	131	0	
NATIONAL CITY BANK	LOUISVILLE, KY			1,720	1,060	8,872	
PNC BANK	PITTSBURGH, PA			1,280	1,280	1,280	
ANHEUSER BUSCH COMPANIES	04/01/2002	NEW YORK, NY	1.780			3,000,000	
BROWN-FORMAN CORPORATION	02/01/2002	NEW YORK, NY	1.880	935,000			
CARDINAL HEALTH INC	04/01/2002	NEW YORK, NY	1.850			4,000,000	
COCA-COLA ENTERPRISES	04/05/2002	NEW YORK, NY	1.771			3,999,213	
CONAGRA FOODS INC	04/05/2002	NEW YORK, NY	1.981			799,824	
COSTCO WHOLESALE CORP	03/01/2002	NEW YORK, NY	1.900		3,000,000		
CVS CORPORATION	03/01/2002	NEW YORK, NY	1.850		2,100,000		
DAIMLERCHRYSLER NA HLDG	02/07/2002	NEW YORK, NY	2.012	3,133,950			
FORD MOTOR CREDIT CO	03/04/2002	NEW YORK, NY	2.153		4,499,194		
GENERAL ELEC CAP CORP	03/04/2002	NEW YORK, NY	1.750		3,899,431		
GENERAL ELEC CAP CORP	03/07/2002	NEW YORK, NY	1.740		3,668,936		
GENERAL MOTORS CORP	02/07/2002	NEW YORK, NY	2.021	4,298,552			
GOLDMAN SACHS GROUP INC	02/07/2002	NEW YORK, NY	1.780	3,998,813			
MAYTAG CORP	04/01/2002	NEW YORK, NY	2.100			2,300,000	
NATIONAL CITY BANK-KY	TIME DEPOS	LOUISVILLE, KY	1.650	481		3,500,000	
04/01/2...							
NEW YORK TIMES CO	04/03/2002	NEW YORK, NY	1.850			2,699,722	
REDWOOD RECEIVABLE CORP	03/04/2002	NEW YORK, NY	1.811		1,289,805		
REDWOOD RECEIVABLE CORP	04/01/2002	NEW YORK, NY	1.900			5,000,000	
TOYOTA CRED PUERTO RICO	02/04/2002	NEW YORK, NY	1.730	4,819,305			
TOYOTA MOTOR CREDIT CORP	04/05/2002	NEW YORK, NY	1.751			1,349,738	
0199998	Deposits in	depositories which do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX				XXX
0199999	Totals - Open Depositories		XXX	0	481	10,143,233	12,099,268
0399999	Total Cash on Deposit		XXX	0	481	10,143,233	20,554,082
0499999	Cash in Company's Office		XXX	XXX	XXX	969	969
0599999	Total Cash		XXX	0	481	10,144,202	20,555,051