



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 0119 NAIC Company Code 95348 Employer's ID Number 31-1154200
(Current Period) (Prior Period)

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, Cincinnati, OH 45202
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 655 Eden Park Drive, Suite 400
(Street and Number)
Cincinnati, OH 45202 513-784-5320
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 655 Eden Park Drive, Suite 400
(Street and Number)
Cincinnati, OH 45202 513-784-5320
(City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statement Contact Murray Gipe 502-580-1548
(Name) (Area Code) (Telephone Number) (Extension)
mgipe@humana.com 502-580-2099
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Policyowner Relations Contact 655 Eden Park Drive, Suite 400
(Street and Number)
Cincinnati, OH 45202 800-448-6262
(City or Town, State and Zip Code) (Area Code) (Telephone Number) (Extension)

OFFICERS

President and CEO Michael Benedict McCallister Secretary Joan Olliges Lenahan
VP and Treasurer Brett James McIntyre

VICE PRESIDENTS

<u>George Grant Bauernfeind</u>	<u>John Michael Bertko</u>	<u>James Harry Bloem</u>
<u>Douglas Rogers Carlisle</u>	<u>Thomas Joseph Liston</u>	<u>Heidi Suzanne Margulis</u>
<u>Steven Oscar Moya</u>	<u>Walter Emerson Neely</u>	<u>Kathleen Stephenson Pellegrino</u>
<u>Stephen Lance Ringel</u>	<u>Robert Eugene Shields</u>	<u>Sharon Elaine Ware</u>
<u>Larry Dale Savage, CEO Cincinnati Mkt</u>		

DIRECTORS OR TRUSTEES

<u>Kenneth John Fasola</u>	<u>Jonathan Thomas Lord, M.D.</u>	<u>Michael Benedict McCallister</u>
<u>James Elmer Murray</u>		

State ofKentucky.....

County ofJefferson.....

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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 (\$8,115,352)	28,670,403		28,670,403	20,676,757
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

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:				
25.1shares common (value included in Line 19) \$)	XXX	XXX		
25.2shares 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 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			
14. Incentive pool and withhold adjustments		49,602	1,201,554
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

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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	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		

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 Claims Incurred in Prior Years (Columns 1 + 3)	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

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):	<u>\$ 0</u>
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):	<u>\$ 0</u>
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.

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)		(2)		(3)
	ASO		Uninsured		Total
	Uninsured		Portion of		ASO
	Plans		Partially		
			Insured Plans		
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

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.

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:

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	NONE			
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)				

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	NONE			
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	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Amount of Interest Received Current Quarter	Paid for Accrued Interest
8099999 Totals	8,115,351	XXX	8,123,305	113,230	39,667

SCHEDULE DA - PART 2- Verification

Short-Term Investments Owned				
	1	2	3	4
	First Quarter Current Year	Second Quarter Current Year	Third Quarter Current Year	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

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

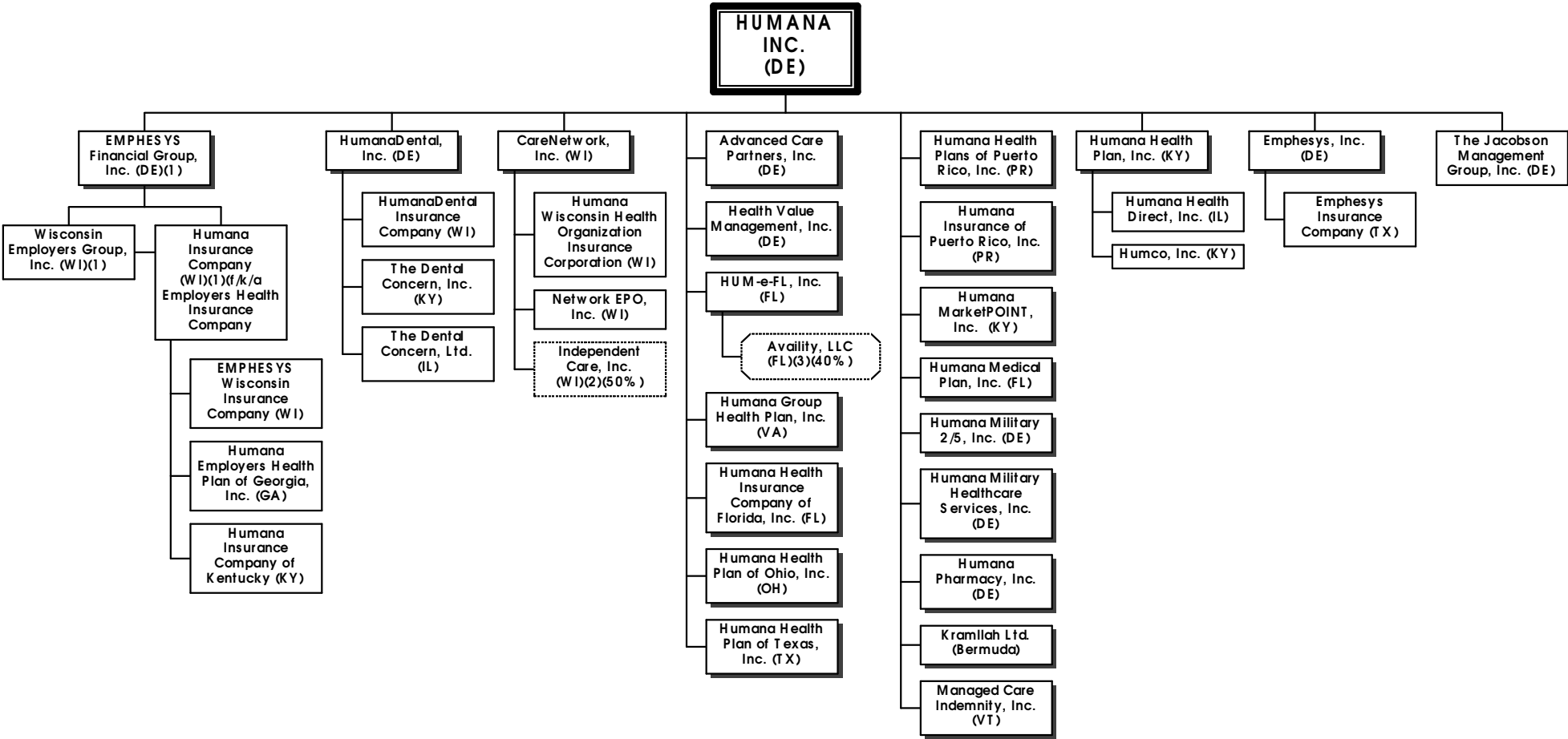
Allocated by States and Territories

		1	2	Direct Business Only Year-to-Date			
				3	4	5	6
States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	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



Note: Shadowed boxes indicate 100% ownership by Humana Inc.
(1) Ownership is 88.7% by EMPHESYS Financial Group, Inc. and 11.3% by Wisconsin Employers Group, Inc.
(2) Ownership is 50% by CareNetwork, Inc. and 50% by Milwaukee Center for Independence, an unaffiliated entity.

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

E04

E04

E04	6099999 - Total - Bonds	
	6599999 - Total - Preferred Stocks	
	7099999 - Total - Common Stocks	
	7999999 - Total - Other Equity	

E04	6099999 - Total - Bonds				20,921,062	24,401,030	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

E04	6099999 - Total - Bonds			
	6599999 - Total - Preferred Stocks			
	7099999 - Total - Common Stocks			
	7199999 - Total - Preferred and Common Stocks			
	7299999 - Totals			

(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	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
CUSIP Identi- fication	Description	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Book/Adjusted Carrying Value at Disposal Date	Increase (Decrease) by Adjustment	Increase (Decrease) by Foreign Exchange Adjustment	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Interest on Bonds Received During Year	Dividends on Stocks Received During Year	NAIC Desig- nation (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
0399996 - 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	XXX
0399999 - 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	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	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	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	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	XXX
3199996 - Bonds - Special Revenues - United States					490,000	490,000	503,984	502,517	(12,517)	0	0	0	0	13,770	XXX	XXX
3199999 - Bonds - Special Revenues					490,000	490,000	503,984	502,517	(12,517)	0	0	0	0	13,770	XXX	XXX
INDUSTRIAL & MISC. (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 693-2 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

E05.1

E05.1

E05.1

E05.1

E05.1

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

[illegible]