



# HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 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  
(E-mail Address) (FAX Number)

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  
SVP, CFO, and Interim Treasurer James Harry Bloem

### VICE PRESIDENTS

George Grant Bauernfeind John Michael Bertko Douglas Rogers Carlisle  
Thomas Joseph Liston Brett James McIntyre Heidi Suzanne Margulis  
Steven Oscar Moya Walter Emerson Neely Kathleen Stephenson Pellegrino  
Stephen Lance Ringel Robert Eugene Shields William Joseph Tait #  
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..... }  
County of .....Jefferson..... } ss

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

\_\_\_\_\_  
James Harry Bloem  
SVP, CFO, and Interim Treasurer

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

\_\_\_\_\_  
Julia Basham  
Notary Public  
January 10, 2005

STATEMENT AS OF JUNE 30, 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 .....	77,702,420		77,702,420	64,929,831
2. Stocks:				
2.1 Preferred stocks .....	4,383,360		4,383,360	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 (\$ .....(3,461,807) ) and short-term investments (\$ .....11,268,685 ) .....	7,806,877		7,806,877	20,676,757
6. Other long-term invested assets .....	2,000,000		2,000,000	2,000,000
7. Receivable for securities .....	600,000		600,000	
8. Aggregate write-ins for invested assets .....				
9. Subtotals, cash and invested assets (Lines 1 to 8) .....	92,492,657		92,492,657	95,144,040
10. Accident and health premiums due and unpaid .....	7,277,471	435,044	6,842,427	3,375,477
11. Health care receivables .....				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 .....	1,139,530		1,139,530	1,011,525
15. Amounts due from parent, subsidiaries and affiliates .....	2,158,100		2,158,100	4,201,224
16. Amounts receivable relating to uninsured accident and health plans .....	401,439	261,000	140,439	1,077,132
17. Furniture and equipment .....	1,510,545	1,510,545		
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.....	515,320		515,320	651,153
21. Other nonadmitted assets .....	703,644	703,644		
22. Aggregate write-ins for other than invested assets .....	788,894	788,894		
23. Total assets (Lines 9 plus 10 through 22)	113,912,293	7,720,126	106,192,167	108,969,202
<b>DETAILS OF WRITE-INS</b>				
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 RECEIVABLES.....	138,117	138,117		
2202. PREPAID COMMISSIONS.....	605,370	605,370		
2203. PREPAID EXPENSES.....	45,407	45,407	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)	788,894	788,894		

(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)	34,731,153	46,734	34,777,887	30,779,740
2. Accrued medical incentive pool and bonus payments .....	7,897,137		7,897,137	2,023,688
3. Unpaid claims adjustment expenses .....	939,645		939,645	831,731
4. Aggregate policy reserves .....	285,000		285,000	285,000
5. Aggregate claim reserves .....	23,756	32	23,788	25,119
6. Premiums received in advance .....	3,717,857		3,717,857	5,617,064
7. General expenses due or accrued .....	5,112,151		5,112,151	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 .....	1,022,923		1,022,923	833,814
10. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....				
11. Amounts due to parent, subsidiaries and affiliates .....				
12. Payable for securities .....	1,064,768		1,064,768	
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) .....	1,464,300		1,464,300	721,825
18. Total liabilities (Lines 1 to 17).....	56,258,690	46,766	56,305,456	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	37,283,818	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	49,886,711	55,740,551
27. Total liabilities, capital and surplus (Lines 18 and 26)	XXX	XXX	106,192,167	108,969,202
<b>DETAILS OF WRITE-INS</b>				
1701. THIRD PARTY CONTINGENCIES.....	815,183		815,183	333,762
1702. MISCELLANEOUS.....	389,291		389,291	128,118
1703. UNCLAIMED PROPERTY.....	259,826		259,826	259,945
1798. Summary of remaining write-ins for Line 17 from overflow page .....				
1799. Totals (Lines 1701 thru 1703 plus 1798) (Line 17 above)	1,464,300		1,464,300	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	1,160,248	2,256,907
2. Net premium income .....	XXX	205,223,465	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	1,149	4,598
7. Total revenues (Lines 2 to 6) .....	XXX	205,224,613	367,610,955
<b>Medical and Hospital:</b>			
8. Hospital/medical benefits .....	203,116	96,297,309	173,227,525
9. Other professional services .....	25,860	74,905,795	136,764,907
10. Outside referrals .....			
11. Emergency room and out-of-area .....	1,328	177,746	950,809
12. Prescription drugs .....			
13. Aggregate write-ins for other medical and hospital .....			
14. Incentive pool and withhold adjustments .....		3,407	1,201,554
15. Subtotal (Lines 8 to 14) .....	230,304	171,384,257	312,144,795
<b>Less:</b>			
16. Net reinsurance recoveries .....			
17. Total medical and hospital (Lines 15 minus 16) .....	230,304	171,384,257	312,144,795
18. Claims adjustment expenses .....		4,627,283	7,479,506
19. General administrative expenses .....		27,831,186	45,001,256
20. Increase in reserves for accident and health contracts .....			285,000
21. Total underwriting deductions (Lines 17 through 20) .....	230,304	203,842,726	364,910,557
22. Net underwriting gain or (loss) (Lines 7 minus 21) .....	XXX	1,381,888	2,700,398
23. Net investment income earned .....		2,274,578	4,583,863
24. Net realized capital gains or (losses) .....		552,274	1,402,976
25. Net investment gains or (losses) (Lines 23 plus 24) .....		2,826,852	5,986,839
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 .....		787	19,691
28. Net income or (loss) before federal income taxes (Lines 22 plus 25 plus 26 plus 27) .....		4,209,527	8,706,928
29. Federal and foreign income taxes incurred .....	XXX	(445,276)	(2,189,969)
30. Net income (loss) (Lines 28 minus 29) .....	XXX	4,654,803	10,896,897
<b>DETAILS OF WRITE-INS</b>			
0601. MISCELLANEOUS HEALTH CARE REVENUE.....	XXX	1,149	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	1,149	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.....		712	17,605
2702. GAIN/(LOSS) ON DISPOSAL.....		75	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) .....		787	19,691

**CAPITAL AND SURPLUS ACCOUNT**

	1 Current Year to Date	2 Prior Year
<b>CAPITAL AND SURPLUS ACCOUNT:</b>		
31. Capital and surplus prior reporting period .....	55,740,551	40,864,486
<b>GAINS AND LOSSES TO CAPITAL &amp; SURPLUS:</b>		
32. Net income or (loss) from Line 30 .....	4,654,803	10,896,897
33. Change in valuation basis of aggregate policy and claim reserves .....		
34. Net unrealized capital gains and losses .....	5,619	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 .....	(514,261)	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 .....	(10,000,000)	
45. Aggregate write-ins for gains or (losses) in surplus .....		
46. Net change in capital & surplus (Lines 32 to 45) .....	(5,853,839)	14,876,065
47. Capital and surplus end of reporting period (Line 31 plus 46)	49,886,712	55,740,551
<b>DETAILS OF WRITE-INS</b>		
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 JUNE 30, 2002 OF THE Humana Health Plan of Ohio, Inc.

**CASH FLOW**

	1 Current Year to Date	2 Prior Year
<b>Cash from Operations</b>		
1. Premiums and revenues collected net of reinsurance .....	199,527,857	372,036,033
2. Claims and claims adjustment expenses .....	166,033,361	321,016,423
3. General administrative expenses paid .....	34,154,012	44,350,821
4. Other underwriting income (expenses) .....	1,149	4,598
5. Cash from underwriting (Line 1 minus Line 2 minus Line 3 plus Line 4) .....	(658,367)	6,673,387
6. Net investment income .....	2,327,461	4,956,669
7. Other income (expenses) .....	787	19,691
8. Federal and foreign income taxes (paid) recovered .....	445,276	2,189,969
9. Net cash from operations (Lines 5 to 8) .....	2,115,157	13,839,716
<b>Cash from Investments</b>		
10. Proceeds from investments sold, matured or repaid:		
10.1 Bonds .....	69,484,374	97,615,493
10.2 Stocks .....		
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) .....	69,484,374	97,615,493
11. Cost of investments acquired (long-term only):		
11.1 Bonds .....	78,725,866	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) .....	78,725,866	90,936,942
12. Net Cash from investments (Line 10.8 minus Line 11.7) .....	(9,241,492)	6,678,551
<b>Cash from Financing and Miscellaneous Sources</b>		
13. Cash provided:		
13.1 Surplus notes, capital and surplus paid in .....		
13.2 Net transfers from affiliates .....	2,043,124	
13.3 Borrowed funds received .....		
13.4 Other cash provided .....	3,052,204	5,256,872
13.5 Total (Lines 13.1 to 13.4) .....	5,095,328	5,256,872
14. Cash applied:		
14.1 Dividends to stockholders paid .....	10,000,000	
14.2 Net transfers to affiliates .....		
14.3 Borrowed funds repaid .....		
14.4 Other applications .....	838,872	11,338,414
14.5 Total (Lines 14.1 to 14.4) .....	10,838,872	11,338,414
15. Net cash from financing and miscellaneous sources (Line 13.5 minus Line 14.5) .....	(5,743,544)	(6,081,542)
<b>RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS</b>		
16. Net change in cash and short-term investments (Line 9 plus Line 12 plus Line 15) .....	(12,869,879)	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) .....	7,806,878	20,676,757

STATEMENT AS OF JUNE 30, 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							
<b>Total Members at end of:</b>										
1. Prior Year .....	190,638		190,638							
2. First Quarter .....	193,212		193,212							
3. Second Quarter .....	193,794		193,794							
4. Third Quarter .....										
5. Current Year										
6. Current Year Member Months	1,160,248		1,160,248							
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician .....	12,144		12,144							
8. Non-Physician .....	4,145		4,145							
9. Total	16,289		16,289							
10. Hospital Patient Days Incurred	23,578		23,578							
11. Number of Inpatient Admissions	6,292		6,292							
12. Premiums Collected .....	199,527,856		199,527,856							
13. Premiums Earned	205,223,465		205,223,465							
14. Amount Paid for Provision of Health Care Services .....	161,513,993		161,401,427					112,566		
15. Amount Incurred for Provision of Health Care Services	171,384,258		171,384,258					0		



STATEMENT AS OF JUNE 30, 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 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (Hospital & Medical) .....	29,850,986	137,426,988	1,147,439	33,633,917	30,998,425	30,678,481
2. Medicare Supplement .....						
3. Dental Only.....						
4. Vision Only.....						
5. Federal Employees Health Benefits Plan Premiums .....						
6. Title XVIII - Medicare .....	53,252	52,806	20,320		73,572	126,378
7. Title XIX - Medicaid.....						
8. Other .....						
9. Subtotal .....	29,904,238	137,479,794	1,167,759	33,633,917	31,071,997	30,804,859
10. Medical incentive pools, accruals and disbursements .....		(5,870,042)		7,897,137		2,023,688
11. Totals	29,904,238	131,609,752	1,167,759	41,531,054	31,071,997	32,828,547

## NOTES TO FINANCIAL STATEMENTS

Statement as of June 30, 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:	\$ 4,654,803
2. State Prescribed Practices (Income):	0
3. State Permitted Practices (Income):	<u>0</u>
Net Income, NAIC SAP	<u>\$ 4,654,803</u>
4. Statutory Surplus, Ohio basis:	\$ 49,886,712
5. State Prescribed Practices (Surplus):	0
6. State Permitted Practices (Surplus):	<u>0</u>
Statutory Surplus, NAIC SAP	<u>\$ 49,886,712</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

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Statement as of June 30, 2002 of the Humana Health Plan of Ohio, Inc.

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### NOTES TO FINANCIAL STATEMENTS

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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 June 30, 2002 of the Humana Health Plan of Ohio, Inc.

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### NOTES TO FINANCIAL STATEMENTS

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### 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 no 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): \$ (148,053)
- b. Nonadmitted asset values: \$ 7,720,126
- 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 June 30, 2002.

10.2

Statement as of June 30, 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.	8,606,977	\$ 0	\$ 8,606,977
b. Total net other income or expenses (including interest paid to or received from plans). \$	(3,619,375)	\$ 0	\$ (3,619,375)
c. Net gain or (loss) from operations.	4,987,602	\$ 0	\$ 4,987,602
d. Total claim payment volume. \$	68,879,472	\$ 0	\$ 68,879,472

#### 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

## 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 June 30, 2002 of the Humana Health Plan of Ohio, Inc.

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## NOTES TO FINANCIAL STATEMENTS

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### 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 \$26,574,300. The Company as of June 30, 2002 reports net worth of \$49,886,712. 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 [X] No [ ]
- 2.2 If yes, has the report been filed with the domiciliary state? ..... Yes [X] 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 [X] No [ ]  
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 Department 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	<b>NONE</b>			
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	<b>NONE</b>			
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		2,000,000
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		2,000,000
10. Total valuation allowance				
11. Subtotal (Lines 9 plus 10)	2,000,000	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		2,000,000

STATEMENT AS OF JUNE 30, 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
<b>BONDS</b>								
1. Class 1 .....	72,809,361	94,331,057	85,250,674	(445,125)	72,809,361	81,444,619		72,513,552
2. Class 2 .....	6,988,929	644,744	348,437	87,839	6,988,929	7,373,075		5,943,455
3. Class 3 .....	154,104		255,892	255,200	154,104	153,412		
4. Class 4 .....								
5. Class 5 .....								
6. Class 6 .....								
7. Total Bonds	79,952,394	94,975,801	85,855,003	(102,086)	79,952,394	88,971,106		78,457,007
<b>PREFERRED STOCK</b>								
8. Class 1 .....	4,332,092		1,000,000	(44,492)	4,332,092	3,287,600		5,304,941
9. Class 2 .....	1,217,511		121,751		1,217,511	1,095,760		2,232,511
10. Class 3 .....								
11. Class 4 .....								
12. Class 5 .....								
13. Class 6 .....								
14. Total Preferred Stock	5,549,603		1,121,751	(44,492)	5,549,603	4,383,360		7,537,452
15. Total Bonds and Preferred Stock	85,501,997	94,975,801	86,976,754	(146,578)	85,501,997	93,354,466		85,994,459

## 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	11,268,684	XXX	11,294,080	30,480	

## 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	8,115,351		7,181,276
2. Cost of short-term investments acquired .....	31,926,491	42,171,517		75,610,968
3. Increase (decrease) by adjustment .....	(7,954)	(17,441)		
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	39,000,742		69,265,068
7. Book/adjusted carrying value, current period .....	8,115,351	11,268,685		13,527,176
8. Total valuation allowance .....				
9. Subtotal (Lines 7 plus 8) .....	8,115,351	11,268,685		13,527,176
10. Total nonadmitted amounts .....				
11. Statement value (Lines 9 minus 10) .....	8,115,351	11,268,685		13,527,176
12. Income collected during period .....	65,610	13,039		346,742
13. Income earned during period .....	70,276	39,289		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**

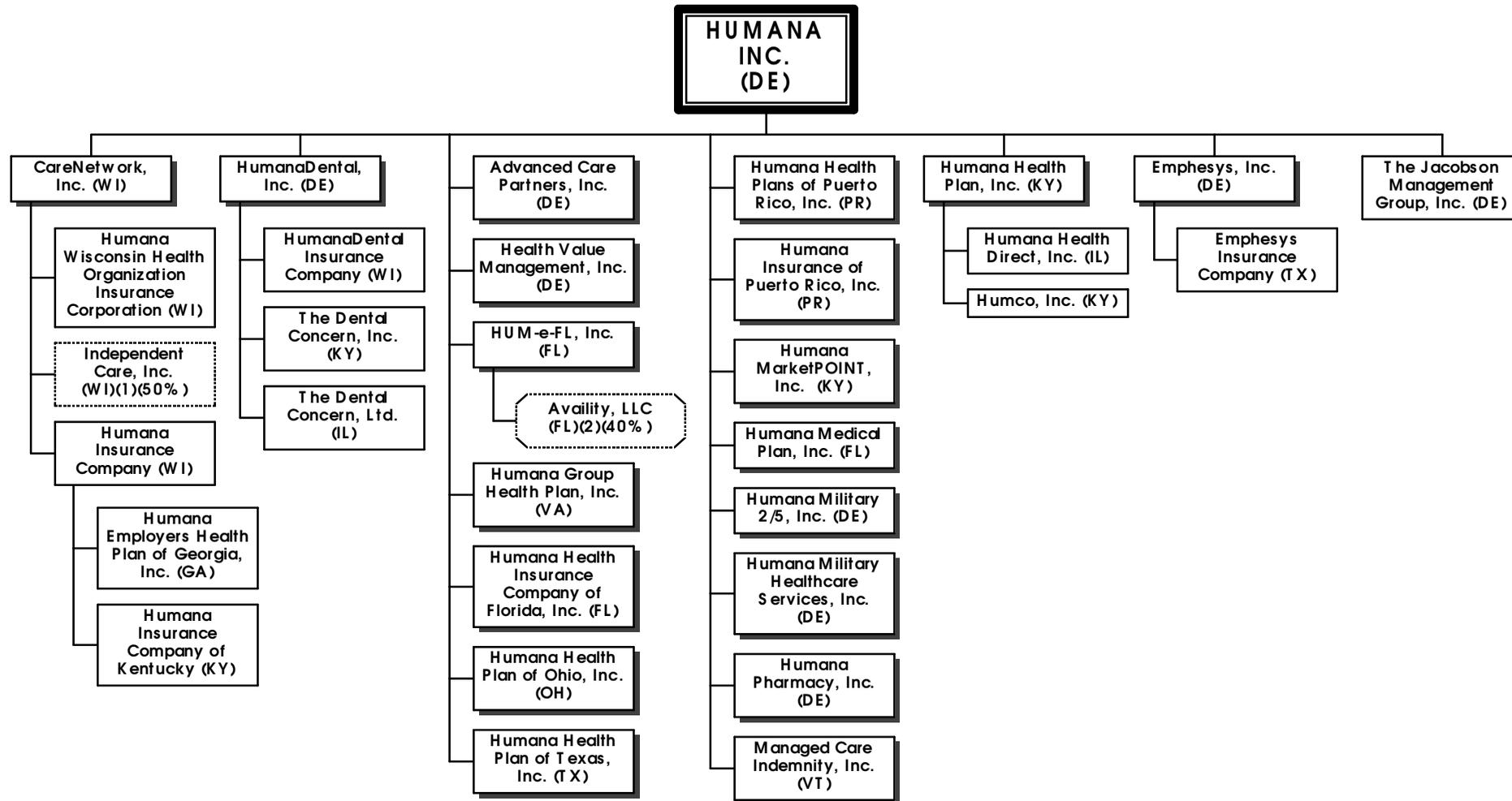
Allocated by States and Territories

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				
2. Alaska	AK	No				
3. Arizona	AZ	No				
4. Arkansas	AR	No				
5. California	CA	No				
6. Colorado	CO	No				
7. Connecticut	CT	No				
8. Delaware	DE	No				
9. District of Columbia	DC	No				
10. Florida	FL	No				
11. Georgia	GA	No				
12. Hawaii	HI	No				
13. Idaho	ID	No				
14. Illinois	IL	No				
15. Indiana	IN	Yes	1,664,785			
16. Iowa	IA	No				
17. Kansas	KS	No				
18. Kentucky	KY	No	13,013,162			
19. Louisiana	LA	No				
20. Maine	ME	No				
21. Maryland	MD	No				
22. Massachusetts	MA	No				
23. Michigan	MI	No				
24. Minnesota	MN	No				
25. Mississippi	MS	No				
26. Missouri	MO	No				
27. Montana	MT	No				
28. Nebraska	NE	No				
29. Nevada	NV	No				
30. New Hampshire	NH	No				
31. New Jersey	NJ	No				
32. New Mexico	NM	No				
33. New York	NY	No				
34. North Carolina	NC	No				
35. North Dakota	ND	No				
36. Ohio	OH	No	190,545,518			
37. Oklahoma	OK	No				
38. Oregon	OR	No				
39. Pennsylvania	PA	No				
40. Rhode Island	RI	No				
41. South Carolina	SC	No				
42. South Dakota	SD	No				
43. Tennessee	TN	No				
44. Texas	TX	No				
45. Utah	UT	No				
46. Vermont	VT	No				
47. Virginia	VA	No				
48. Washington	WA	No				
49. West Virginia	WV	No				
50. Wisconsin	WI	No				
51. Wyoming	WY	No				
52. American Samoa	AS	No				
53. Guam	GU	No				
54. Puerto Rico	PR	No				
55. U.S. Virgin Islands	VI	No				
56. Canada	CN	No				
57. Aggregate Other Alien	OT	XXX	XXX			
58. Total (Direct Business)	XXX	(a) 3	205,223,465			
<b>DETAILS OF WRITE-INS</b>						
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  
JUNE 30, 2002



Note: Shaded boxes indicate 100% ownership by Humana Inc.

## 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 JUNE 30, 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								
.31359M-EM-1	FED NTL MTG ASSO	AGCY FTST 5.125 02/13/2004	BARCLAYS CAPITAL		773,027	750,000	10,997	1PE
.36225B-MZ-8	GNMA 30YR PLATINUM 6.500	04/01/2031	GOLDMAN SACHS		4,783,759	4,705,284	16,142	1
.912810-DV-7	UNITED STATES TREASURY	GOVERNMENT 9.250 02/15/2016	JP MORGAN CHASE BANK		5,641,344	4,100,000	129,909	1PE
.912810-EW-4	UNITED STATES TREASURY	GOVERNMENT 6.000 02/15/2026	JP MORGAN CHASE BANK		1,042,227	1,000,000	22,541	1
.912827-4V-1	UNITED STATES TREASURY	GOVERNMENT 4.750 11/15/2008	VARIOUS		1,266,855	1,250,000	5,002	1PE
.912827-6J-6	UNITED STATES TREASURY 5.750	08/15/2010	BARCLAYS CAPITAL		209,570	200,000	2,319	1PE
.912828-AB-6	US TREASURY 3.375	04/30/2004	UBS WARBURG LLC		1,009,922	1,000,000	5,044	1
0399999	- Total - Bonds - U.S. Government				14,726,704	13,005,284	191,954	XXX
SPECIAL REVENUE & SPECIAL ASSESS.								
UNITED STATES								
.31283J-3X-7	FGOLD 15YR MBS/POOL 5.500	05/01/2013	GOLDMAN SACHS		1,487,362	1,472,864	3,825	1
.31298U-ZG-7	FED NTL MTG ASSO	FNMA 6.500 09/01/2031	SALOMON SMITH BARNEY		934,107	930,979	2,017	1
.31390C-WJ-1	FED NTL MTG ASSO	FNMA 6.500 04/01/2032	SALOMON SMITH BARNEY		1,751,980	1,748,156	3,788	1
.31390G-6Y-8	FED NTL MTG ASSO	FNMA 6.500 07/01/2032	NOMURA SECURITIES		5,110,938	5,000,000	17,153	1
3199999	- Total - Bonds - Special Revenue				9,284,387	9,151,999	26,783	XXX
INDUSTRIAL & MISC. (UNAFFIL)								
UNITED STATES								
.00184A-AF-2	AOL TIME WARNER 6.875	05/01/2012	MORGAN STANLEY		470,488	475,000		2PE
.28336L-AD-1	EL PASO CORP	CORPORATE 7.875 06/15/2012	CREDIT SUISSE FIRST BOSTON CORP.		174,256	175,000		2PE
.36962G-YZ-1	GENERAL ELECTRIC CAPITAL CORP	CORPORATE 5.000 06/15/2007	CREDIT SUISSE FIRST BOSTON CORP.		497,430	500,000		1PE
.913017-BD-0	UNITED TECHNOLOGIES CORP 6.350	03/01/2011	LEHMAN BROS.		508,070	500,000	4,498	1PE
4599999	- Total - Bonds - Industrial, Misc.				1,650,244	1,650,000	4,498	XXX
6099997	- Total - Bonds - Part 3				25,661,335	23,807,284	223,235	XXX
6099998	- Total - Bonds - Part 5				27,142,949	25,426,019	295,976	XXX
6099999	- Total - Bonds				52,804,284	49,233,303	519,211	XXX
6599999	- Total - Preferred Stocks					XXX		XXX
7099999	- Total - Common Stocks					XXX		XXX
7199999	- Total - Preferred and Common Stocks					XXX		XXX
7299999	- Totals				52,804,284	XXX	519,211	XXX

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

E04

STATEMENT AS OF JUNE 30, 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 Identification	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 Designation (a)
BONDS																
GOVERNMENTS																
UNITED STATES																
36213E-ST-4	GOVERNMENT NATIONAL MORTGAGE GNMA 6.500 01/01/2032	05/03/2002	VARIOUS		1,005,859	990,438	990,593	990,593	(1)			15,267	15,267	11,963		1
912810-DV-7	UNITED STATES TREASURY GOVERNMENT 9.250 02/15/2016	04/05/2002	MERRILL LYNCH		1,337,109	1,000,000	1,323,281	1,323,281	(331)			14,159	14,159	13,287		1PE
912827-2Y-7	US TREASURY 6.250 06/30/2002	06/30/2002	MATURITY		600,000	600,000	605,438	600,621	(621)			0	0	0		1PE
912827-3E-0	UNITED STATES TREASURY 6.125 08/15/2007	04/12/2002	GOLDMAN SACHS		3,999,023	3,750,000	4,021,328	4,021,328	(5,052)			(17,252)	(17,252)	37,435		1PE
912827-5X-6	UNITED STATES TREASURY 6.375 01/31/2002	05/03/2002	PRIOR YEAR INCOME									0	0	164		1PE
912827-6J-6	UNITED STATES TREASURY 5.750 08/15/2010	04/12/2002	DEUTSCHE BANK ALEX BROWN INC		1,040,586	1,000,000	1,026,172	1,026,172	(193)			14,607	14,607	9,372		1PE
912827-76-2	UNITED STATES TREASURY GOVERNMENT 6.500 10/15/2006	05/30/2002	JP MORGAN CHASE BANK		4,909,219	4,500,000	4,926,797	4,926,797	(24,020)			6,442	6,442	183,012		1PE
0399996 - Bonds - U.S. Government					12,891,796	11,840,438	12,893,609	12,888,792	(30,218)	0	0	33,223	33,223	255,233	XXX	XXX
0399999 - Bonds - U.S. Government					12,891,796	11,840,438	12,893,609	12,888,792	(30,218)	0	0	33,223	33,223	255,233	XXX	XXX
ALABAMA																
01030N-ZD-6	ALABAMA HFA S-F 1999 C-Z (AMT) 4.850 04/01/2004	04/01/2002	CALLED SECURITY at 100.000		10,000	10,000	10,000	10,000				0	0	243		1PE
01030N-ZF-1	ALABAMA HFA S-F 1999 C-Z (AMT) 5.000 04/01/2005	04/01/2002	CALLED SECURITY at 100.000		10,000	10,000	10,000	10,000				0	0	250		1PE
TOTAL ALABAMA					20,000	20,000	20,000	20,000	0	0	0	0	0	493	XXX	XXX
NEVADA																
641271-HC-8	NEVADA 1995 C 6.000 10/01/2002	04/01/2002	CALLED SECURITY at 100.000		20,000	20,000	20,275	20,000				0	0	600		1PE
TOTAL NEVADA					20,000	20,000	20,275	20,000	0	0	0	0	0	600	XXX	XXX
NORTH CAROLINA																
65820E-B9-0	NORTH CAROLINA HFA SER 6-A 5.000 07/01/2004	04/15/2002	CALLED SECURITY at 100.000		10,000	10,000	10,000	10,000				0	0	394		1PE
TOTAL NORTH CAROLINA					10,000	10,000	10,000	10,000	0	0	0	0	0	394	XXX	XXX
SPECIAL REVENUE & SPECIAL ASSESS.																
UNITED STATES																
3128DV-X2-4	FG D92497 - 20 YEAR 6.500 09/01/2018	06/01/2002	MBS PAYDOWN		229,584	229,584	230,881	229,685	(101)			0	0	5,953		1
			FNMA													
31298U-ZG-7	FED NTL MTG ASSO 6.500 09/01/2031	06/01/2002	MBS PAYDOWN		7,528	7,528	7,553	7,553				0	0	41		1
			FNMA													
31335H-HL-0	FG C90235 - 20 YEAR 6.500 10/01/2018	06/01/2002	MBS PAYDOWN		141,983	141,983	142,648	142,067	(84)			0	0	3,771		1
			FNMA													
31359M-HB-2	FED NTL MTG ASSO 5.500 02/15/2006	06/18/2002	VARIOUS		3,127,422	3,000,000	3,100,374	3,100,374	(4,933)			31,981	31,981	130,167		1PE
			FNMA													
31388K-W4-0	FED NTL MTG ASSO 6.500 01/01/2031	06/01/2002	MBS PAYDOWN		19,453	19,453	19,830	19,465	(12)			0	0	541		1
			FNMA													
31389D-QB-6	FANNIE MAE 15 YR MBS/POOL 6.500 12/01/2016	04/25/2002	VARIOUS		2,007,588	1,957,389	1,995,161	1,995,161	(1,207)			13,114	13,114	37,081		1
			FNMA													
31390C-WJ-1	FED NTL MTG ASSO 6.500 04/01/2032	06/01/2002	MBS PAYDOWN		1,866	1,866	1,870	1,870				0	0	10		1
			FNMA													
31392C-AV-6	FED NTL MTG ASSO 7.000 02/01/2032	06/01/2002	MBS PAYDOWN		51,570	51,570	53,399	53,399	(23)			0	0	681		1
			FNMA													
815266-FJ-5	SEDGWICK & SHAWNEE CNTYS, KS 1999 A-1 5.150 07/01/2009	06/01/2002	CALLED SECURITY at 100.000		100,000	100,000	102,464	102,323	(2,323)			0	0	2,575		1
3199996 - Bonds - Special Revenues - United States					5,736,994	5,559,373	5,704,455	5,701,897	(8,683)	0	0	45,095	45,095	182,307	XXX	XXX

E05

STATEMENT AS OF JUNE 30, 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 Identification	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 Designation (a)
3199999	- Bonds - Special Revenues				5,736,994	5,559,373	5,704,455	5,701,897	(8,683)	0	0	45,095	45,095	182,307	XXX	XXX
INDUSTRIAL & MISC. (UNAFFIL) UNITED STATES																
210805-CE-5	CONTINENTAL AIRLINES 982-A 6.410 04/15/2007	04/15/2002	SINKING FUND REDEMPTION		45,996	45,996	43,758	46,360	(364)				0	1,474		2
25746U-AG-4	DOMINION RESOURCES INC CORPORATE 6.000 01/31/2003	05/16/2002	MORGAN STANLEY		304,443	300,000	305,208	303,825	(1,384)			2,002	2,002	14,550		2PE
31358T-CA-5	FNMA 693-2 J 7.000 01/01/2003	06/01/2002	MBS PAYDOWN		34,890	34,890	35,741	34,961	(71)				0	1,000		1
438516-AK-2	HONEYWELL INTL CORPORATE 7.500 03/01/2010	06/07/2002	MORGAN STANLEY		110,083	100,000	109,613	109,427	(406)			1,062	1,062	5,833		1
912920-AU-9	US WEST COMMUN CORPORATE 7.200 11/01/2004	05/23/2002	UBS WARBURG LLC		237,500	250,000	258,268	256,800	(908)			(18,392)	(18,392)	10,400		3
92344G-AK-2	VERIZON GLOBAL CORPORATE 6.750 12/01/2005	04/24/2002	CREDIT SUISSE FIRST BOSTON CORP.		416,416	400,000	419,476	418,135	(1,379)			(340)	(340)	11,100		1
4599996	- Bonds - Industrial and Misc - United States				1,149,328	1,130,886	1,172,064	1,169,508	(4,512)	0	0	(15,668)	(15,668)	44,357	XXX	XXX
4599999	- Bonds - Industrial and Miscellaneous				1,149,328	1,130,886	1,172,064	1,169,508	(4,512)	0	0	(15,668)	(15,668)	44,357	XXX	XXX
6099997	- Bonds - Part 4				19,778,118	18,530,697	19,770,128	19,760,197	(43,413)	0	0	62,650	62,650	481,897	XXX	XXX
6099998	- Bonds - Part 5				27,466,895	25,426,019	27,142,949	27,142,949	(4,158)			328,104	328,104	435,972	XXX	XXX
6099999	- Total - Bonds				47,245,013	43,956,716	46,913,077	46,903,146	(47,571)			390,754	390,754	917,869	XXX	XXX
PREFERRED STOCKS PUBLIC UTILITIES (UNAFFILIATED) UNITED STATES																
695114-65-2	PACIFICORP PFD DRD	06/15/2002	CALLED SECURITY at 100.000		1,100,000	110,000	122,100	121,751				(11,751)	(11,751)		4,205	RP2A
TOTAL UNITED STATES					110,000	XXX	122,100	121,751	0	0	0	(11,751)	(11,751)	XXX	4,205	XXX
6199999	- Preferred Stocks - Public Utilities				110,000	XXX	122,100	121,751	0	0	0	(11,751)	(11,751)	XXX	4,205	XXX
INDUSTRIAL & MISC. (UNAFFIL) UNITED STATES																
36227R-20-0	G S GLOBAL FUNDING SER 144A	06/24/2002	VARIOUS		10,000	1,022,185	1,000,000	1,029,999	(29,999)			22,185	22,185		16,550	P1A
TOTAL UNITED STATES						1,022,185	1,000,000	1,029,999	(29,999)	0	0	22,185	22,185	XXX	16,550	XXX
6399999	- Preferred Stocks - Industrial and Miscellaneous				1,022,185	XXX	1,000,000	1,029,999	(29,999)	0	0	22,185	22,185	XXX	16,550	XXX
6599997	- Preferred Stocks - Part 4				1,132,185	XXX	1,122,100	1,151,750	(29,999)	0	0	10,434	10,434	XXX	20,755	XXX
6599999	- Total - Preferred Stocks				1,132,185	XXX	1,122,100	1,151,750	(29,999)			10,434	10,434	XXX	20,755	XXX
7099999	- Total - Common Stocks					XXX								XXX		XXX
7199999	- Total - Preferred and Common Stocks				1,132,185	XXX	1,122,100	1,151,750	(29,999)			10,434	10,434	XXX	20,755	XXX
7299999	Totals				48,377,198	XXX	48,035,177	48,054,896	(77,570)			401,188	401,188	917,869	20,755	XXX

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

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**

**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				29,232	1,903	5,012,823	
CITIBANK.....NEW YORK, NY				288	884	(4,997,027)	
FIRSTAR.....CINCINNATI, OH				274,968	1,118,991	1,103,221	
FIRSTAR BANK.....CINCINNATI, OH				214,961	214,961	121,837	
FIRSTAR BANK.....CINCINNATI, OH				(2,126,738)	(3,124,039)	(4,257,427)	
FIRSTAR BANK.....CINCINNATI, OH				(3,075,240)	(4,405,323)	(4,620,209)	
FIRSTAR BANK.....CINCINNATI, OH				3,929,408	1,260,859	4,172,659	
NATIONAL CITY BANK.....LOUISVILLE, KY				2,591	4,326	707	
PNC BANK.....PITTSBURGH, PA				1,280	1,280	1,280	
ALCOA INC 05/02/2002.....NEW YORK, NY	1.730			1,999,904			
AVERY DENNISON CORP 05/01/2002.....NEW YORK, NY	1.880			3,000,000			
BAXTER INTERNATIONAL 06/05/2002.....NEW YORK, NY	1.751				1,784,653		
CHEVRON PHILLIPS CHEM CO 06/06/2002.....NEW YORK, NY	1.950				3,998,917		
DONNELLEY (R.R.) & SONS 06/04/2002.....NEW YORK, NY	1.780				3,363,501		
FORTUNE BRANDS INC 06/03/2002.....NEW YORK, NY	1.800				2,034,797		
GENERAL ELEC CAP CORP 06/04/2002.....NEW YORK, NY	1.780				1,035,846		
GENERAL MILLS INC 06/07/2002.....NEW YORK, NY	1.981				3,398,878		
GENL MOTORS ACCEPT CORP 06/07/2002.....NEW YORK, NY	1.821				1,999,393		
KNIGHT-RIDDER INC 05/03/2002.....NEW YORK, NY	1.730			2,499,760			
KOCH INDUSTRIES INC 05/02/2002.....NEW YORK, NY	1.760			4,999,756			
SAFEWAY INC 05/28/2002.....NEW YORK, NY	1.902			4,258,922			
WAL-MART STORES INC 06/03/2002.....NEW YORK, NY	1.760				3,999,609		
WAL-MART STORES INC 06/04/2002.....NEW YORK, NY	1.700				1,259,821		
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	0	16,009,092	17,949,257	(3,462,136)	XXX
0399999 Total Cash on Deposit	XXX	0	0	16,009,092	17,949,257	(3,462,136)	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	969	328	328	XXX
0599999 Total Cash	XXX	0	0	16,010,061	17,949,585	(3,461,808)	XXX