



**HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 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
(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 Michael Benedict McCallister Secretary Joan Olliges Lenahan
Treasurer James Harry Bloem

VICE PRESIDENTS

<u>George Grant Bauernfeind</u>	<u>John Michael Bertko</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>William Joseph Tait #</u>	<u>Sharon Elaine Ware</u>
<u>Larry Dale Savage, CEO Cincinnati Mkt</u>		

DIRECTORS OR TRUSTEES

<u>Bruce Jay Goodman #</u>	<u>Jonathan Thomas Lord, M.D.</u>	<u>Michael Benedict McCallister</u>
<u>James Elmer Murray</u>		

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.

<u>Michael Benedict McCallister</u> President	<u>Joan Olliges Lenahan</u> Secretary	<u>James Harry Bloem</u> Treasurer
--	--	---------------------------------------

Subscribed and sworn to before me this 27th day of February, 2003

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

Julia Basham
Notary Public
January 10, 2005

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT 8 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total	3 Total Members Covered	4 Column 3 as a % of Total	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	9,622,406	2.8	2,260,220	100.0		9,622,406
2. Intermediaries	0	0.0		0.0		
3. All other providers	0	0.0		0.0		
4. Total capitation payments	9,622,406	2.8	2,260,220	100.0	0	9,622,406
Other Payments:						
5. Fee-for-service	7,993,654	2.3	XXX	XXX		7,993,654
6. Contractual fee payments	319,231,319	93.5	XXX	XXX		319,231,319
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX		
9. Non-contingent salaries	4,643,168	1.4	XXX	XXX		4,643,168
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	331,868,141	97.2	XXX	XXX	0	331,868,141
13. TOTAL (Line 4 plus Line 12)	341,490,547	100 %	XXX	XXX	0	341,490,547

EXHIBIT 8 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	6 Intermediary's Total Adjusted Capital	7 Intermediary's Authorized Control Level RBC
NONE					
9999999 Totals			XXX	XXX	XXX

23

EXHIBIT 9 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	3,495,561		2,184,218	1,311,343	1,311,343	0
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	3,495,561	0	2,184,218	1,311,343	1,311,343	0



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2002

NAIC Company Code

95348

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	3,801	3,801								
2. First Quarter	421	421								
3. Second Quarter	561	561								
4. Third Quarter	552	552								
5. Current Year	547	547								
6. Current Year Member Months	12,680	12,680								
Total Member Ambulatory Encounters for Year:										
7. Physician	127	127								
8. Non-Physician	47	47								
9. Total	174	174	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	253	253								
11. Number of Inpatient Admissions	69	69								
12. Premiums Collected	2,285,175	2,285,175								
13. Premiums Earned	2,285,175	2,285,175								
14. Amount Paid for Provision of Health Care Services	1,731,616	1,731,616								
15. Amount Incurred for Provision of Health Care Services	1,940,216	1,940,216								

34.IN



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2002

NAIC Company Code 95348

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	13,066	13,066								
2. First Quarter	12,035	12,035								
3. Second Quarter	13,078	13,078								
4. Third Quarter	11,883	11,883								
5. Current Year	11,220	11,220								
6. Current Year Member Months	144,719	144,719								
Total Member Ambulatory Encounters for Year:										
7. Physician	1,446	1,446								
8. Non-Physician	531	531								
9. Total	1,977	1,977	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	2,887	2,887								
11. Number of Inpatient Admissions	786	786								
12. Premiums Collected	26,306,091	26,306,091								
13. Premiums Earned	26,081,090	26,081,090								
14. Amount Paid for Provision of Health Care Services	21,390,136	21,373,873					16,263			
15. Amount Incurred for Provision of Health Care Services	22,144,010	22,144,010								

34.KY



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2002

NAIC Company Code

95348

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	173,771	173,771								
2. First Quarter	180,756	180,756								
3. Second Quarter	180,155	180,155								
4. Third Quarter	171,677	171,677								
5. Current Year	166,002	166,002								
6. Current Year Member Months	2,102,821	2,102,821								
Total Member Ambulatory Encounters for Year:										
7. Physician	21,017	21,017								
8. Non-Physician	7,717	7,717								
9. Total	28,734	28,734	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	41,947	41,947								
11. Number of Inpatient Admissions	11,414	11,414								
12. Premiums Collected	374,609,935	374,609,935								
13. Premiums Earned	378,967,957	378,967,957								
14. Amount Paid for Provision of Health Care Services	318,368,795	318,263,093						105,702		
15. Amount Incurred for Provision of Health Care Services	321,760,723	321,760,723								

34.OH



ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. DIVISION

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2002							NAIC Company Code	95348
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other		
		2 Individual	3 Group									
Total Members at end of:												
1. Prior Year	190,638	190,638	0	0	0	0	0	0	0	0		
2. First Quarter	193,212	193,212	0	0	0	0	0	0	0	0		
3. Second Quarter	193,794	193,794	0	0	0	0	0	0	0	0		
4. Third Quarter	184,112	184,112	0	0	0	0	0	0	0	0		
5. Current Year	177,769	177,769	0	0	0	0	0	0	0	0		
6. Current Year Member Months	2,260,220	2,260,220	0	0	0	0	0	0	0	0		
Total Member Ambulatory Encounters for Year:												
7. Physician	22,590	22,590	0	0	0	0	0	0	0	0		
8. Non-Physician	8,295	8,295	0	0	0	0	0	0	0	0		
9. Total	30,885	30,885	0	0	0	0	0	0	0	0		
10. Hospital Patient Days Incurred	45,087	45,087	0	0	0	0	0	0	0	0		
11. Number of Inpatient Admissions	12,269	12,269	0	0	0	0	0	0	0	0		
12. Premiums Collected	403,201,201	403,201,201	0	0	0	0	0	0	0	0		
13. Premiums Earned	407,334,222	407,334,222	0	0	0	0	0	0	0	0		
14. Amount Paid for Provision of Health Care Services	341,490,547	341,368,582	0	0	0	0	0	121,965	0	0		
15. Amount Incurred for Provision of Health Care Services	345,844,949	345,844,949	0	0	0	0	0	0	0	0		

34.GT

SCHEDULE A VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value, December 31, prior year (prior year statement).....	
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 10.....	
2.2 Totals, Part 3, Column 7.....	
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances, Column 7) and net of additions and permanent improvements (Column 9).....	
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 13.....	
4.2 Totals, Part 3, Column 9.....	
5. Total profit (loss) on sales, Part 3, Column 14.....	
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 11.....	
6.2 Totals, Part 3, Column 8.....	
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 12.....	
8. Book/adjusted carrying value at end of current period.....	
9. Total valuation allowance.....	
10. Subtotal (Lines 8 plus 9).....	
11. Total nonadmitted amounts.....	
12. Statement value, current period (Page 2, real estate lines, current period).....	

NONE

SCHEDULE B VERIFICATION BETWEEN YEARS

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year.....	
2. Amount loaned during year:	
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 year.....	
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.....	

NONE

SCHEDULE BA VERIFICATION BETWEEN YEARS

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year.....	2,000,000
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions.....	
2.2 Additional investment made after acquisitions.....	0
3. Accrual of discount.....	
4. Increase (decrease) by adjustment.....	(1,000,000)
5. Total profit (loss) on sale.....	
6. Amounts paid on account or in full during the year.....	
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.....	1,000,000
10. Total valuation allowance.....	
11. Subtotal (Lines 9 plus 10).....	1,000,000
12. Total nonadmitted amounts.....	
13. Statement value of long-term invested assets at end of current period.....	1,000,000

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1	249,889	5,211,512	4,671,081	1,032,749		11,165,231	12.6	21,262,665	27.1	11,165,232	
1.2 Class 2						.0	0.0	.0	0.0		
1.3 Class 3						.0	0.0	.0	0.0		
1.4 Class 4						.0	0.0	.0	0.0		
1.5 Class 5						.0	0.0	.0	0.0		
1.6 Class 6						0	0.0	0	0.0		
1.7 Totals	249,889	5,211,512	4,671,081	1,032,749	0	11,165,231	12.6	21,262,665	27.1	11,165,232	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1			259,803			259,803	0.3	260,748	0.3	259,803	
2.2 Class 2						.0	0.0	.0	0.0		
2.3 Class 3						.0	0.0	.0	0.0		
2.4 Class 4						.0	0.0	.0	0.0		
2.5 Class 5						.0	0.0	.0	0.0		
2.6 Class 6						0	0.0	0	0.0		
2.7 Totals	0	0	259,803	0	0	259,803	0.3	260,748	0.3	259,803	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1		1,920,218	6,813,657			8,733,875	9.9	.0	0.0	8,733,875	
3.2 Class 2						.0	0.0	.0	0.0		
3.3 Class 3						.0	0.0	.0	0.0		
3.4 Class 4						.0	0.0	.0	0.0		
3.5 Class 5						.0	0.0	.0	0.0		
3.6 Class 6						0	0.0	0	0.0		
3.7 Totals	0	1,920,218	6,813,657	0	0	8,733,875	9.9	0	0.0	8,733,875	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1						.0	0.0	.0	0.0		
4.2 Class 2						.0	0.0	.0	0.0		
4.3 Class 3						.0	0.0	.0	0.0		
4.4 Class 4						.0	0.0	.0	0.0		
4.5 Class 5						.0	0.0	.0	0.0		
4.6 Class 6						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1	970,451	13,561,535	9,573,382	11,070,314	15,322,671	50,498,353	57.1	28,144,606	35.9	50,498,352	
5.2 Class 2						.0	0.0	.0	0.0		
5.3 Class 3						.0	0.0	.0	0.0		
5.4 Class 4						.0	0.0	.0	0.0		
5.5 Class 5						.0	0.0	.0	0.0		
5.6 Class 6						0	0.0	0	0.0		
5.7 Totals	970,451	13,561,535	9,573,382	11,070,314	15,322,671	50,498,353	57.1	28,144,606	35.9	50,498,352	0

37

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Class 1						.0	.0.0	.0	.0.0		
6.2 Class 2						.0	.0.0	.0	.0.0		
6.3 Class 3						.0	.0.0	.0	.0.0		
6.4 Class 4						.0	.0.0	.0	.0.0		
6.5 Class 5						.0	.0.0	.0	.0.0		
6.6 Class 6						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Class 1	6,186,281	3,859,765	1,330,871			11,376,917	12.9	22,845,534	29.1	11,376,917	
7.2 Class 2	200,107	4,411,714	1,474,974			6,086,795	6.9	5,943,455	7.6	6,086,796	
7.3 Class 3	49,500		207,000			256,500	0.3	.0	0.0	256,500	
7.4 Class 4						.0	0.0	.0	0.0		
7.5 Class 5						.0	0.0	.0	0.0		
7.6 Class 6						0	0.0	0	0.0		
7.7 Totals	6,435,888	8,271,479	3,012,845	0	0	17,720,212	20.1	28,788,989	36.7	17,720,213	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Class 1						.0	0.0	.0	0.0		
8.2 Class 2						.0	0.0	.0	0.0		
8.3 Class 3						.0	0.0	.0	0.0		
8.4 Class 4						.0	0.0	.0	0.0		
8.5 Class 5						.0	0.0	.0	0.0		
8.6 Class 6						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parent, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Class 1						.0	0.0	.0	0.0		
9.2 Class 2						.0	0.0	.0	0.0		
9.3 Class 3						.0	0.0	.0	0.0		
9.4 Class 4						.0	0.0	.0	0.0		
9.5 Class 5						.0	0.0	.0	0.0		
9.6 Class 6						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	7,406,621	24,553,030	22,648,794	12,103,063	15,322,671	82,034,179	92.8	XXX	XXX	82,034,179	.0
10.2 Class 2	200,107	4,411,714	1,474,974	.0	.0	6,086,795	6.9	XXX	XXX	6,086,795	.0
10.3 Class 3	49,500	.0	207,000	.0	.0	256,500	0.3	XXX	XXX	256,500	.0
10.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.7 Totals	7,656,228	28,964,744	24,330,768	12,103,063	15,322,671	88,377,474	100.0	XXX	XXX	88,377,475	.0
10.8 Line 10.7 as a % of Col. 6	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1	14,427,797	28,777,066	15,842,087	11,939,779	1,526,824	XXX	XXX	72,513,553	92.4	72,513,552	.0
11.2 Class 2	87,438	5,747,317	108,700	.0	.0	XXX	XXX	5,943,455	7.6	5,943,455	.0
11.3 Class 3	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.6 Class 6	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.7 Totals	14,515,235	34,524,383	15,950,787	11,939,779	1,526,824	XXX	XXX	78,457,008	100.0	78,457,007	.0
11.8 Line 11.7 as a % of Col. 8	18.5	44.0	20.3	15.2	1.9	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1	7,406,621	24,553,030	22,648,793	12,103,063	15,322,671	82,034,178	92.8	72,513,553	92.4	82,034,178	XXX
12.2 Class 2	200,107	4,411,714	1,474,974	.0	.0	6,086,795	6.9	5,943,455	7.6	6,086,795	XXX
12.3 Class 3	49,500	.0	207,000	.0	.0	256,500	0.3	.0	0.0	256,500	XXX
12.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	.0	XXX
12.7 Totals	7,656,228	28,964,744	24,330,767	12,103,063	15,322,671	88,377,473	100.0	78,457,008	100.0	88,377,473	XXX
12.8 Line 12.7 as a % of Col. 6	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.2 Class 2	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.3 Class 3	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.4 Class 4	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.5 Class 5	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.6 Class 6	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.7 Totals	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ current year, \$ prior year of bonds with Z designations and \$, current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$, current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

69

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Issuer Obligations	249,889	5,211,512	4,671,081	1,032,749		11,165,231	12.6	10,543,613	13.4	11,165,232	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	10,719,052	13.7		
1.7 Totals	249,889	5,211,512	4,671,081	1,032,749	0	11,165,231	12.6	21,262,665	27.1	11,165,232	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Issuer Obligations			259,803			259,803	0.3	260,748	0.3	259,803	
2.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
2.3 Defined						0	0.0	0	0.0		
2.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
2.5 Defined						0	0.0	0	0.0		
2.6 Other						0	0.0	0	0.0		
2.7 Totals	0	0	259,803	0	0	259,803	0.3	260,748	0.3	259,803	0
3. States, Territories, and Possessions Guaranteed, Schedules D & DA (Group 3)											
3.1 Issuer Obligations		1,920,218	6,813,657			8,733,875	9.9	0	0.0	8,733,875	
3.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
3.3 Defined						0	0.0	0	0.0		
3.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
3.5 Defined						0	0.0	0	0.0		
3.6 Other						0	0.0	0	0.0		
3.7 Totals	0	1,920,218	6,813,657	0	0	8,733,875	9.9	0	0.0	8,733,875	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Issuer Obligations						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
4.3 Defined						0	0.0	0	0.0		
4.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
4.5 Defined						0	0.0	0	0.0		
4.6 Other						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Issuer Obligations	970,451	13,561,535	9,573,382	4,065,213		28,170,581	31.9	28,144,606	35.9	28,170,580	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities				7,005,101	15,322,671	22,327,772	25.3	0	0.0	22,327,772	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
5.3 Defined						0	0.0	0	0.0		
5.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES											
5.5 Defined						0	0.0	0	0.0		
5.6 Other						0	0.0	0	0.0		
5.7 Totals	970,451	13,561,535	9,573,382	11,070,314	15,322,671	50,498,353	57.1	28,144,606	35.9	50,498,352	0

40

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D & DA (Group 6)											
6.1 Issuer Obligations						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined						0	0.0	0	0.0		
6.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined						0	0.0	0	0.0		
6.6 Other						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
7. Industrial & Miscellaneous (Unaffiliated), Schedules D & DA (Group 7)											
7.1 Issuer Obligations	6,376,881	8,271,479	2,565,857			17,214,217	19.5	28,588,287	36.4	17,214,217	
7.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined	59,007					59,007	0.1	200,701	0.3	59,007	
7.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined						0	0.0	0	0.0		
7.6 Other			446,988			446,988	0.5	0	0.0	446,988	
7.7 Totals	6,435,888	8,271,479	3,012,845	0	0	17,720,212	20.1	28,788,988	36.7	17,720,212	0
8. Credit Tenant Loans, Schedules D & DA (Group 8)											
8.1 Issuer Obligations						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
9. Parents, Subsidiaries and Affiliates, Schedules D & DA (Group 9)											
9.1 Issuer Obligations						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined						0	0.0	0	0.0		
9.4 Other						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined						0	0.0	0	0.0		
9.6 Other						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	7,597,221	28,964,744	23,883,780	5,097,962	0	65,543,707	74.2	XXX	XXX	65,543,707	0
10.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	7,005,101	15,322,671	22,327,772	25.3	XXX	XXX	22,327,772	0
10.3 Defined	59,007	0	0	0	0	59,007	0.1	XXX	XXX	59,007	0
10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	446,988	0	0	446,988	0.5	XXX	XXX	446,988	0
10.7 Totals	7,656,228	28,964,744	24,330,768	12,103,063	15,322,671	88,377,474	100.0	XXX	XXX	88,377,474	0
10.8 Line 10.7 as a % of Col. 6	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	14,515,235	31,223,309	14,859,263	6,939,448	0	XXX	XXX	67,537,255	86.1	67,537,254	0
11.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	3,100,374	1,091,523	5,000,331	1,526,824	XXX	XXX	10,719,052	13.7	10,719,052	0
11.3 Defined	0	200,701	0	0	0	XXX	XXX	200,701	0.3	200,701	0
11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	14,515,235	34,524,384	15,950,786	11,939,779	1,526,824	XXX	XXX	78,457,008	100.0	78,457,007	0
11.8 Line 11.7 as a % of Col. 8	18.5	44.0	20.3	15.2	1.9	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	7,597,222	28,964,744	23,883,779	5,097,962	0	65,543,707	74.2	67,537,255	86.1	65,543,707	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	7,005,101	15,322,671	22,327,772	25.3	10,719,052	13.7	22,327,772	XXX
12.3 Defined	59,007	0	0	0	0	59,007	0.1	200,701	0.3	59,007	XXX
12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.5 Defined	0	0	0	0	0	0	0.0	0	0.0	0	XXX
12.6 Other	0	0	446,988	0	0	446,988	0.5	0	0.0	446,988	XXX
12.7 Totals	7,656,229	28,964,744	24,330,767	12,103,063	15,322,671	88,377,474	100.0	78,457,008	100.0	88,377,474	XXX
12.8 Line 12.7 as a % of Col. 6	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	8.7	32.8	27.5	13.7	17.3	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Bonds MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.3 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.5 Defined	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.6 Other	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE DA - PART 2

Verification of SHORT-TERM INVESTMENTS Between Years

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year	13,527,176	13,527,176	0	0	0
2. Cost of short-term investments acquired	112,597,925	112,597,925			
3. Increase (decrease) by adjustment	(39,660)	(39,660)			
4. Increase (decrease) by foreign exchange adjustment	0				
5. Total profit (loss) on disposal of short-term investments	0				
6. Consideration received on disposal of short-term investments	119,958,167	119,958,167			
7. Book/adjusted carrying value, current year	6,127,274	6,127,274	0	0	0
8. Total valuation allowance	0				
9. Subtotal (Lines 7 plus 8)	6,127,274	6,127,274	0	0	0
10. Total nonadmitted amounts	0				
11. Statement value (Lines 9 minus 10)	6,127,274	6,127,274	0	0	0
12. Income collected during year	165,109	165,109			
13. Income earned during year	165,109	165,109			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

43

Schedule DB - Part A - VBY

NONE

Schedule DB - Part B - VBY

NONE

Schedule DB - Part C - VBY

NONE

Schedule DB - Part D - VBY

NONE

Schedule DB - Part E - VBY

NONE

Schedule DB - Part F - Section 1

NONE

Schedule DB - Part F - Section 2

NONE

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2002	2 2001	3 2000	4 1999	5 1998
A. OPERATIONS ITEMS					
1. Premiums.....	0	(123)	291	20	0
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....	0	0	0	0	0
5. Total medical and hospital expenses.....	0	0	0	31	(543)
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	0	96	638
8. Reinsurance recoverable on paid losses.....	0	0	936	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

SCHEDULE S-PART 6

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 9)	90,336,049		90,336,049
2. Amounts recoverable from reinsurers (Line 12)	0		0
3. Accident and health premiums due and unpaid (Line 10).....	5,954,523		5,954,523
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	5,754,246		5,754,246
6. Total assets (Line 23)	102,044,819	0	102,044,819
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	34,875,780	0	34,875,780
8. Accrued medical incentive pool and bonus payments (Line 2).....	3,263,827		3,263,827
9. Premiums received in advance (Line 6).....	4,097,391		4,097,391
10. Reinsurance in unauthorized companies (Line 14).....	0		0
11. All other liabilities (Balance).....	13,318,532		13,318,532
12. Total liabilities (Line 18).....	55,555,531	0	55,555,531
13. Total capital and surplus (Line 26).....	46,489,288	XXX	46,489,288
14. Total liabilities, capital and surplus (Line 27)	102,044,819	0	102,044,819
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance	0		
18. Reinsurance recoverable on paid losses	0		
19. Other ceded reinsurance recoverables	0		
20. Total ceded reinsurance recoverables	0		
21. Premiums receivable	0		
22. Unauthorized reinsurance	0		
23. Other ceded reinsurance payables/offsets	0		
24. Total ceded reinsurance payable/offsets	0		
25. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2002 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE Y (continued)
PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
69671	61-1041514	Humana Health Insurance Company of Florida, Inc.	0	0			12,952,261	0			12,952,261	
00000	61-1237697	Emphesys, Inc.	0	0			0	0			0	
00000	61-1343508	Humana Marketpoint, Inc.	0	0			43,102,082	0			43,102,082	
00000	61-1241225	Humana Military Healthcare Services, Inc.	0	0			(27,507,731)	0			(27,507,731)	
00000	61-1388903	Humana Military 2/5, Inc.	0	0			(2,735,921)	0			(2,735,921)	
95105	61-1246358	Humana Group Health Plan, Inc.	0	0			(160,502)	0			(160,502)	
95270	61-1103898	Humana Medical Plan, Inc.	(38,000,000)	(12,000,000)			(229,658,393)	0			(279,658,393)	
95885	61-1013183	Humana Health Plan, Inc.	0	0			(247,478,837)	0			(247,478,837)	
95348	31-1154200	Humana Health Plan of Ohio, Inc.	(10,000,000)	0			(31,908,990)	0			(41,908,990)	
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	0			(28,028,642)	0			(28,028,642)	
54739	52-1157181	The Dental Concern, Inc. (FKA Randmark, Inc.)	0	0			(932,664)	0			(932,664)	
00000	61-0647538	Humana Inc	213,713,415	1,000,000			785,123,140	0			999,836,555	
00000	61-1232669	Managed Care Indemnity, Inc.	0	0			0	0			0	
00000	39-1514846	CareNetwork, Inc.	0	0			0	0			0	
00000	39-1569731	Network EPO, Inc.	0	0			0	0			0	
00000	61-1223418	Health Value Management, Inc.	0	0			(4,553,896)	0			(4,553,896)	
95342	39-1525003	Humana Wisconsin Health Organization Insurance Corporation	0	0			(21,366,958)	(817,040)			(22,183,998)	
00000	39-1780180	EMPHESYS Financial Group, Inc.	0	0			0	0			0	
73288	39-1263473	Humana Insurance Company	(165,713,415)	(10,000,000)			(235,441,837)	817,040			(410,338,212)	
52028	39-3654697	The Dental Concern, Ltd.	0	0			(326,141)	0			(326,141)	
95519	58-2209549	Humana Employers Health Plan of Georgia, Inc.	0	10,000,000			(3,205,221)	0			6,794,779	
70580	39-0714280	HumanaDental Insurance Company	0	11,000,000			(6,570,331)	0			4,429,669	
88595	31-0935772	Emphesys Insurance Company	0	0			(369,953)	0			(369,953)	
00000	39-1139087	Wisconsin Employers Group, Inc.	0	0			0	0			0	
00000	61-1316926	Humana Pharmacy	0	0			0	0			0	
60219	61-1311605	Humana Insurance Company of Kentucky	0	0			(931,466)	0			(931,466)	
00000	66-0291866	PCA Insurance Group of Puerto Rico, Inc.	0	0			0	0			0	
00000	66-0406896	PCA Health Plans of Puerto Rico, Inc.	0	0			0	0			0	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

56

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

- 1. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?..... Yes [] No [X]
- 2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?..... Yes [] No [X]
- 3. Will an actuarial certification be filed by March 1?..... Yes [X] No []
- 4. Will the Risk-based Capital Report be filed with the NAIC by March 1?..... Yes [X] No []
- 5. Will the Risk-based Capital Report be filed with the state of domicile, if required by March 1?..... Yes [X] No []
- 6. Will the SVO Compliance Certification be filed by March 1? Yes [X] No []

APRIL FILING

- 7. Will Management's Discussion and Analysis be filed by April 1?..... Yes [X] No []
- 8. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile by April 1?..... Yes [] No [X]
- 9. Will the Investment Risks Interrogatories be filed by April 1? Yes [X] No []

JUNE FILING

- 10. Will an audited financial report be filed by June 1 with the state of domicile? Yes [X] No []

EXPLANATIONS:

BAR CODE:



OVERFLOW PAGE FOR WRITE-INS
