



QUARTERLY STATEMENT

AS OF MARCH 31, 2011
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code	0119 (Current Period)	0119 (Prior Period)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of <u>Ohio</u>			State of Domicile or Port of Entry <u>Ohio</u>			
Country of Domicile <u>United States</u>						
Licensed as business type:	Life, Accident & Health [<input type="checkbox"/>]	Property/Casualty [<input type="checkbox"/>]	Hospital, Medical & Dental Service or Indemnity [<input type="checkbox"/>]			
	Dental Service Corporation [<input type="checkbox"/>]	Vision Service Corporation [<input type="checkbox"/>]	Health Maintenance Organization [<input checked="" type="checkbox"/> X]			
	Other [<input type="checkbox"/>]		Is HMO, Federally Qualified? Yes [<input checked="" type="checkbox"/> X] No [<input type="checkbox"/>]			
Incorporated/Organized	<u>08/19/1985</u>	Commenced Business			<u>03/10/1979</u>	
Statutory Home Office	<u>640 Eden Park Drive</u> (Street and Number)			<u>Cincinnati, OH 45202-6056</u> (City or Town, State and Zip Code)		
Main Administrative Office	<u>640 Eden Park Drive</u> (Street and Number)			<u>Cincinnati, OH 45202-6056</u> (City or Town, State and Zip Code)		
Mail Address	<u>P.O. Box 740036</u> (Street and Number or P.O. Box)			<u>Louisville, KY 40201-7436</u> (City or Town, State and Zip Code)		
Primary Location of Books and Records	<u>640 Eden Park Drive</u> (Street and Number)			<u>Cincinnati, OH 45202-6056</u> (City or Town, State and Zip Code)		
Internet Web Site Address	<u>www.humana.com</u>					
Statutory Statement Contact	<u>Murray Gipe</u> (Name)			<u>502-580-1548</u> (Area Code) (Telephone Number) (Extension)		
	<u>mgipe@humana.com</u> (E-mail Address)			<u>502-580-2099</u> (FAX Number)		

OFFICERS

Name	Title	Name	Title
Michael Benedict McCallister	President & CEO	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Frank Murray Amrine	Appointed Actuary

OTHER OFFICERS

George Grant Bauernfeind	Vice President	John Timothy Cappel	Mkt Pres-Ohio
John Gregory Catron	Vice President	James David Eldred	Reg VP-Finance/Cincinnati
Roy Goldman Ph.D	VP & Chief Actuary	Charles Frederic Lambert, III	Vice President
Thomas Joseph Liston	Sr. Vice President-Sr. Products	Heidi Suzanne Margulis	Sr. Vice President
Stephen Lance Ringel	Vice President	Larry Dale Savage	Reg CEO
William Joseph Tait	Vice President	Joseph Christopher Ventura	Assistant Secretary

DIRECTORS OR TRUSTEES

Bruce Jay Goodman	Michael Benedict McCallister	James Elmer Murray
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State of Kentucky
ss

County of Jefferson

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael Benedict McCallister President & CEO	Joan Olliges Lenahan VP & Corporate Secretary	James Harry Bloem Sr. VP, CFO & Treasurer
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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 _____

Subscribed and sworn to before me this
10th day of May, 2011

Julia Basham, Notary Public
January 10, 2013

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	59,817,469		59,817,469	23,143,341
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ 0 encumbrances)			0	0
4.2 Properties held for the production of income (less \$ 0 encumbrances)			0	0
4.3 Properties held for sale (less \$ 0 encumbrances)			0	0
5. Cash (\$ 2,967,987), cash equivalents (\$ 10,499,933) and short-term investments (\$ 2,343,871)	15,811,791		15,811,791	55,464,949
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives	560,670		560,670	560,670
8. Other invested assets			0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets	964,170		964,170	554,170
11. Aggregate write-ins for invested assets	0	.0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	77,154,100	.0	77,154,100	79,723,130
13. Title plants less \$ 0 charged off (for Title insurers only)			0	0
14. Investment income due and accrued	461,472		461,472	277,524
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	.67,975	.67,975	0	116,529
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ 0 earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums	559,745		559,745	64,044
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans .....	.33,197		.33,197	.29,028
18.1 Current federal and foreign income tax recoverable and interest thereon	850,880		850,880	451,893
18.2 Net deferred tax asset .....	.7,437,558	.1,916,527	5,521,031	.5,521,031
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	1,127,656	.1,127,656	0	532,428
21. Furniture and equipment, including health care delivery assets (\$ 0 ) .....	.5,180,159	.5,180,159	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates			0	0
24. Health care (\$ 717,788) and other amounts receivable	856,089		856,089	964,519
25. Aggregate write-ins for other than invested assets	843,493	.843,493	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	94,572,324	9,135,810	85,436,514	87,680,126
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	94,572,324	9,135,810	85,436,514	87,680,126
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	.0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Expenses	695,843	.695,843	0	0
2502. Prepaid Commissions	107,995	.107,995	0	0
2503. Deposits .....	.39,655	.39,655	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	.0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	843,493	843,493	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	17,104,654	.274,073	17,378,727	18,074,909
2. Accrued medical incentive pool and bonus amounts	100,000		100,000	100,000
3. Unpaid claims adjustment expenses	203,539		203,539	200,322
4. Aggregate health policy reserves	11,809,072		11,809,072	11,609,985
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	.30,000		30,000	.28,000
8. Premiums received in advance	4,630,566		4,630,566	2,271,538
9. General expenses due or accrued	4,681,678		4,681,678	4,668,342
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 0 on realized gains (losses))			0	.4,435,610
10.2 Net deferred tax liability			0	0
11. Ceded reinsurance premiums payable	.28,871		28,871	.32,681
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	.370,992		.370,992	.353,940
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	3,998,131		3,998,131	.3,517,842
16. Derivatives			0	0
17. Payable for securities	.174,620		.174,620	0
18. Payable for securities lending	.1,001,832		.1,001,832	.591,832
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers and \$ 0 unauthorized reinsurers)			0	0
20. Reinsurance in unauthorized companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	.520,881		.520,881	.203,239
23. Aggregate write-ins for other liabilities (including \$ current)	0	.0	0	0
24. Total liabilities (Lines 1 to 23)	.44,654,836	.274,073	.44,928,909	.46,088,240
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	1,000	.1,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	.42,601,892	.42,601,893
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(2,095,287)	(1,011,007)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	.40,507,605	.41,591,886
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	85,436,514	87,680,126
DETAILS OF WRITE-INS				
2301.			0	0
2302.			0	0
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	.0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	0	0	0	0
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX.....	177,572.....	211,914.....	797,718.....
2. Net premium income (including \$ 0 non-health premium income).....	XXX.....	55,589,620.....	15,103,788.....	98,325,222.....
3. Change in unearned premium reserves and reserve for rate credits.....	XXX.....	.....	0.....	0.....
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX.....	.....	0.....	0.....
5. Risk revenue.....	XXX.....	.....	0.....	0.....
6. Aggregate write-ins for other health care related revenues.....	XXX.....	0.....	0.....	0.....
7. Aggregate write-ins for other non-health revenues.....	XXX.....	0.....	0.....	0.....
8. Total revenues (Lines 2 to 7).....	XXX.....	55,589,620.....	15,103,788.....	98,325,222.....
Hospital and Medical:				
9. Hospital/medical benefits.....	671,734.....	35,903,154.....	40,180,867.....	156,889,573.....
10. Other professional services.....	.....	493,755.....	1,303,757.....	2,787,187.....
11. Outside referrals.....	.....	.....	0.....	0.....
12. Emergency room and out-of-area.....	22,283.....	1,700,518.....	1,781,576.....	6,337,721.....
13. Prescription drugs.....	.....	6,012,325.....	7,093,480.....	29,153,664.....
14. Aggregate write-ins for other hospital and medical.....	0.....	0.....	0.....	0.....
15. Incentive pool, withhold adjustments and bonus amounts.....	.....	.....	0.....	184,844.....
16. Subtotal (Lines 9 to 15).....	694,017.....	44,109,752.....	50,359,680.....	195,352,989.....
Less:				
17. Net reinsurance recoveries.....	.....	35,723,557.....	107,378,496.....	.....
18. Total hospital and medical (Lines 16 minus 17).....	694,017.....	44,109,752.....	14,636,123.....	87,974,493.....
19. Non-health claims (net).....	.....	.....	0.....	0.....
20. Claims adjustment expenses, including \$ 2,514,932 cost containment expenses.....	.....	3,024,113.....	350,430.....	5,348,958.....
21. General administrative expenses.....	.....	10,491,749.....	1,665,349.....	19,453,518.....
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....	.....	.....	0.....	(10,000).....
23. Total underwriting deductions (Lines 18 through 22).....	694,017.....	57,625,614.....	16,651,902.....	112,766,969.....
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX.....	(2,035,994).....	(1,548,114).....	(14,441,747).....
25. Net investment income earned.....	.....	251,216.....	207,179.....	967,220.....
26. Net realized capital gains (losses) less capital gains tax of \$.....	(59).....	.....	(110).....	1,319.....
27. Net investment gains (losses) (Lines 25 plus 26).....	0.....	251,106.....	208,498.....	965,025.....
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0 )].....	.....	.....	0.....	0.....
29. Aggregate write-ins for other income or expenses.....	0.....	3,301.....	0.....	26.....
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29).....	XXX.....	(1,781,587).....	(1,339,616).....	(13,476,696).....
31. Federal and foreign income taxes incurred.....	XXX.....	(850,821).....	(1,642,723).....	5,998,405.....
32. Net income (loss) (Lines 30 minus 31).....	XXX.....	(930,766).....	303,107.....	(19,475,101).....
DETAILS OF WRITE-INS				
0601.	XXX.....	.....	0.....	0.....
0602.	XXX.....	.....	0.....	0.....
0603.	XXX.....	.....	0.....	0.....
0698. Summary of remaining write-ins for Line 6 from overflow page.....	XXX.....	0.....	0.....	0.....
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above).....	XXX.....	0.....	0.....	0.....
0701.	XXX.....	.....	0.....	0.....
0702.	XXX.....	.....	0.....	0.....
0703.	XXX.....	.....	0.....	0.....
0798. Summary of remaining write-ins for Line 7 from overflow page.....	XXX.....	0.....	0.....	0.....
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above).....	XXX.....	0.....	0.....	0.....
1401. ....	.....	.....	0.....	0.....
1402. ....	.....	.....	.....	.....
1403. ....	.....	.....	0.....	0.....
1498. Summary of remaining write-ins for Line 14 from overflow page.....	0.....	0.....	0.....	0.....
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above).....	0.....	0.....	0.....	0.....
2901. Miscellaneous Income.....	.....	3,301.....	0.....	26.....
2902. ....	.....	.....	.....	.....
2903. ....	.....	.....	.....	.....
2998. Summary of remaining write-ins for Line 29 from overflow page.....	0.....	0.....	0.....	0.....
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above).....	0.....	3,301.....	0.....	26.....

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year	41,591,886	16,177,826	16,177,826
34. Net income or (loss) from Line 32	(930,766)	303,107	(19,475,101)
35. Change in valuation basis of aggregate policy and claim reserves	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	(6,541)	5,589	4,007
37. Change in net unrealized foreign exchange capital gain or (loss)	0	0	0
38. Change in net deferred income tax	0	0	10,890,271
39. Change in nonadmitted assets	(146,974)	426,799	(1,006,766)
40. Change in unauthorized reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend)	0	0	0
44.3 Transferred to surplus	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	5,000,000	35,000,000
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	1,649
48. Net change in capital and surplus (Lines 34 to 47)	(1,084,281)	5,735,495	25,414,060
49. Capital and surplus end of reporting period (Line 33 plus 48)	40,507,605	21,913,321	41,591,886
DETAILS OF WRITE-INS			
4701. Unrealized Valuation Allowance on Securities Lending	0	0	1,649
4702.	0	0	0
4703.	0	0	0
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	1,649

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	57,800,640	17,966,267	98,035,782
2. Net investment income.....	116,549	219,955	974,841
3. Miscellaneous income.....	0	0	0
4. Total (Lines 1 to 3).....	57,917,189	18,186,222	99,010,623
5. Benefit and loss related payments.....	47,824,830	13,995,505	78,842,755
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	10,161,640	1,106,557	19,101,809
7. Commissions, expenses paid and aggregate write-ins for deductions.....	0	0	0
8. Dividends paid to policyholders.....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$(59) tax on capital gains (losses).....	3,983,717	(1,642,013)	2,013,506
10. Total (Lines 5 through 9).....	61,970,187	13,460,049	99,958,070
11. Net cash from operations (Line 4 minus Line 10).....	(4,052,998)	4,726,173	(947,447)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds.....	1,343,730	337,930	2,759,500
12.2 Stocks.....	0	0	0
12.3 Mortgage loans.....	0	0	0
12.4 Real estate.....	0	0	0
12.5 Other invested assets.....	(410,000)	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....	(169)	0	0
12.7 Miscellaneous proceeds.....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	933,561	337,930	2,759,500
13. Cost of investments acquired (long-term only):			
13.1 Bonds.....	38,073,680	0	8,887,952
13.2 Stocks.....	0	0	0
13.3 Mortgage loans.....	0	0	0
13.4 Real estate.....	0	0	0
13.5 Other invested assets.....	0	0	0
13.6 Miscellaneous applications.....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6).....	38,073,680	0	8,887,952
14. Net increase (or decrease) in contract loans and premium notes.....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....	(37,140,119)	337,930	(6,128,452)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes.....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	5,000,000	35,001,648
16.3 Borrowed funds.....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....	0	0	0
16.5 Dividends to stockholders.....	0	0	0
16.6 Other cash provided (applied).....	1,539,960	15,823,398	18,645,159
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	1,539,960	20,823,398	53,646,807
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(39,653,157)	25,887,501	46,570,908
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	55,464,948	8,894,040	8,894,040
19.2 End of period (Line 18 plus Line 19.1).....	15,811,791	34,781,541	55,464,948

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
Total Members at end of:										
1. Prior Year	63,943	79	59,511	0	0	0	0	4,353	0	0
2. First Quarter	59,522	76	52,727	0	0	0	0	6,719	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	0	0
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	177,572	229	157,592					19,751		
Total Member Ambulatory Encounters for Period:										
7. Physician	59,727		48,463					11,264		
8. Non-Physician	42,333		30,376					11,957		
9. Total	102,060	0	78,839	0	0	0	0	23,221	0	0
10. Hospital Patient Days Incurred	4,790		2,537					2,253		
11. Number of Inpatient Admissions	1,243		777					466		
12. Health Premiums Written (a)	55,633,066	216,732	41,574,566					13,841,768		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	55,633,066	216,732	41,574,566					13,841,768		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	44,803,934	231,141	33,591,621					10,981,172		
18. Amount Incurred for Provision of Health Care Services	44,109,752	151,026	31,828,765					12,129,961		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 13,841,768

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
ATRIUM MEDICAL CENTER	13,105					13,105
AURORA HEALTH CARE METRO INC.	24,970					24,970
BETHESDA HOSPITAL INC.	46,579			12,763		59,342
BETHESDA NORTH HOSPITAL	67,049					67,049
CHILDRENS HOSP HOME HEALTH	24,906			10,021		34,927
CHILDRENS HOSPITAL MEDICAL CENTER	101,538			12,280	32,699	146,517
CHRIST HOSPITAL	45,060					56,710
CLEVELAND CLINIC HOSPITAL	11,370		11,005			22,375
EVENDALE MEDICAL CENTER LLC						135,238
FORT HAMILTON HOSPITAL	31,280					31,280
GOOD SAMARITAN HOSPITAL	144,012				50,130	194,142
GREENE MEMORIAL HOSPITAL	33,106					33,106
HURON HOSPITAL	21,092					21,092
JEWISH HOSPITAL LLC						34,046
LAKEWOOD HOSPITAL	12,236					12,236
LINDNER CENTER OF HOPE	12,815					12,815
LUTHERAN HOSPITAL	11,023					11,023
MANAGEMENT AND NETWORK SERVICE	14,118					14,118
MERCY HOSPITAL ANDERSON	11,699					11,699
MERCY HOSPITAL FAIRFIELD	29,740		39,825			69,565
OUR LADY OF RESURRECTION MEDICAL CENTER	13,689					13,689
ST ELIZABETH HEALTHCARE	279,189		30,215			309,404
STEPPING STONE CENTER FOR RECOVERY	11,094					11,094
THE CHRIST HOSPITAL	159,072					159,072
WALID S KASSEM MD						14,700
WEST CHESTER MEDICAL						60,932
0199999 Individually listed claims unpaid	1,118,742		81,045		82,829	256,566
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	5,403,237		143,253		35,944	95,703
0499999 Subtotals	6,521,979		224,298		106,911	352,269
0599999 Unreported claims and other claim reserves	XXX		XXX		XXX	10,054,497
0699999 Total amounts withheld	XXX		XXX		XXX	
0799999 Total claims unpaid	XXX		XXX		XXX	17,378,727
0899999 Accrued medical incentive pool and bonus amounts	XXX		XXX		XXX	100,000

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	12,547,098	21,350,764	1,595,042	11,444,703	14,142,140	14,955,561
2. Medicare Supplement					0	0
3. Dental Only					0	0
4. Vision Only					0	0
5. Federal Employees Health Benefits Plan					0	2,255
6. Title XVIII - Medicare	3,059,878	7,846,194	479,766	3,889,216	3,539,644	3,145,093
7. Title XIX - Medicaid					0	0
8. Other health					0	0
9. Health subtotal (Lines 1 to 8).....	15,606,976	29,196,958	2,074,808	15,333,919	17,681,784	18,102,909
10. Health care receivables (a).....					0	0
11. Other non-health					0	0
12. Medical incentive pools and bonus amounts				100,000	0	100,000
13. Totals (Lines 9-10+11+12)	15,606,976	29,196,958	2,074,808	15,433,919	17,681,784	18,202,909

(a) Excludes \$0 loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2011 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 Florida Department of Insurance.

The Florida Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Florida for determining and reporting the financial condition and results of operations of an insurance Company, for determining its solvency under the Florida Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Florida. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

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

		State of Domicile	2011	2010
Net Income				
1. Humana AdvantageCare Plan, Inc. Florida basis	FL	\$ (265,567)	\$ 3,516,770	
2. State Prescribed Practices that increase/(decrease) NAIC SAP	FL	-	-	
3. State Permitted Practices that increase/(decrease) NAIC SAP	FL	-	-	
4. NAIC SAP	FL	\$ (265,567)	\$ 3,516,770	
Surplus				
5. Humana AdvantageCare Plan, Inc. Florida basis	FL	\$ 22,956,006	\$ 20,818,024	
6. State Prescribed Practices that increase/(decrease) NAIC SAP	FL	-	-	
7. State Permitted Practices that increase/(decrease) NAIC SAP	FL	-	-	
a. Nonadmitted Intercompany Receivable	FL	-	\$ 2,583,713	
8. NAIC SAP	FL	\$ 22,956,006	\$ 20,401,737	

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. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2)-(4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. The Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) Not Applicable.
- (6) Not Applicable.

NOTES TO FINANCIAL STATEMENTS

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10)-(11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

(12) Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

(13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

2. Accounting Changes and Corrections of Errors

Not Applicable.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

The Company does not have any investments in an other-than-temporary impairment position at March 31, 2011.

The Company does not have any loan-backed securities in an unrealized loss position at March 31, 2011.

E. Repurchase Agreements

Not Applicable.

F. Real Estate

Not Applicable.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

G. Low-Income Housing Tax Credits (LIHTC)
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 10.0 percent 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. Due and accrued income was excluded from surplus on the following basis:
All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loan default.
B. The total amount excluded was \$0.

8. Derivative Instruments
Not Applicable.

9. Income Taxes
No material change since year-end December 31, 2010.

10. Information Concerning Parent, Subsidiaries and Affiliates
A.-F. The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2010 and 2009 were approximately \$4.5 million and \$5.9 million respectively. As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. As a result, any residual inter-Company balances are immediately settled in the following month. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations. No dividends were paid by the Company. At December 31, 2010, the Company reported \$2.6 million from Humana, Inc. This full amount is not admitted. Amounts due to or from parent are generally settled within 30 days.
G. Not Applicable.
H. Not Applicable.
I. Not Applicable.
J. Not Applicable.
K. Not Applicable.
L. Not Applicable.

11. Debt
A. Debt, including Capital Notes
The Company has no capital notes outstanding.
The Company has no debentures outstanding.
The Company does not have any reverse repurchase agreements.
B. Federal Home Loan-Back (FHLB) Agreements
The Company does not have any FHLB 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, 2010.
E. Post Employment Benefits and Compensated Absences
Not Applicable.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable.

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

- 1) The company has \$0.001 value common stock with 40,000,000 shares authorized and 40,000,000 shares issued and outstanding. All shares are common stock.
- 2) The Company has no preferred stock outstanding.
- 3-5) 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 exceeds the Company's prior year net operating profits and realized capital gains plus ten percent of available and accumulated surplus funds delivered from realized net operating profits and net realized capital gains. Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. No dividends were paid by the Company.
- 6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- 7) Not Applicable.
- 8) Not Applicable.
- 9) Not Applicable.
- 10) Not Applicable.
- 11) Not Applicable.
- 12) Not Applicable.
- 13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits.

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company 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 Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of March 31, 2011.

15. Leases

A. Lessee Operating Lease

No material change since year-end December 31, 2010.

B. Other Leases

Not Applicable.

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

The Company has no investment in Financial Instruments with Off Balance Sheet Risk or Concentrations of Credit Risk.

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

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

A. ASO Plans
Not Applicable.

B. ASC Plans
Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

a. The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare.

b. As of March 31, 2011, the Company has not recorded a receivable from CMS related to the cost share and reinsurance components of administered Medicare products.

c. As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues or receivables.

d. The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators
Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at March 31, 2011.

(2) There were no fair value measurements using significant unobservable inputs.

(3) The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between fair value hierarchy levels between December 31, 2010 and March 31, 2011.

B. No assets or liabilities were measured at fair value on a non-recurring basis.

C. Not Applicable.

D. Not Applicable.

21. Other Items

A. Extraordinary Items
Not Applicable.

B. Troubled Debt Restructuring
Not Applicable.

C. Other Disclosures
Not Applicable.

D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bill Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.
Not Applicable.

E. Business Interruption Insurance Recoveries
Not Applicable.

F. State Transferable Tax Credits
Not Applicable.

G. Subprime Mortgage Related Risk Exposure
The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(1) Direct exposure through investments in sub-prime mortgage loans.
The Company has no direct exposure through investment to sub-prime mortgage loans.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO FINANCIAL STATEMENTS

- (2) Indirect exposure to sub-prime mortgage risk through investments in the following securities:
 - a. Residential mortgage backed securities – No substantial exposure noted.
 - b. Collateralized debt obligations – No substantial exposure noted.
 - c. Structured Securities (including principal protected notes) – No substantial exposure noted.
 - d. Debt Securities of companies with significant sub-prime exposure – No substantial exposure noted.
 - e. Equity securities of companies with significant sub-prime exposure – No substantial exposure noted.
 - f. Other Assets – No substantial exposure noted.
- (3) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.
- (4) Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

22. 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. Subsequent events have been considered through May 12, 2011 for the statutory statement issued on May 12, 2011.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10.0 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

If yes, give full details.

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10.0 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0

- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.**NOTES TO FINANCIAL STATEMENTS****B. Uncollectible Reinsurance**

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at March 31, 2011 that are subject to retrospective rating features was \$2.6 million represented 8.74 percent of the total net premiums written for the group health. No other net premiums written by the Company are subject to retrospective rating features.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2010 were \$17.5 million. As of March 31, 2011, \$15.8 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.8 million as a result of reestimation of unpaid claims and claim adjustment expenses on the MedicareAdvantage book of business. Therefore, there has been a \$0.9 million favorable prior-year development since December 31, 2010. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The company has no retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

Not Applicable.

28. Health Care Receivables**A. Pharmaceutical Rebate Receivables**

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
3/31/2011	\$ 717,974	\$ 717,974	\$ -	\$ -	\$ -
12/31/2010	\$ 884,855	\$ 884,855	\$ 884,855	\$ -	\$ -
9/30/2010	\$ 687,613	\$ 687,513	\$ 687,513	\$ -	\$ -
6/30/2010	\$ 880,566	\$ 880,566	\$ 880,566	\$ -	\$ -
3/31/2010	\$ 725,874	\$ 725,874	\$ 725,874	\$ -	\$ -
12/31/2009	\$ 824,277	\$ 824,277	\$ 824,277	\$ -	\$ -
9/30/2009	\$ 1,049,626	\$ 1,049,626	\$ 1,049,626	\$ -	\$ -
6/30/2009	\$ 993,581	\$ 993,581	\$ 993,581	\$ -	\$ -
3/31/2009	\$ 1,227,141	\$ 1,227,141	\$ 1,227,141	\$ -	\$ -

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

Not Applicable.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$11,230,000
2. Date of the most recent evaluation of this liability December 31, 2010
3. Was anticipated investment income utilized in the calculation? Yes () No (X)

31. Anticipated Salvage and Subrogation

Not Applicable.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

GENERAL INTERROGATORIES

**PART 1 - COMMON INTERROGATORIES
GENERAL**

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

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

2.1 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]

2.2 If yes, date of change:

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

If yes, complete the Schedule Y - Part 1 - organizational chart.

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

4.2 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

5. 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.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010

6.2 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. 12/31/2005

6.3 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). 03/14/2007

6.4 By what department or departments?

Ohio Department of Insurance.....

6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes [X] No [] NA []

6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [] No [] NA []

7.1 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? Yes [] No [X]

7.2 If yes, give full information:

.....

8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes [] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

.....

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [] No [X]

8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No []

- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
- (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
- (c) Compliance with applicable governmental laws, rules and regulations;
- (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
- (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

.....

9.2 Has the code of ethics for senior managers been amended? Yes [] No [X]

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

.....

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

.....

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

11.1 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]

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

.....

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

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$	\$
14.22 Preferred Stock	\$	\$
14.23 Common Stock	\$	\$
14.24 Short-Term Investments	\$	\$
14.25 Mortgage Loans on Real Estate	\$	\$
14.26 All Other	\$	\$
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$	\$

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [] No [X]

15.2 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.

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E – Part 3 – Special Deposits, 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 Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes [X] No []

16.1 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, 15th Floor, New York, NY 10004-2413, ATTN: Charles Tuzzolino.....

16.2 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)
.....

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes [] No [X]

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

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

16.5 Identify all investment advisors, broker/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
107105.00.....	Blackrock, Inc.....	40 East 52nd Street, New York, NY 10022.....

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes [X] No []

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent.....	83.9 %
1.2 A&H cost containment percent	4.5 %
1.3 A&H expense percent excluding cost containment expenses.....	19.8 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____ 0

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

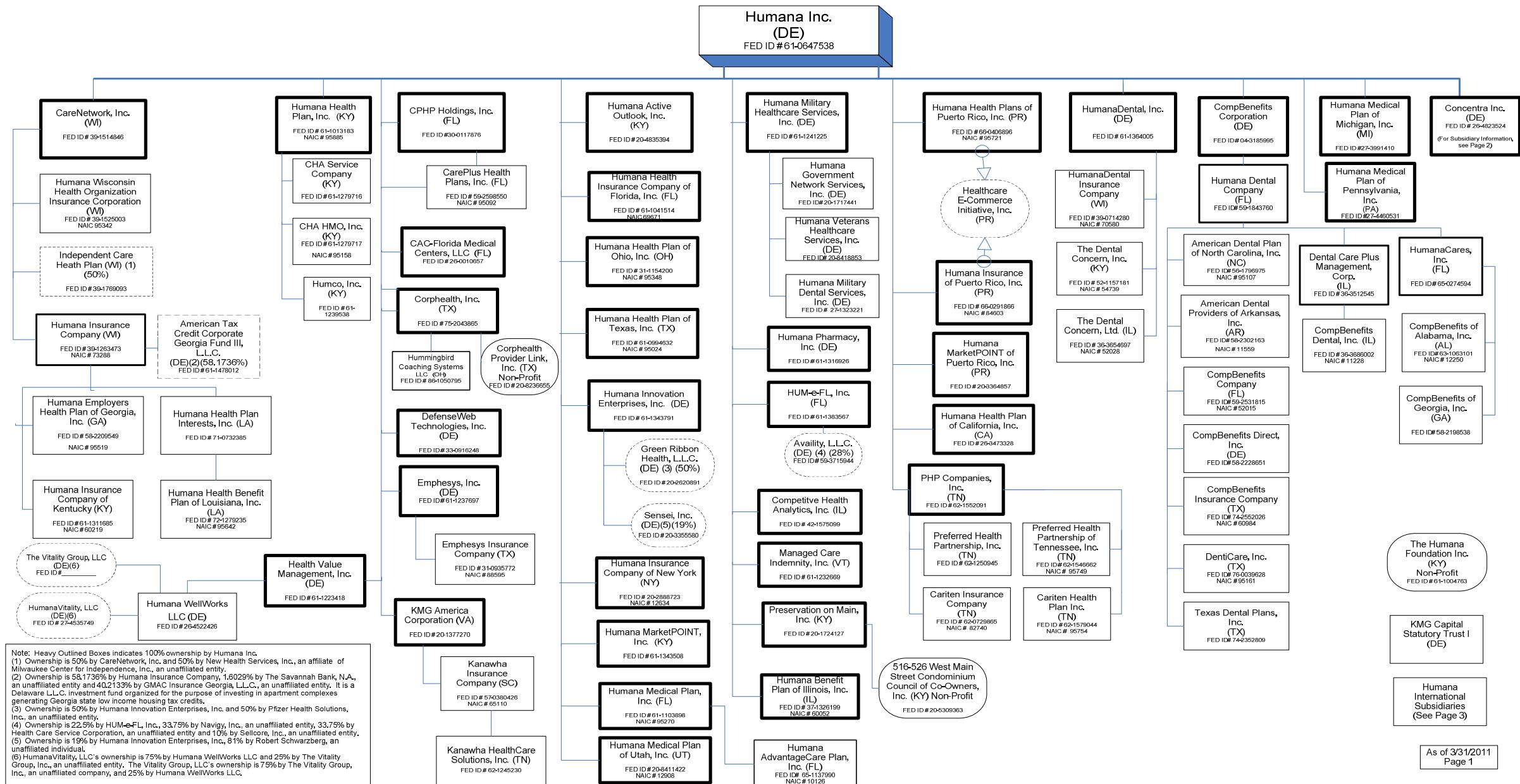
States, Etc.	1 Active Status	Direct Business Only						
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/ Casualty Premiums	8 Total Columns 2 Through 7
1. Alabama	AL	N.						0
2. Alaska	AK	N.						0
3. Arizona	AZ	N.						0
4. Arkansas	AR	N.						0
5. California	CA	N.						0
6. Colorado	CO	N.						0
7. Connecticut	CT	N.						0
8. Delaware	DE	N.						0
9. Dist. Columbia	DC	N.						0
10. Florida	FL	N.						0
11. Georgia	GA	N.						0
12. Hawaii	HI	N.						0
13. Idaho	ID	N.						0
14. Illinois	IL	N.						0
15. Indiana	IN	L.						0
16. Iowa	IA	N.						0
17. Kansas	KS	N.						0
18. Kentucky	KY	L.	5,930,190					5,930,190
19. Louisiana	LA	N.						0
20. Maine	ME	N.						0
21. Maryland	MD	N.						0
22. Massachusetts	MA	N.						0
23. Michigan	MI	N.						0
24. Minnesota	MN	N.						0
25. Mississippi	MS	N.						0
26. Missouri	MO	N.						0
27. Montana	MT	N.						0
28. Nebraska	NE	N.						0
29. Nevada	NV	N.						0
30. New Hampshire	NH	N.						0
31. New Jersey	NJ	N.						0
32. New Mexico	NM	N.						0
33. New York	NY	N.						0
34. North Carolina	NC	N.						0
35. North Dakota	ND	N.						0
36. Ohio	OH	L.	41,791,298	7,911,578				49,702,876
37. Oklahoma	OK	N.						0
38. Oregon	OR	N.						0
39. Pennsylvania	PA	N.						0
40. Rhode Island	RI	N.						0
41. South Carolina	SC	N.						0
42. South Dakota	SD	N.						0
43. Tennessee	TN	N.						0
44. Texas	TX	N.						0
45. Utah	UT	N.						0
46. Vermont	VT	N.						0
47. Virginia	VA	N.						0
48. Washington	WA	N.						0
49. West Virginia	WV	N.						0
50. Wisconsin	WI	N.						0
51. Wyoming	WY	N.						0
52. American Samoa	AS	N.						0
53. Guam	GU	N.						0
54. Puerto Rico	PR	N.						0
55. U.S. Virgin Islands	VI	N.						0
56. Northern Mariana Islands	MP	N.						0
57. Canada	CN	N.						0
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0
59. Subtotal		XXX	41,791,298	13,841,768	0	0	0	55,633,066
60. Reporting entity contributions for Employee Benefit Plans		XXX						0
61. Total (Direct Business)	(a)	3	41,791,298	13,841,768	0	0	0	55,633,066
DETAILS OF WRITE-INS								
5801.		XXX						0
5802.		XXX						0
5803.		XXX						0
5898. Summary of remaining write-ins for Line 58 from overflow page.		XXX	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)		XXX	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

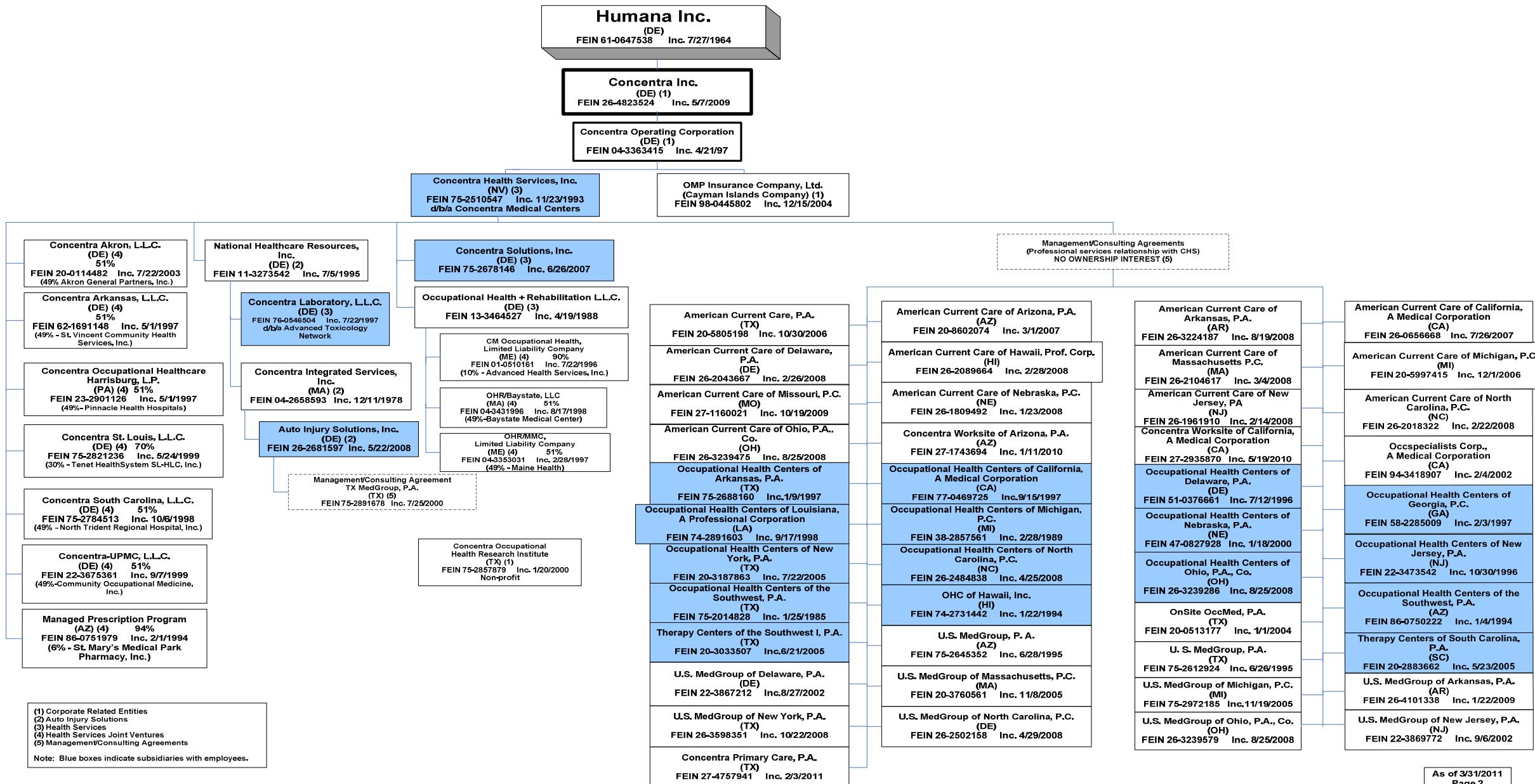
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



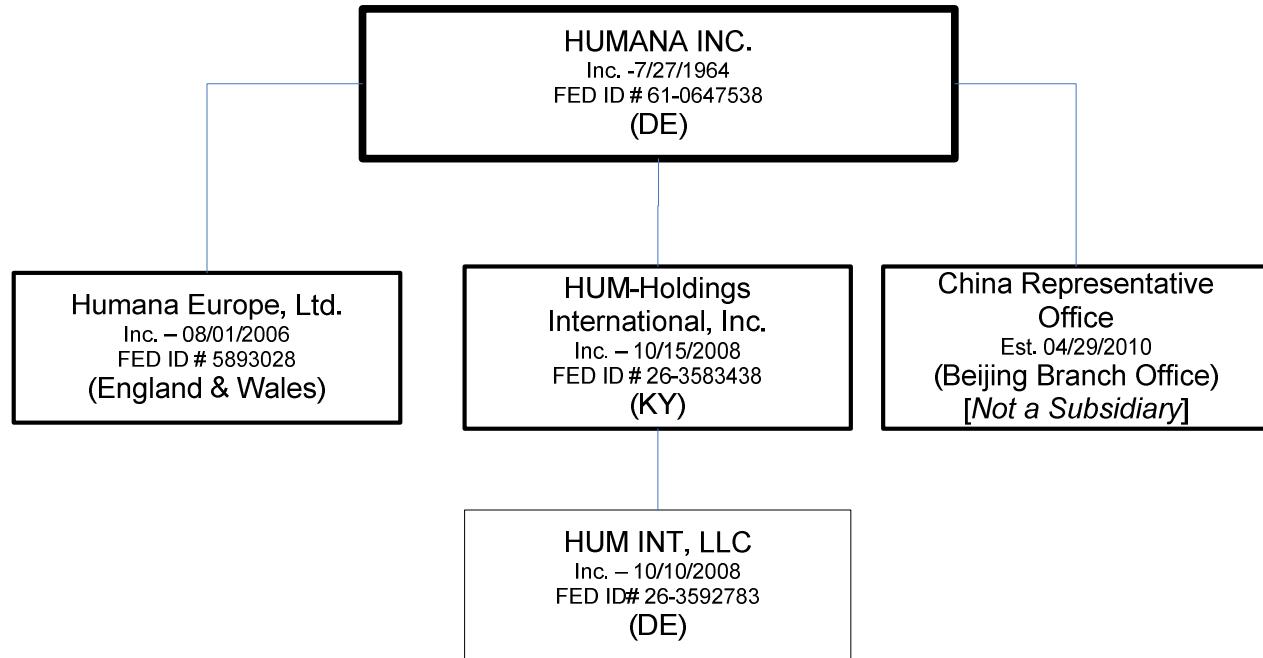
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



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

HUMANA INTERNATIONAL SUBSIDIARIES



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 a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1. This type of business is not written.

Bar Code:

1.



OVERFLOW PAGE FOR WRITE-INS

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Current year change in encumbrances.....	0	0
4. Total gain (loss) on disposals.....	0	0
5. Deduct amounts received on disposals.....	0	0
6. Total foreign exchange change in book/adjusted carrying value.....	0	0
7. Deduct current year's other than temporary impairment recognized.....	0	0
8. Deduct current year's depreciation.....	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8).....	0	0
10. Deduct total nonadmitted amounts.....	0	0
11. Statement value at end of current period (Line 9 minus Line 10).....	0	0

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees.....	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	0	0
12. Total valuation allowance.....	0	0
13. Subtotal (Line 11 plus Line 12).....	0	0
14. Deduct total nonadmitted amounts.....	0	0
15. Statement value at end of current period (Line 13 minus Line 14).....	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	560,670	560,670
2. Cost of acquired:		
2.1 Actual cost at time of acquisition.....	0	0
2.2 Additional investment made after acquisition.....	0	0
3. Capitalized deferred interest and other.....	0	0
4. Accrual of discount.....	0	0
5. Unrealized valuation increase (decrease).....	0	0
6. Total gain (loss) on disposals.....	0	0
7. Deduct amounts received on disposals.....	0	0
8. Deduct amortization of premium and depreciation.....	0	0
9. Total foreign exchange change in book/adjusted carrying value.....	0	0
10. Deduct current year's other than temporary impairment recognized.....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10).....	560,670	560,670
12. Deduct total nonadmitted amounts.....	0	0
13. Statement value at end of current period (Line 11 minus Line 12).....	560,670	560,670

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....	23,143,341	17,064,794
2. Cost of bonds and stocks acquired.....	38,073,680	8,887,953
3. Accrual of discount.....	1,458	4,921
4. Unrealized valuation increase (decrease).....	(6,541)	13,615
5. Total gain (loss) on disposals.....	0	(3,391)
6. Deduct consideration for bonds and stocks disposed of.....	1,343,730	2,759,500
7. Deduct amortization of premium.....	50,739	65,051
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	59,817,469	23,143,341
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11).....	59,817,469	23,143,341

STATEMENT AS OF MARCH 31, 2011 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 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	67,906,858	597,881,600	603,463,600	(43,675)	62,281,183	0	0	67,906,858
2. Class 2 (a).....	8,700,535	1,530,607	9,972	(1,903)	10,219,267	0	0	8,700,535
3. Class 3 (a).....	0				0	0	0	0
4. Class 4 (a).....	167,668			(6,845)	160,823	0	0	167,668
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds.....	76,775,061	599,412,207	603,473,572	(52,423)	72,661,273	0	0	76,775,061
PREFERRED STOCK								
8. Class 1.....	0				0	0	0	0
9. Class 2.....	0				0	0	0	0
10. Class 3.....	0				0	0	0	0
11. Class 4.....	0				0	0	0	0
12. Class 5.....	0				0	0	0	0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock.....	76,775,061	599,412,207	603,473,572	(52,423)	72,661,273	0	0	76,775,061

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$12,843,804 ; NAIC 2 \$0 ;

NAIC 3 \$0 ; NAIC 4 \$0 ; NAIC 5 \$0 ; NAIC 6 \$0

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	2,343,871	XXX	2,343,871	899	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	7,632,390	2,738,494
2. Cost of short-term investments acquired	125,343,569	318,598,710
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	130,632,088	313,704,814
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	2,343,871	7,632,390
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	2,343,871	7,632,390

Schedule DB - Part A - Verification
NONE

Schedule DB - Part B - Verification
NONE

Schedule DB - Part C - Section 1
NONE

Schedule DB - Part C - Section 2
NONE

Schedule DB - Verification
NONE

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	45,999,330	5,999,933
2. Cost of cash equivalents acquired	435,994,958	206,989,359
3. Accrual of discount	3,400	10,038
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	(169)	0
6. Deduct consideration received on disposals	471,497,586	167,000,000
7. Deduct amortization of premium	0	0
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	10,499,933	45,999,330
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	10,499,933	45,999,330

Schedule A - Part 2
NONE

Schedule A - Part 3
NONE

Schedule B - Part 2
NONE

Schedule B - Part 3
NONE

Schedule BA - Part 2
NONE

Schedule BA - Part 3
NONE

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator ^(a)
Bonds - U.S. Special Revenue									
312942-NM-3.....	FGOLD 30 YR FNMA.....		.01/11/2011.....	NOMURA SECURITIES.....		.23,666,082	.23,085,341	.34,628	1.....
31368H-M2-6.....	FED NTL MTG ASSO FNMA.....		.02/17/2011.....	GOLDMAN SACHS.....		.7,541,534	.7,201,704	.9,002	1.....
31392G-UZ-6.....	FED NTL MTG ASSO FNMA.02-94: HQ.....		.01/12/2011.....	CREDIT RESEARCH AND TRADING.....		.5,160,838	.4,886,000	.10,383	1.....
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions						36,368,453	35,173,045	54,013	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
.023767-AA-4.....	AMERICAN AIRLINES INC CORPORATE.....		.01/20/2011.....	GOLDMAN SACHS.....		.70,000	.70,000		2FE.....
.03523T-AN-8.....	ANHEUSER BUSCH CORPORATE.....		.03/21/2011.....	DEUTSCHE BANK.....		.268,699	.247,000	.2,545	2FE.....
.03523T-BB-3.....	ANHEUSER BUSCH INBEV WORLDWIDE.....		.02/01/2011.....	BARCLAYS CAPITAL.....		.173,588	.174,000	.148	2FE.....
.186108-CH-7.....	CLEVELAND ELECTRIC ILLUMINATING.....		.03/25/2011.....	WELLS FARGO.....		.1,018,320	.800,000	.26,625	2FE.....
404280-AK-5.....	HSBC HOLDINGS PLC CORPORATE.....		.03/29/2011.....	HSBC SECURITIES INC.....		.174,620	.175,000		1FE.....
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						1,705,227	1,466,000	29,318	XXX
8399997 - Subtotals- Bonds - Part 3						38,073,680	36,639,045	83,331	XXX
8399999 - Subtotals - Bonds						38,073,680	36,639,045	83,331	XXX
9999999 Totals						38,073,680	XXX	83,331	XXX

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

STATEMENT AS OF MARCH 31, 2011 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 During the Current Quarter

1 CUSIP Identifi- cation	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	10 Prior Year Book/Adjusted Carrying Value	Change in Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/Stock Dividends Received During Year	21 Maturity Date	22 NAIC Design- ation or Market Indicator (a)				
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amortization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B./A.C.V. (11+12-13)	15 Total Foreign Exchange Change in B./A.C.V.											
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																									
31288D-U8-0..	FREDDIE MAC																								
31288D-U8-0..	FHLMC.....		03/01/2011..	MBS PAYDOWN.....					458	458	474	459										5	12/01/2032..	1..	
31288D-U8-0..	FG D92497 - 20 YEAR		03/01/2011..	MBS PAYDOWN.....					356	356	358	356									4	09/01/2018..	1..		
312942-NM-3..	FG GOLD 30 YR																								
312942-NM-3..	FNMA.....		03/01/2011..	MBS PAYDOWN.....					390,434	390,434	400,256	(57)	(57)								0	2,115	09/01/2040..	1..	
31335H-HL-0..	FG C90235 - 20 YEAR		03/01/2011..	MBS PAYDOWN.....					4,238	4,238	4,258	4,238									50	10/01/2018..	1..		
31371K-NX-5..	FED NTL MTG ASSO																								
31371K-NX-5..	FNMA.....		03/01/2011..	MBS PAYDOWN.....					19,771	19,771	20,462	19,784									168	05/01/2017..	1..		
31392C-AV-6..	FED NTL MTG ASSO																				27	02/01/2032..	1..		
31392G-UZ-6..	FNMA.....		03/01/2011..	MBS PAYDOWN.....					2,653	2,653	2,747	2,653									0				
31392G-UZ-6..	FED NTL MTG ASSO FNMA-02																				0				
31392G-UZ-6..	94: HQ.....		03/01/2011..	MBS PAYDOWN.....					228,879	228,879	241,753	(227)	(227)							0	1,333	01/01/2018..	1..		
31394E-KS-6..	FNMA REMIC TRUST 2005-60		03/25/2011..	MBS PAYDOWN.....					18,787	18,787	18,787	18,787								0	15	07/25/2035..	1..		
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions										665,576	665,576	689,095	46,277	0	(298)	0	(298)	0	665,576	0	0	0	3,716	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																									
05946X-BV-4..	BANK OF AMERICA FDG CO									2,030	2,030	2,072	2,067								40	05/01/2033..	12*		
05946X-BV-4..	2003-1.....		03/21/2011..	CALLED SECURITY at 100,000,																					
17275R-AB-8..	CISCO SYSTEMS INC									250,000	250,000	249,523	249,950								0	6,563	02/22/2011..	1FE	
17275R-AB-8..	CORPORATE.....		02/22/2011..	MATURITY.....						350,000	350,000	346,028	349,947												
38141G-EF-7..	GOLDMAN SACHS & CO									350,000	350,000	346,028	349,947								0	8,750	01/15/2011..	1FE	
79549A-JJ-9..	CORPORATE.....		01/15/2011..	MATURITY.....						62,971	62,971	65,869	63,421								0	805	10/01/2011..	12*	
831641-DF-9..	SALOMON BROS MTG 7 2001-C2									62,971	62,971	65,869	(450)								0				
831641-DF-9..	SIMPLY BUSINESS									3,180	3,180	3,405	3,198								0	51	08/01/2011..	1..	
858271-AA-7..	ADMINISTRATION ABS FTST									9,972	9,972	9,972	9,972								0	168	06/30/2017..	2FE	
858271-AA-7..	STEELRIVER TRANSMISSION																								
858271-AA-7..	COMPANY LL.....		03/31/2011..	CALLED SECURITY at 100,000,																					
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)										678,153	678,153	676,869	678,556	0	(403)	0	(403)	0	678,153	0	0	0	16,377	XXX	XXX
8399997 - Subtotals - Bonds - Part 4										1,343,730	1,343,730	1,365,963	724,833	0	(700)	0	(700)	0	1,343,730	0	0	0	20,093	XXX	XXX
8399999 - Subtotals - Bonds										1,343,730	1,343,730	1,365,963	724,833	0	(700)	0	(700)	0	1,343,730	0	0	0	20,093	XXX	XXX
9999999 Totals										1,343,730	XXX	1,365,963	724,833	0	(700)	0	(700)	0	1,343,730	0	0	0	20,093	XXX	XXX

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

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D

NONE

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE DL - PART 1
SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

General Interrogatory:

1. Total activity for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
 2. Average balance for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
 3. Reinvested securities lending collateral assets book/adjusted carrying value included in this schedule by NAIC designation:
 NAIC 1 \$ 965,391 NAIC 2 \$ NAIC 3 \$ NAIC 4 \$ NAIC 5 \$ NAIC 6 \$

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE DL - PART 2 SECURITIES LENDING COLLATERAL ASSETS

Reinvested Collateral Assets Owned Current Statement Date

General Interrogatory:

General Information:
 1. Total activity for the year to date..... Fair Value \$ Book/Adjusted Carrying Value \$
 2. Average balance for the year to date Fair Value \$ Book/Adjusted Carrying Value \$
 3. Grand Total Schedule DL Part 1 and Part 2..... Fair Value \$ Book/Adjusted Carrying Value \$

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
Open Depositories								
CITIBANK.....New Castle,DE.....					.575,996	.525,307	.441,347	XXX
WACHOVIA.....Atlanta,GA.....					(1,764,597)	(1,955,800)	(1,357,759)	XXX
JP MORGAN CHASE.....New York,NY.....					.4,035,052	.654,365	.3,740,719	XXX
US BANK.....Milwaukee,WI.....					.143,679	.143,679	.143,679	XXX
0199998 Deposits in depositories that do not exceed the allowable limit in any one depository (See Instructions) - Open Depositories	XXX	XXX						XXX
0199999 Total Open Depositories	XXX	XXX	0	0	2,990,130	(632,449)	2,967,987	XXX
0399999 Total Cash on Deposit	XXX	XXX	0	0	2,990,130	(632,449)	2,967,987	XXX
0499999 Cash in Company's Office	XXX	XXX	XXX	XXX				XXX
0599999 Total	XXX	XXX	0	0	2,990,130	(632,449)	2,967,987	XXX

STATEMENT AS OF MARCH 31, 2011 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter							
1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
U.S. Governments - Issuer Obligations							
Treasury Bill.....		03/31/2011.....	0.015.....	04/28/2011.....	4,999,943.....		
Treasury Bill.....		03/30/2011.....	0.011.....	04/07/2077.....	5,499,990.....		
019999 - U.S. Governments - Issuer Obligations					10,499,933	0	0
059999 - Subtotals - U.S. Government Bonds					10,499,933	0	0
779999 - Subtotals - Issuer Obligations					10,499,933	0	0
839999 - Subtotals - Bonds					10,499,933	0	0
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8699999 Total Cash Equivalents					10,499,933	0	0