



# QUARTERLY STATEMENT

AS OF JUNE 30, 2012  
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

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 08/19/1985 Commenced Business 03/10/1979

Statutory Home Office 640 Eden Park Drive , Cincinnati, OH 45202-6056  
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 640 Eden Park Drive Cincinnati, OH 45202-6056 513-784-5320  
(Street and Number) (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 640 Eden Park Drive Cincinnati, OH 45202-6056 513-784-5320  
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address www.humana.com

Statutory Statement Contact Tina Koverman 502-580-8642  
(Name) (Area Code) (Telephone Number) (Extension)

DOIINQUIRIES@humana.com 502-580-2099  
(E-mail Address) (FAX Number)

### OFFICERS

Name	Title	Name	Title
Michael Benedict McCallister	CEO	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Jonathan Albert Canine	Appointed Actuary

### OTHER OFFICERS

George Grant Bauernfeind	Vice President	Elizabeth Diane Bierbower #	Pres, Employer Group Segment
Bruce Dale Broussard #	President	John Timothy Cappel	Mkt Pres-Ohio
John Gregory Catron	VP & Chief Compliance Officer	Roy Goldman Ph.D	VP & Chief Actuary
Charles Frederic Lambert, III	Vice President	Brian Phillip LeClaire #	Sr VP & Chief Svc & Info Officer
Thomas Joseph Liston	President-Retail Segment	Heidi Suzanne Margulis	Sr. Vice President
Bruce Devereau Perkins #	Pres, Health & Well-Being Svcs Segment	Richard Donald Remmers #	Segment VP, Employer Group Sales
Stephen Lance Ringel	Vice President	Larry Dale Savage	Reg CEO-Midwest
William Joseph Tait	Vice President	Pattie Dale Tye #	President, Large Group
Joseph Christopher Ventura	Assistant Secretary	Timothy Alan Wheatley #	VP-Senior Products
Ralph Martin Wilson #	Vice President		

### DIRECTORS OR TRUSTEES

James Harry Bloem	Michael Benedit McCallister	James Elmer Murray
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State of .....Kentucky.....

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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  
CEO

Joan Olliges Lenahan  
VP & Corporate Secretary

James Harry Bloem  
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this  
10th day of August, 2012

Julia Basham, Notary Public  
January 10, 2013

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 \_\_\_\_\_

STATEMENT AS OF JUNE 30, 2012 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 .....	65,932,001		65,932,001	60,292,298
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 (\$ .....1,014,274 ), cash equivalents (\$ .....12,499,735 ) and short-term investments (\$ .....3,180,744 ).....	16,694,753		16,694,753	1,732,247
6. Contract loans (including \$ .....0 premium notes).....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....	560,670		560,670	560,670
9. Receivables for securities .....			0	0
10. Securities lending reinvested collateral assets.....			0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	83,187,424	0	83,187,424	62,585,215
13. Title plants less \$ .....0 charged off (for Title insurers only).....			0	0
14. Investment income due and accrued .....	443,837		443,837	419,809
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	49,374	23,770	25,604	210,096
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.....	307,772		307,772	827,422
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,134,087		1,134,087	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 .....	416		416	0
18.1 Current federal and foreign income tax recoverable and interest thereon .....	196,625		196,625	2,151,310
18.2 Net deferred tax asset.....	5,537,217	1,612,530	3,924,687	3,924,687
19. Guaranty funds receivable or on deposit .....			0	0
20. Electronic data processing equipment and software.....	287,351	253,228	34,123	108,286
21. Furniture and equipment, including health care delivery assets (\$ .....0 ).....	4,264,652	4,264,652	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
23. Receivables from parent, subsidiaries and affiliates .....	278,373		278,373	7,204,632
24. Health care (\$ .....2,006,447 ) and other amounts receivable.....	2,306,101	878,145	1,427,956	1,259,775
25. Aggregate write-ins for other than invested assets .....	1,298,487	1,298,487	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	99,291,716	8,330,812	90,960,904	78,691,232
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	99,291,716	8,330,812	90,960,904	78,691,232
<b>DETAILS OF WRITE-INS</b>				
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.....	701,081	701,081	0	0
2502. Deposits.....	357,634	357,634	0	0
2503. Prepaid Commissions.....	239,772	239,772	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).....	1,298,487	1,298,487	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded).....	26,358,537	847,509	27,206,046	21,205,160
2. Accrued medical incentive pool and bonus amounts .....			0	0
3. Unpaid claims adjustment expenses .....	587,633		587,633	249,583
4. Aggregate health policy reserves including the liability of \$ .....24,983 for medical loss ratio rebate per the Public Health Service Act .....	8,768,703		8,768,703	8,851,851
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....	25,190	810	26,000	23,999
8. Premiums received in advance .....	11,651,572		11,651,572	4,578,977
9. General expenses due or accrued .....	3,317,468		3,317,468	3,910,507
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....			0	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable .....	14,950		14,950	43,260
12. Amounts withheld or retained for the account of others .....			0	0
13. Remittances and items not allocated .....	106,666		106,666	112,958
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....			0	0
16. Derivatives.....			0	0
17. Payable for securities .....	75,000		75,000	0
18. Payable for securities lending .....			0	0
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 .....	896,982		896,982	186,678
23. Aggregate write-ins for other liabilities (including \$ .....0 current) .....	306	0	306	306
24. Total liabilities (Lines 1 to 23).....	51,803,007	848,319	52,651,326	39,163,279
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	42,601,893	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	(4,293,315)	(3,074,940)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX		0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	38,309,578	39,527,953
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	90,960,904	78,691,232
<b>DETAILS OF WRITE-INS</b>				
2301. Medicare Risk Adjustment Premium Payable.....	306		306	306
2302. ....			0	0
2303. ....				
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)	306	0	306	306
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 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	381,090	320,220	698,134
2. Net premium income (including \$ 0 non-health premium income).....	XXX	139,847,720	112,012,305	224,268,559
3. Change in unearned premium reserves and reserve for rate credits .....	XXX	74,444	0	(99,427)
4. Fee-for-service (net of \$ 0 medical expenses) .....	XXX	0	0	0
5. Risk revenue .....	XXX	0	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	139,922,164	112,012,305	224,169,132
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	3,591,762	100,274,535	75,564,909	157,192,143
10. Other professional services .....		651,431	982,070	2,074,976
11. Outside referrals .....			0	0
12. Emergency room and out-of-area .....	106,898	3,604,189	2,939,937	6,403,890
13. Prescription drugs .....		15,335,335	12,825,423	26,079,900
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....			0	0
16. Subtotal (Lines 9 to 15) .....	3,698,660	119,865,490	92,312,339	191,750,909
<b>Less:</b>				
17. Net reinsurance recoveries .....		1,134,087	0	0
18. Total hospital and medical (Lines 16 minus 17) .....	3,698,660	118,731,403	92,312,339	191,750,909
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 6,175,530 cost containment expenses.....		7,436,822	4,520,621	9,339,430
21. General administrative expenses.....		16,517,944	15,134,332	32,071,050
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....			0	(2,530,000)
23. Total underwriting deductions (Lines 18 through 22) .....	3,698,660	142,686,169	111,967,292	230,631,389
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(2,764,005)	45,013	(6,462,257)
25. Net investment income earned .....		1,162,808	852,011	2,294,449
26. Net realized capital gains (losses) less capital gains tax of \$ 44,386 .....		82,430	2,779	32,608
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,245,238	854,790	2,327,057
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	2	0	142
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	(1,518,765)	899,803	(4,135,058)
31. Federal and foreign income taxes incurred .....	XXX	(479,264)	37,860	(2,756,318)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,039,501)	861,943	(1,378,740)
<b>DETAILS OF WRITE-INS</b>				
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. ....			0	0
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.....		2	0	142
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	2	0	142

**STATEMENT OF REVENUE AND EXPENSES (Continued)**

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
<b>CAPITAL &amp; SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	39,527,953	41,591,886	41,591,886
34. Net income or (loss) from Line 32 .....	(1,039,501)	.861,943	(1,378,740)
35. Change in valuation basis of aggregate policy and claim reserves .....		.0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	.5,766	(2,699)	.2,281
37. Change in net unrealized foreign exchange capital gain or (loss) .....		.0	.0
38. Change in net deferred income tax .....		.0	(1,899,113)
39. Change in nonadmitted assets .....	(555,264)	.704,498	.1,213,288
40. Change in unauthorized reinsurance .....	.0	.0	.0
41. Change in treasury stock .....		.0	.0
42. Change in surplus notes .....	.0	.0	.0
43. Cumulative effect of changes in accounting principles .....		.0	.0
44. Capital Changes:			
44.1 Paid in .....		.0	.0
44.2 Transferred from surplus (Stock Dividend) .....		.0	.0
44.3 Transferred to surplus .....		.0	.0
45. Surplus adjustments:			
45.1 Paid in .....		.0	.0
45.2 Transferred to capital (Stock Dividend) .....	.0	.0	.0
45.3 Transferred from capital .....		.0	.0
46. Dividends to stockholders .....		.0	.0
47. Aggregate write-ins for gains or (losses) in surplus .....	.370,624	.0	(1,649)
48. Net change in capital and surplus (Lines 34 to 47) .....	(1,218,375)	.1,563,742	(2,063,933)
49. Capital and surplus end of reporting period (Line 33 plus 48)	38,309,578	43,155,628	39,527,953
<b>DETAILS OF WRITE-INS</b>			
4701. Correction of Prior Period- Administrative Expense Allocation.....	.370,624	.0	.0
4702. Unrealized Valuation Allowance on Securities Lending.....	.0	.0	(1,649)
4703. ....		.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)	.370,624	.0	(1,649)

## CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance.....	147,580,068	112,351,745	222,956,033
2. Net investment income .....	1,351,371	865,768	2,496,101
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	148,931,439	113,217,513	225,452,134
5. Benefit and loss related payments .....	113,862,603	91,303,263	186,194,659
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	24,110,566	20,325,696	40,438,395
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ ..... 44,386 tax on capital gains (losses).....	(2,389,563)	3,134,333	3,396,268
10. Total (Lines 5 through 9) .....	135,583,606	114,763,292	230,029,322
11. Net cash from operations (Line 4 minus Line 10) .....	13,347,833	(1,545,779)	(4,577,188)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	7,442,678	4,012,612	11,416,246
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 .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	78	(169)	123
12.7 Miscellaneous proceeds .....	75,001	255,118	583,713
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	7,517,757	4,267,561	12,000,082
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	13,162,469	41,279,407	48,885,130
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) .....	13,162,469	41,279,407	48,885,130
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) .....	(5,644,712)	(37,011,846)	(36,885,048)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0	0
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).....	7,259,385	521,995	(12,270,465)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	7,259,385	521,995	(12,270,465)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	14,962,506	(38,035,630)	(53,732,701)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	1,732,247	55,464,949	55,464,948
19.2 End of period (Line 18 plus Line 19.1) .....	16,694,753	17,429,319	1,732,247

STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION**

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	58,003	60	50,601	.0	75	385	.0	6,882	.0	.0
2. First Quarter .....	63,669	54	50,948	.0	255	717	.0	11,695	.0	.0
3. Second Quarter .....	64,164	46	51,050	.0	260	872	.0	11,936	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	381,090	322	304,282		1,537	4,647		70,302		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	117,945		80,535					37,410		
8. Non-Physician .....	105,567		55,213					50,354		
9. Total	223,512	0	135,748	0	0	0	0	87,764	0	0
10. Hospital Patient Days Incurred	12,155		4,071					8,084		
11. Number of Inpatient Admissions	2,933		1,131					1,802		
12. Health Premiums Written (a).....	139,936,488	308,180	87,465,633		22,547	71,791		52,068,337		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned .....	140,010,932	308,180	87,540,077		22,547	71,791		52,068,337		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services .....	114,809,002	470,977	69,430,778		10,681	67,563	23,012	44,805,991		
18. Amount Incurred for Provision of Health Care Services	119,865,491	451,526	69,540,192		10,681	70,505	22,782	49,769,805		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 52,068,337

STATEMENT AS OF JUNE 30, 2012 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
<b>Claims unpaid (Reported)</b>						
AMERICAN AMBULETTE AND AMBULANCE.....	7,908					7,908
ARNOLD PALMER HOSPITAL FOR CHILDREN.....	6,893					6,893
AURORA MANOR.....	2,339					2,339
BELLBROOK HEALTHCARE CENTER.....	4,804					4,804
BETHESDA HOSPITAL INC.....	44,584					44,584
BLOUNT MEMORIAL HOSPITAL.....	10,046					10,046
BRADBURY SKIDMORE.....		3,684				3,684
BROOKWOOD RETIREMENT.....		3,119				3,119
CARDINAL HILL REHABILITATION.....	12,756					12,756
CARESPRING HEALTHCARE MGMT.....	2,635					2,635
CHILDRENS HOSP HOME HEALTH.....	3,184	2,324				5,508
CHILDRENS HOSPITAL MEDICAL CENTER.....	220,668					220,668
CHILLICOTHE NURSING AND REHAB.....	3,145					3,145
CHRIST HOSPITAL.....	92,610					92,610
CHRIST HOSPITAL SPINE SURGERY CENTER.....	11,144					11,144
CHRISTY M SAPP MD.....	2,859					2,859
CLEVELAND CLINIC HOSPITAL.....	40,910	14,612				55,522
COTTINGHAM RETIREMENT COMMUNITY.....		2,890				2,890
DARBY GLENN NURSING AND REHAB.....	3,126					3,126
DAVID ARGO.....	2,976					2,976
DAVID L KIRLIN MD.....	3,222					3,222
DOCTORS HOSPITAL.....	15,653					15,653
DRS RUSSELL BERKEBILE AND ASSOCIATION.....	62,000					62,000
EVENDALE MEDICAL CENTER.....	3,112					3,112
FAIRVIEW HOSPITAL.....	7,117					7,117
FLORENCE PARK CARE CENTER.....	10,842					10,842
FORT HAMILTON HOSPITAL.....	4,782		2,235			7,018
FRANKFORT REG MED CENTER.....	12,095					12,095
FRANKLIN WOODS NURSING AND REHAB.....	2,699					2,699
GLEN MCCLUNG II.....	2,798					2,798
GLENDALE PLACE CARE CENTER.....	4,869					4,869
GOOD SAMARITAN HOSPITAL.....	18,699	6,617		2,400		27,716
GOOD SAMARITAN HOSPITAL AND HEALTH.....	53,488					53,488
GRADY MEMORIAL HOSPITAL.....	3,608					3,608
GRANDVIEW HOSPITAL.....	2,702					2,702
GRANT MANOR CARE AND REHAB.....	2,688					2,688
GRANT MEDICAL CENTER.....	30,773	2,964				33,736
GREGORY HOWES.....		3,077			3,348	6,425
HEARTLAND-VICTORIAN VILLAGE OF.....	3,144					3,144
INDIANSPRING OF OAKLEY.....	4,760					4,760
JEWISH HOSPITAL LLC.....	83,332	5,145				88,477
KATHERINE WALTERS.....	2,117					2,117
KENWOOD SURGERY CENTER.....	2,319	2,319				4,638
KETTERING MEDICAL CENTER.....	21,498	8,539				30,036
KEYSTONE POINTE HEALTH & REHAB.....	2,884					2,884
KINDRED TRANSITIONAL CARE.....	3,984					3,984
LUTHERAN HOSPITAL.....	9,361					9,361
MANAGEMENT AND NETWORK SERVICE.....	22,214	8,454				30,667
MANORCARE OF BARBERTON OH.....	4,512					4,512
MANORCARE-EUCLID BEACH OF CLEVELAND.....	3,277					3,277
MARIA JOSEPH LIVING CARE CENTER.....	4,757					4,757
MARYMOUNT HOSPITAL.....	6,924					6,924
MASON CHRISTIAN VILLAGE.....	3,557					3,557
MD ANDERSON CANCER CENTER.....				15,977		15,977
MERCY FRANCISCAN HOSPITAL.....		2,458				2,458

STATEMENT AS OF JUNE 30, 2012 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
MERCY HEALTH ST THERESA	2,936					2,936
MERCY HEALTH WEST PARK	2,049					2,049
MERCY HOSPITAL ANDERSON	16,546					16,546
MERCY HOSPITAL CLERMONT	8,673					8,673
MERCY HOSPITAL FAIRFIELD	24,716					24,716
MERCY HOSPITAL MOUNT AIRY	2,079					2,079
MERCY HOSPITAL WESTERN HILLS	4,975					4,975
MIAMI VALLEY HOSPITAL	4,449					4,449
MICHELLE REDDEN BOROWSKI MD	2,226					2,226
MONTEREY CARE CENTER	2,259	2,690				4,949
MOUNT CARMEL EAST	7,003					7,003
MOUNT CARMEL MEDICAL CENTER	6,320					6,320
MOUNT WASHINGTON CARE CENTER		2,711				2,711
NORTON HEALTHCARE PAVILION	8,045					8,045
NORTON HOSPITAL INC	10,835					10,835
OTTERBEIN LEBANON RETIREMENT		3,306				3,306
PARKSIDE VILLA	2,185					2,185
PETER CHA	2,897					2,897
PETER RUEHLMAN		2,314				2,314
RANDALL WOLF		2,524				2,524
RIVERSIDE METHODIST HOSPITAL	3,049	3,041				6,090
ROBERT CODY	4,001	4,089				8,090
SELECT SPECIALTY HOSPITAL CINC	17,821					17,821
SLEEP CARE DIAGNOSTICS INC					15,443	15,443
SLOBODAN STANISIC	2,470					2,470
SOUTH POINTE HOSPITAL	34,843					34,843
ST ELIZABETH HEALTHCARE	99,628	25,810				125,438
ST VINCENT HOSPITAL	2,283					2,283
SUMMA BARBERTON CITIZENS	6,013					6,013
SUMMIT SURGICAL CENTER	6,109					6,109
THE CHRIST HOSPITAL	27,942	4,496				32,438
THE UNIVERSITY HOSPITAL	12,109					12,109
TRIPLE CREEK RETIREMENT COMMUN	4,410					4,410
UNIVERSITY HOSPITAL	38,163				15,881	54,044
UNIVERSITY OF TOLEDO MEDICAL C		2,224				2,224
VENETIAN GARDENS	4,121					4,121
WELLINGTON MANOR	6,341					6,341
WEST CHESTER MEDICAL	9,070					9,070
WINCHESTER PLACE NURSING AND R	3,659					3,659
WOODCREST MANOR CARE CENTER	3,628					3,628
WOODS EDGE POINTE	2,089					2,089
YORKLAND PARK CARE CENTER	2,616					2,616
0199999 Individually listed claims unpaid	1,290,935	119,406	4,635	15,977	34,672	1,465,625
0299999 Aggregate accounts not individually listed-uncovered	143,534	15,999	979	254	4,135	164,901
0399999 Aggregate accounts not individually listed-covered		21,004	3,957		1,617	26,578
0499999 Subtotals	1,434,469	156,409	9,571	16,231	40,424	1,657,104
0599999 Unreported claims and other claim reserves	XXX	XXX	XXX	XXX	XXX	25,548,942
0699999 Total amounts withheld	XXX	XXX	XXX	XXX	XXX	
0799999 Total claims unpaid	XXX	XXX	XXX	XXX	XXX	27,206,046
0899999 Accrued medical incentive pool and bonus amounts	XXX	XXX	XXX	XXX	XXX	

STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**UNDERWRITING AND INVESTMENT EXHIBIT**  
**ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE**

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	13,596,885	55,973,553	848,948	14,049,459	14,445,833	14,485,145
2. Medicare Supplement .....					.0	.0
3. Dental Only .....	1,669	65,893	429	5,633	2,098	3,120
4. Vision Only .....		10,681			.0	.0
5. Federal Employees Health Benefits Plan .....	(980)	23,992			(980)	230
6. Title XVIII - Medicare .....	5,530,897	39,474,017	382,885	11,944,692	5,913,782	6,740,664
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	19,128,471	95,548,136	1,232,262	25,999,784	20,360,733	21,229,159
10. Health care receivables (a) .....		1,948,091			.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	19,128,471	93,600,045	1,232,262	25,999,784	20,360,733	21,229,159

(a) Excludes \$ .....58,356 loans or advances to providers not yet expensed.

**STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

1. Summary of Significant Accounting Policies

A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Ohio for determining and reporting the financial condition and results of operations of an insurance Company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist. The Company's risk-based capital would have not triggered a regulatory event had it not used a prescribed or permitted practice.

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

	State of Domicile	2012	2011
<b>Net Loss</b>			
1. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ (1,039,501)	\$ (1,378,740)
2. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-
4. NAIC SAP	OH	\$ (1,039,501)	\$ (1,378,740)
<b>Surplus</b>			
5. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ 38,309,578	\$ 39,527,953
6. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-
8. NAIC SAP	OH	\$ 38,309,578	\$ 39,527,953

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. For all securities other than loan-backed and structured securities 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.

STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, 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 and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) The Company participates in a securities lending program to maximize investment income. The Company loans certain investment securities for short periods of time in exchange for collateral initially equal to at least 102 percent of the fair value of the investment securities on loan. The fair value of the loaned investment securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned investment securities fluctuates. The collateral, which may be in the form of cash or U.S. Government securities, is deposited by the borrower with an independent lending agent. This program was discontinued in November 2011.
- (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) Real estate held for production of income is carried at depreciated cost.

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.

STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Not Applicable.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2012

Gross unrealized losses and fair value aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position were as follows at June 30, 2012:

	2012					
	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. Governments	\$ 6,342,144	\$ (3,969)	\$ 243,013	\$ (702)	\$ 6,585,157	\$ (4,671)
Industrial and miscellaneous	977,706	(3,740)	-	-	977,706	(3,740)
<b>Total loan backed securities</b>	<b>\$ 7,319,850</b>	<b>\$ (7,079)</b>	<b>\$ 243,013</b>	<b>\$ (702)</b>	<b>\$ 7,562,863</b>	<b>\$ (8,411)</b>

The unrealized losses at June 30, 2012 were primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

(5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

Collateral from Securities Lending Transactions: The Company loans certain investment securities for short periods of time in exchange for collateral initially equal to at least 102 percent of the fair value of the investment securities on loan. The fair value of the loaned investment securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned investment securities fluctuates. The collateral, which may be in the form of cash or U.S. Government securities, is deposited by the borrower with an independent lending agent. This program ended in November 2011.

(2) The Company has not pledged any of its assets as collateral

(3) – (5) Not Applicable.

F. Real Estate

Not Applicable.

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.

STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

9. Income Taxes

No material change since year-end December 31, 2011. The Company is still evaluating the impact of adopting SSAP 101.

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, 2011 and 2010 were approximately \$16.3 million and \$20.0 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 June 30, 2012 the Company reported \$0.3 million due from Humana, Inc. 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-Bank (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, 2011.

E. Post Employment Benefits and Compensated Absences

Not Applicable.

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 no par value common stock with 1,000 shares authorized and 200 shares issued and outstanding. All shares are common stock.
- 2) The Company has no preferred stock outstanding.
- 3-5) Dividends are non cumulative 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 lesser of the Company's prior year net operating profits or ten percent of policyholders surplus funds derived from realized net operating profits.  
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 as of June 30, 2012.
- 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) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$5,766.
- 11) Not Applicable.
- 12) Not Applicable.
- 13) Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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 Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations and 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 June 30, 2012.

15. Leases

No material change since year-end December 31, 2011.

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 Concentration 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.

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

Not Applicable.

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

Not Applicable.

**STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

20. Fair Value Measurements

A. (1) The fair value of financial assets at June 30, 2012 were as follows:

	2012			
	Fair Value	Quoted Prices for Identical Assets in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets				
Tax-exempt municipals	175,147	-	175,147	-
Total invested assets	\$ 175,147	\$ -	\$ 175,147	\$ -

(2) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between the fair value hierarchy levels between March 31, 2012 and June 30, 2012.

(3)-(5) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2012.

B. Not Applicable.

C. 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.

NOTES TO THE FINANCIAL STATEMENTS

- (1) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

- (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.

H. Retained Assets

Not Applicable.

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 August 10, 2012 for the statutory statement issued on August 15, 2012.

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

- B. 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

**STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

- (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

- B. Uncollectible Reinsurance

Not Applicable.

- C. Commutation of Ceded Reinsurance

Effective January 1, 2006 the Company and Humana Insurance Company, a wholly owned subsidiary of Humana, entered into a reinsurance agreement for the Company to cede 100% of all in-network risk associated with the jointly written (HMO and PPO) POS products, including the National POS products. This agreement was commuted effective October 1, 2010. As part of the commutation, assets were transferred to the Company equal to the statutory reserve value of applicable liabilities as of the effective date of the commutation. No gain or loss was recognized as a result of this transaction. The following information represents the amounts ceded under this contract for the year ended December 31, 2010 and the year ended December 31, 2009, respectively.

	Year Ended December 31, 2010	Year Ended December 31, 2009
Claims incurred	\$107,378,496	\$201,224,475
Claims adjustment and administrative expenses	26,867,444	56,746,050
Premiums earned	\$130,108,688	\$242,815,788

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 June 30, 2012 that are subject to retrospective rating features was \$0.3 million that represented 0.22 percent of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
<b>Prior Reporting Year:</b>					
Medical loss ratio rebates incurred	\$ -	\$ 99,427	\$ -	\$ -	\$ 99,427
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	99,427	-	-	99,427
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	-	-	-	-	-
<b>Current Reporting Year-to-date:</b>					
Medical loss ratio rebates incurred	\$ -	\$ (74,444)	\$ -	\$ -	\$ (74,444)
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	24,983	-	-	24,983
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	-	-	-	-	-

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of March 31, 2012 were \$17.3 million. As of June 30, 2012, \$19.3 million has been paid in incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$1.2 million as a result of reestimation of unpaid claims and claim adjustment expenses on the commercial HMO book of business. Therefore, there has been \$0.9 million favorable prior-year development since March 31, 2012. 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.

**STATEMENT AS OF June 30, 2012 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

27. Structured Settlements

The Company has no structured settlements.

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
6/30/2012	\$ 1,257,524	\$ 1,257,524	\$ -	\$ -	\$ -
3/31/2012	\$ 1,287,214	\$ 1,287,214	\$ 409,314	\$ -	\$ -
12/31/2011	\$ 1,011,722	\$ 1,011,722	\$ 1,011,722	\$ -	\$ -
9/30/2011	\$ 844,654	\$ 844,654	\$ 844,654	\$ -	\$ -
6/30/2011	\$ 844,843	\$ 844,843	\$ 844,843	\$ -	\$ -
3/31/2011	\$ 717,974	\$ 717,974	\$ 717,974	\$ -	\$ -
12/31/2010	\$ 884,654	\$ 884,654	\$ 884,654	\$ -	\$ -
9/30/2010	\$ 687,613	\$ 687,613	\$ 687,613	\$ -	\$ -
6/30/2010	\$ 880,566	\$ 880,566	\$ 880,566	\$ -	\$ -
3/31/2010	\$ 725,874	\$ 725,874	\$ 725,874	\$ -	\$ -

B. Risk Sharing Receivables

Risk Sharing receivables include estimated recoveries on plan to plan and state to plan adjustments attributable to benefits paid for Medicare beneficiaries. These estimated recoveries from other Medicare carriers and state Medicaid plans are recorded based upon reported overpayments, adjusted for historical recovery patterns.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$8,700,000
2. Date of the most recent evaluation of this liability June 30, 2012
3. Was anticipated investment income utilized in the calculation? Yes ( ) No ( X )

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.15%.

31. Anticipated Salvage and Subrogation

Not Applicable.

## 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
- 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
- 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   
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
- 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  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. .... 12/31/2010
- 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). .... 03/27/2012
- 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  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
- 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
- 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
- 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 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 FDIC	6 SEC

## 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  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

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

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .....278,373

### 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

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: ..... \$ .....0

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

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? ..... Yes  No

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 .....	\$ .....0	\$ .....0
14.22 Preferred Stock .....	\$ .....0	\$ .....0
14.23 Common Stock .....	\$ .....0	\$ .....0
14.24 Short-Term Investments .....	\$ .....0	\$ .....0
14.25 Mortgage Loans on Real Estate .....	\$ .....0	\$ .....0
14.26 All Other .....	\$ .....0	\$ .....0
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 .....	\$ .....0	\$ .....0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes  No

- 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.

## 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 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? .....

Yes  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

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  No

17.2 If no, list exceptions:  
.....

## GENERAL INTERROGATORIES

### PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent.....	89.3 %
1.2 A&H cost containment percent .....	4.4 %
1.3 A&H expense percent excluding cost containment expenses.....	12.7 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [ ] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ 0
2.3 Do you act as an administrator for health savings accounts?.....	Yes [ ] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ 0

**SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
<b>NONE</b>						

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							8 Total Columns 2 Through 7	9 Deposit-Type Contracts
		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			
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	15,473	15,926,886					15,942,359	
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	87,852,678	36,141,451					123,994,129	
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	0	0
59. Subtotal	XXX		87,868,151	52,068,337	0	0	0	0	139,936,488	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 3		87,868,151	52,068,337	0	0	0	0	139,936,488	0
<b>DETAILS OF WRITE-INS</b>										
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	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	0	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.

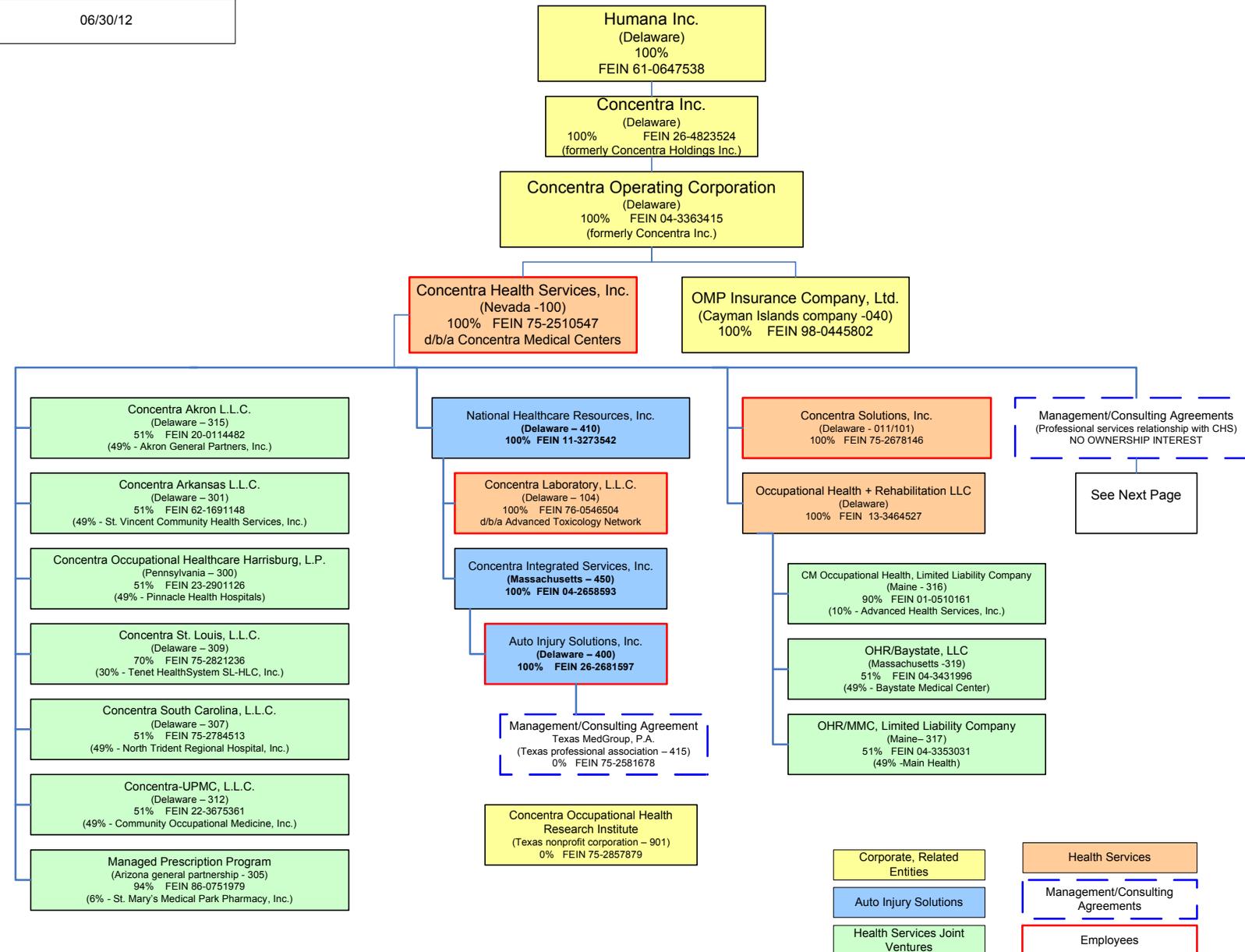


# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

06/30/12

15.1



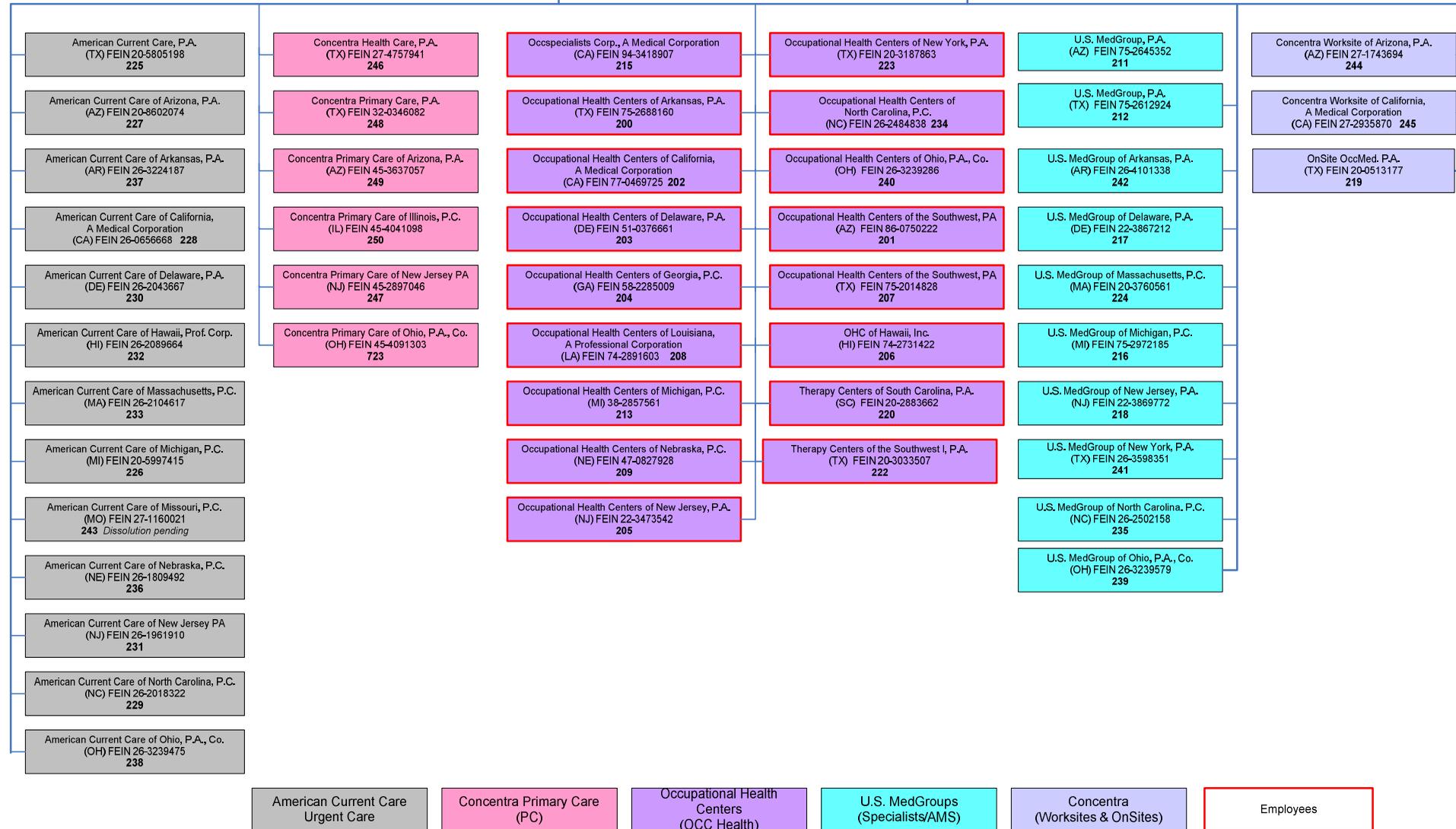
# SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

## PART 1 - ORGANIZATIONAL CHART

06/30/12

Management/Consulting Agreements  
(Professional services relationship with CHS)

NO OWNERSHIP INTEREST

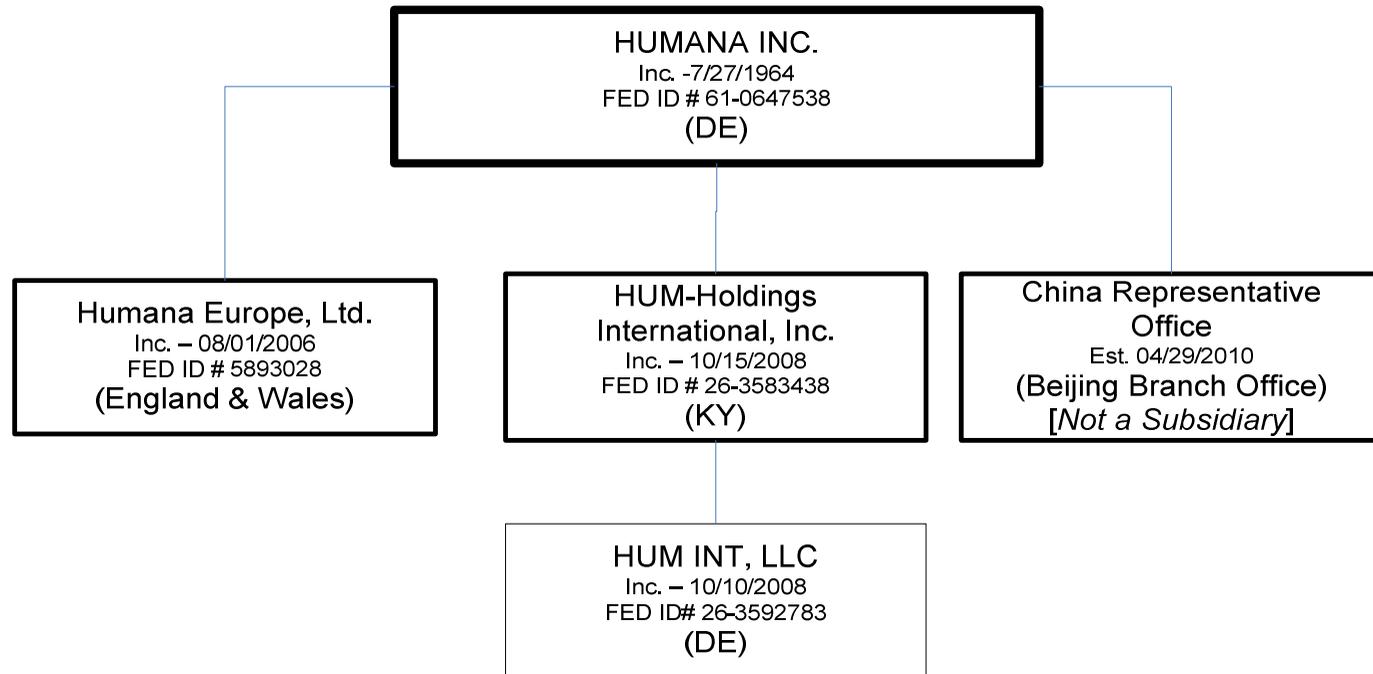


15.2



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

**HUMANA INTERNATIONAL SUBSIDIARIES**



STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00001	Humana Inc	00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00002	Humana Inc	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc	Ownership	100.0	Humana Inc	
00003	Humana Inc	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	
00004	Humana Inc	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.0	Humana inc	
00005	Humana Inc	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.0	Humana Inc	
00006	Humana Inc	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	
00007	Humana Inc	52028	36-3654697				The Dental Concern, Ltd.	IL	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	
00008	Humana Inc	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	
00009	Humana Inc	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00010	Humana Inc	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	
00011	Humana Inc	00000	31-1154200				Humana Health Plan of Ohio, Inc.	OH	OTH	Humana Inc	Ownership	100.0	Humana Inc	19
00012	Humana Inc	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc	Ownership	100.0	Humana Inc	
00013	Humana Inc	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	
00014	Humana Inc	00000	61-1241225				Humana Military Healthcare Services, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00015	Humana Inc	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc	Ownership	100.0	Humana Inc	
00016	Humana Inc	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00017	Humana Inc	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-0647538		0000049071	NYSE	Humana Inc	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	42-1575099				Competitive Health Analytics, Inc.	IL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	71-0732385				Humana Health Plan Interests, Inc.	LA	NIA	Humana Insurance Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Health Plan Interests, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CPHP Holdings, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc	Ownership	100.0	Humana Inc	

STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	30-0117876				C/PHP Holdings, Inc	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1478012				American Tax Credit Corp GA Fund III,LLC	DE	OTH	See Footnote 1	Other		Humana Inc	1
00119	Humana Inc	00000	59-3715944				Availity, L.L.C	DE	OTH	See Footnote 2	Board of Directors		Humana Inc	2
00119	Humana Inc	00000	61-1279716				CHA Service Company	KY	NIA	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95158	61-1279717				CHA HMO, Inc	KY	IA	CHA Service Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000					Healthcare E-Commerce Initiative, Inc	PR	OTH	See Footnote 4	Other		Humana Inc	4
00119	Humana Inc	00000	20-4835394				Humana Active Outlook, Inc	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1717441				Humana Govt. Network Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 5	Other		Humana Inc	5
00119	Humana Inc	00000	20-3355580				Sensei, Inc	DE	OTH	See Footnote 6	Other		Humana Inc	6
00119	Humana Inc	00000	20-5309363				515-526W MainSt CondoCouncil of Co-Owners	KY	NIA	Preservation on Main, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-8236655				Corphealth Provider Link, Inc	TX	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	33-0916248				DefenseWeb Technologies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc	PR	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	12908	20-8411422				Humana Medical Plan of Utah, Inc	UT	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-8418853				Humana Veterans Healthcare Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95107	56-1796975				American Dental Plan of N. C., Inc	NC	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	11559	58-2302163				American Dental Providers of Ark., Inc	AR	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	11228	36-3686002				Dental Care Plus Management Corporation	IL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	58-2228851				CompBenefits Direct, Inc	DE	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	12250	63-1063101				CompBenefits of Alabama, Inc	AL	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	58-2198538				CompBenefits of Georgia, Inc	GA	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	36-3512545				Dental Care Plus Management Corp	IL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95161	76-0039628				DentiCare, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1245230				Kanawha HealthCare Solutions, Inc	TN	IA	Kanawha Insurance Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	65-0274594				HumanaCares, Inc	FL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	74-2352809				Texas Dental Plans, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95754	62-1579044				Cariten Health Plan Inc	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	

STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	60052	37-1326199				Humana Benefit Plan of Illinois, Inc	IL	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-3473328				Humana Health Plan of California, Inc	CA	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1552091				PHP Companies, Inc	TN	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95749	62-1546662				Preferred Hlth Partnership of Tenn., Inc.	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1250945				Preferred Health Partnership, Inc	TN	NIA	PHP Companies, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-1323221				Humana Military Dental Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	14224	27-3991410				Humana Medical Plan of Michigan, Inc	MI	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000					The Vitality Group, LLC	DE	OTH	See Footnote 7	Ownership	25.0	Humana Inc	7
00119	Humana Inc	00000	27-4535747				Humana Vitality, LLC	DE	OTH	See Footnote 7	Ownership	75.0	Humana Inc	7
00119	Humana Inc	00000	45-2254346				Humana Pharmacy Solutions, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	45-3116348				HomeCare Health Solutions, Inc.	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1981339				M.D. Care, Inc.	CA	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	77-0540040				Anvita, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	45-3777894				HUMphire, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-3387971				Arcadian Choice, Inc	TX	NIA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	12628	20-5089611				Arcadian Health Plan of Georgia, Inc	GA	IA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	11954	20-8688983				Arcadian Health Plan of Louisiana, Inc	LA	IA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	13558	26-2800286				Arcadian Health Plan of New York, Inc	NY	IA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	12999	26-0500828				Arcadian Health Plan of North Carolina, Inc	NC	IA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	12151	20-1001348				Arcadian Health Plan, Inc	WA	IA	Arcadian Management Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	86-0836599				Arcadian Management Services, Inc	DE	NIA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	12282	20-2036444				Arkansas Community Care, Inc	AR	IA	Arcadian Management Services, Inc./Arcadia Health Plan, Inc	Ownership		Humana Inc	18
00119	Humana Inc	00000	20-8602074				American Current Care of Arizona, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17

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STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	26-3224187				American Current Care of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-0656668				Amer Current Care of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2043667				American Current Care of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2089664				American Current Care of HI, Prof. Corp.	HI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2104617				American Current Care of MA, P.C.	MA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-5997415				American Current Care of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	27-1160021				American Current Care of Missouri, P.C.	MO	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-1809492				American Current Care of Nebraska, P.C.	NE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-1961910				American Current Care of New Jersey PA	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2018322				American Current Care of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3239475				American Current Care of Ohio, P.A., Co	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-5805198				American Current Care, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2681597				Auto Injury Solutions, Inc.	DE	NIA	Concentra Integrated Services, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	01-0510161				CM Occupational Health, L.L.C.	ME	NIA	See Footnote 8	Joint Venture		Humana Inc	8
00119	Humana Inc	00000	20-0114482				Concentra Akron, L.L.C.	DE	NIA	See Footnote 9	Joint Venture		Humana Inc	9
00119	Humana Inc	00000	62-1691148				Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 10	Joint Venture		Humana Inc	10
00119	Humana Inc	00000	75-2510547				Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-3363415				Concentra Operating Corporation	DE	NIA	Concentra Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-2658593				Concentra Integrated Services, Inc.	MA	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	76-0546504				Concentra Laboratory, L.L.C.	DE	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P.	PA	NIA	See Footnote 11	Joint Venture		Humana Inc	11
00119	Humana Inc	00000	75-2678146				Concentra Solutions, Inc.	DE	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2784513				Concentra South Carolina, L.L.C.	DE	NIA	See Footnote 12	Joint Venture		Humana Inc	12
00119	Humana Inc	00000	75-2821236				Concentra St. Louis, L.L.C.	DE	NIA	See Footnote 13	Joint Venture		Humana Inc	13
00119	Humana Inc	00000	27-1743694				Concentra Worksite of Arizona, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17

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STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	27-2935870				Concentra Worksite of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3675361				Concentra-UPMC, L.L.C.	DE	NIA	See Footnote 14	Joint Venture		Humana Inc	14
00119	Humana Inc	00000	86-0751979				Managed Prescription Program	AZ	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	11-3273542				National Healthcare Resources, Inc	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	94-3418907				Occspecialists Corp., A Medical Corp.	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2688160				Occupational Health Centers of AR, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	77-0469725				Occ Health Centers of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	51-0376661				Occupational Health Centers of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	58-2285009				Occupational Health Centers of GA, P.C.	GA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	74-2891603				Occ Health Centers of LA, A Prof. Corp.	LA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	38-2857561				Occupational Health Centers of MI, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	47-0827928				Occupational Health Centers of NE, P.C.	NE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3473542				Occupational Health Centers of NJ, P.A.	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3187863				Occupational Health Centers of NY, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2484838				Occupational Health Centers of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3239286				Occ Health Centers of OH, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	86-0750222				Occ Health Centers of the Southwest, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2014828				Occ Health Centers of the Southwest, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	74-2731442				OHC of Hawaii, Inc	HI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 15	Joint Venture		Humana Inc	15
00119	Humana Inc	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 16	Joint Venture		Humana Inc	16
00119	Humana Inc	00000	98-0445802				OMP Insurance Company, Ltd		NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-0513177				OnSite OccMed, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-2883662				Therapy Centers of South Carolina, P.A.	SC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3033507				Therapy Centers of the Southwest I, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17

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STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	26-4101338				U.S. MedGroup of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3867212				U.S. MedGroup of Delaware, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3760561				U.S. MedGroup of Massachusetts, P.C.	MA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2972185				U.S. MedGroup of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3869772				U.S. MedGroup of New Jersey, P.A.	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3598351				U.S. MedGroup of New York, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2502158				U.S. MedGroup of North Carolina, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3239579				U.S. MedGroup of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2612924				U.S. MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2645352				U.S. MedGroup, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	13-3464527				Occupational Health + Rehabilitation LLC	DE	NIA	Concentra Health Services, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	27-4757941				Concentra Health Care, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	32-0346082				Concentra Primary Care, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-2897046				Concentra Primary Care of New Jersey PA	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2891678				Texas MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-3637057				Concentra Primary Care of Arizona, PA	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-4041098				Concentra Primary Care of Illinois, P.C.	IL	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-4091303				Concentra Primary Care of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	00-5893028				Humana Europe, Ltd	GB	NIA	Humana Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	26-3583438				HUM-Holdings International, Inc	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holding International, Inc	Ownership	100.0	Humana Inc	17

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STATEMENT AS OF JUNE 30, 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

Asterisk	Explanation
1	American Tax Credit Corporate Georgia Fund III, L.L.C., a Delaware limited liability company, was formed on October 4, 2004 for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits. Humana Insurance Company is a Member with a 58.1736% ownership interest. The Savannah Bank, N.A. is a Member with a 1.6029% ownership interest, GMAC Insurance Georgia, L.L.C. is a Member with a 40.2133% ownership interest and Paramount Properties, Inc. is the Managing Member with 0.01% ownership interest.....
2	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.....
3	Green Ribbon Health, L.L.C., a Delaware limited liability company, was formed on December 14, 2004 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Pfizer Health Solutions, Inc. to implement the Centers for Medicare and Medicaid Disease Management Program. Humana Innovation Enterprises, Inc., a subsidiary of Humana Inc., is a Member with a 50% ownership interest and Pfizer Health Solutions, Inc., a subsidiary of Pfizer, Inc. is a Member with a 50% ownership interest.....
4	Healthcare E-Commerce Initiative, Inc., a Puerto Rico non-profit corporation, formed for the purpose of promoting an electronic bill processing and other e-commerce transactions to the providers of health care services in Puerto Rico. This is a joint venture with 5 members including Cooperativa de Seguros de Vida de Puerto Rico, Inc., La Cruz Azul de Puerto Rico, Inc., Medical Card System, Inc., MMM Healthcare, Inc. and Humana Insurance of Puerto Rico, Inc. jointly with Humana Health Plans of Puerto Rico, Inc. Each of the 5 members has an equal vote.....
5	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. New Health Services, Inc. owns the other 50%.....
6	Sensei, Inc., a Delaware corporation, was incorporated on August 24, 2005 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Card Guard AG, a Swiss corporation, dedicated to defining, building, and distributing the next generation of wireless health platforms. On December 12, 2008, Humana Innovation Enterprises, Inc. purchased all of Sensei, Inc.'s shares from Card Guard AG whereby Humana Innovation Enterprises, Inc. owned 100% of Sensei's issued and outstanding stock. On May 17, 2010, Robert Schwarzberg purchased 81% of Sensei's shares from Humana Innovation Enterprises, Inc., leaving the company with a 19% ownership interest.....
7	HumanaVitality, LLC, a Delaware limited liability company, was formed on January 3, 2011, and The Vitality Group, LLC, a Delaware limited liability company, was formed on February 15, 2011 through affiliates of Humana Inc. and Discovery Holdings Limited, a South African company, to offer Discovery's Vitality wellness and loyalty program to Humana members. Humana WellWorks LLC, a subsidiary of Humana Inc., owns 75% of HumanaVitality, LLC and 25% of The Vitality Group, LLC. The Vitality Group, Inc., a subsidiary of Discovery Holdings Limited, owns 25% of HumanaVitality, LLC and 75% of The Vitality Group, LLC.....
8	CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest.....
9	Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest.....
10	Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest.....
11	Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest.....
12	Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest.....
13	Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest.....
14	Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest.....
15	OHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest.....
16	OHR/MMC, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest.....
17	Professional Services Relationship/Agreement with Concentra health Services, Inc.....
18	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.....
19	Reporting company.....

## 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.   
9 5 3 4 8 2 0 1 2 3 6 5 0 0 0 0 2

**OVERFLOW PAGE FOR WRITE-INS**

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## 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
2.2 Additional investment made after acquisition .....		0
3. Current year change in encumbrances .....		0
4. Total gain (loss) on disposals .....		0
5. Deduct amounts received on disposals .....		0
6. Total foreign exchange change in book/adjusted carrying value .....		0
7. Deduct current year's other than temporary impairment recognized .....		0
8. Deduct current year's depreciation .....		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
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		0
10. Deduct current year's other than temporary impairment recognized .....		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
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
2.2 Additional investment made after acquisition .....		0
3. Capitalized deferred interest and other .....		0
4. Accrual of discount .....		0
5. Unrealized valuation increase (decrease) .....		0
6. Total gain (loss) on disposals .....		0
7. Deduct amounts received on disposals .....		0
8. Deduct amortization of premium and depreciation .....		0
9. Total foreign exchange change in book/adjusted carrying value .....		0
10. Deduct current year's other than temporary impairment recognized .....		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 .....	60,292,298	23,143,341
2. Cost of bonds and stocks acquired .....	13,162,469	48,885,130
3. Accrual of discount .....	3,117	5,226
4. Unrealized valuation increase (decrease) .....	5,765	3,510
5. Total gain (loss) on disposals .....	126,738	20,500
6. Deduct consideration for bonds and stocks disposed of .....	7,442,678	11,416,246
7. Deduct amortization of premium .....	215,708	349,163
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) .....	65,932,001	60,292,298
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	65,932,001	60,292,298

STATEMENT AS OF JUNE 30, 2012 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
<b>BONDS</b>								
1. Class 1 (a).....	67,136,753	147,175,248	147,549,083	(97,402)	67,136,754	66,665,516	.0	48,607,393
2. Class 2 (a).....	16,536,282	74,747	1,907,446	(6,767)	16,536,281	14,696,816	.0	13,636,764
3. Class 3 (a).....	.0	75,000			.0	75,000	.0	.0
4. Class 4 (a).....	173,931			1,215	173,931	175,146	.0	169,993
5. Class 5 (a).....	.0				.0	.0	.0	.0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	83,846,965	147,324,995	149,456,528	(102,954)	83,846,965	81,612,478	0	62,414,151
<b>PREFERRED STOCK</b>								
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	83,846,965	147,324,995	149,456,528	(102,953)	83,846,965	81,612,478	0	62,414,151

(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 \$ .....15,680,479 ; NAIC 2 \$ .....0 ;  
NAIC 3 \$ .....0 ; NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

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**SCHEDULE DA - PART 1**

## Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	3,180,744	XXX	3,180,744	470	0

**SCHEDULE DA - VERIFICATION**

## Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	2,121,852	7,632,390
2. Cost of short-term investments acquired .....	101,869,127	278,446,103
3. Accrual of discount .....		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals .....		0
6. Deduct consideration received on disposals .....	100,810,235	283,956,641
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).....	3,180,744	2,121,852
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	3,180,744	2,121,852

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**

**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.....	0	45,999,330
2. Cost of cash equivalents acquired .....	117,998,277	610,294,185
3. Accrual of discount .....	1,377	3,807
4. Unrealized valuation increase (decrease) .....		0
5. Total gain (loss) on disposals.....	78	123
6. Deduct consideration received on disposals .....	105,499,997	656,297,507
7. Deduct amortization of premium .....		(62)
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) .....	12,499,735	0
11. Deduct total nonadmitted amounts .....		0
12. Statement value at end of current period (Line 10 minus Line 11)	12,499,735	0

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 JUNE 30, 2012 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	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
<b>Bonds - U.S. Special Revenue</b>									
3128PY-WA-8	FGOLD 15YR FNMA		.05/03/2012	NOMURA SECURITIES		1,238,015	1,185,057	1,580	.1
3128PY-Y3-2	FGOLD 15YR FNMA		.05/03/2012	NOMURA SECURITIES		236,374	226,026	301	.1
31292R-7M-8	FGOLD 30 YR FHLMC		.06/11/2012	J.P. MORGAN		1,048,906	1,000,000	1,167	.1
3132GU-KH-6	FEDERAL HOME LOAN MTGE CO FHLMC		.06/28/2012	BARCLAYS CAPITAL		1,057,539	1,000,000	2,722	.1
3138LV-CV-3	FED NTL MTG ASSO 30YR		.06/27/2012	RBS GREENWICH CAPITAL MARKETS INC		2,441,963	2,310,208	6,289	.1
3138LW-TP-6	FED NTL MTG ASSO 30YR		.06/27/2012	CREDIT SUISSE FIRST BOSTON CORP		762,289	721,000	1,963	.1
3138MO-SE-1	FED NTL MTG ASSO FNMA 30YR		.06/27/2012	CREDIT SUISSE FIRST BOSTON CORP		2,083,871	1,971,000	5,366	.1
544646-E2-4	LOS ANGELES CALIFORNIA SCHOOL MUNI		.05/02/2012	J.P. MORGAN		244,692	200,000	3,500	.1FE
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions</b>						<b>9,113,647</b>	<b>8,613,292</b>	<b>22,887</b>	<b>XXX</b>
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>									
30224X-AA-2	ESA, 10-ESHA CMBS		.05/01/2012	VARIOUS		983,018	971,932	239	.1FE
747262-AG-8	QVC INC CORPORATE		.06/27/2012	BARCLAYS CAPITAL		75,000	75,000		.3FE
92852T-AE-2	VIVENDI SA CORPORATE	F	.04/03/2012	MERRILL LYNCH		74,747	75,000		.2FE
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						<b>1,132,764</b>	<b>1,121,932</b>	<b>239</b>	<b>XXX</b>
<b>8399997 - Subtotals- Bonds - Part 3</b>						<b>10,246,412</b>	<b>9,735,224</b>	<b>23,126</b>	<b>XXX</b>
<b>8399999 - Subtotals - Bonds</b>						<b>10,246,412</b>	<b>9,735,224</b>	<b>23,126</b>	<b>XXX</b>
<b>9999999 Totals</b>						<b>10,246,412</b>	<b>XXX</b>	<b>23,126</b>	<b>XXX</b>

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues .....0 .

STATEMENT AS OF JUNE 30, 2012 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	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22	
										11	12	13	14	15								
CUSIP Identification	Description	Foreign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/(Decrease)	Current Year's (Amortization)/Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)	
<b>Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>																						
31288D-U8-0...	FREDDIE MAC FHLMC		06/01/2012	MBS PAYDOWN		15,120	15,120	15,637	15,129		(9)		(9)		15,120			0	304	12/01/2032	1	
3128DV-X2-4...	FG D92497 - 20 YEAR		06/01/2012	MBS PAYDOWN		389	389	391	389				0		389			0	11	09/01/2018	1	
3128PY-WA-8...	FGOLD 15YR FNMA		06/01/2012	MBS PAYDOWN		6,324	6,324	6,607					0		6,324			0	16	05/01/2027	1	
3128PY-Y3-2...	FGOLD 15YR FNMA		06/01/2012	MBS PAYDOWN		2,267	2,267	2,371					0		2,267			0	6	04/01/2027	1	
312942-NM-3...	FNMA		06/01/2012	MBS PAYDOWN		1,307,030	1,307,030	1,339,910	1,310,443		(3,413)		(3,413)		1,307,030			0	24,350	09/01/2040	1	
31335H-HL-0...	FG C90235 - 20 YEAR		06/01/2012	MBS PAYDOWN		4,824	4,824	4,847	4,826		(2)		(2)		4,824			0	127	10/01/2018	1	
31368H-M2-6...	FNMA		06/01/2012	MBS PAYDOWN		567,671	567,671	594,458	571,367		(3,697)		(3,697)		567,671			0	11,867	11/01/2036	1	
31371K-NX-5...	FNMA		06/01/2012	MBS PAYDOWN		11,477	11,477	11,877	11,509		(33)		(33)		11,477			0	261	05/01/2017	1	
3138E1-HW-0...	FNMA		06/01/2012	MBS PAYDOWN		6,889	6,889	7,083	6,895		(5)		(5)		6,889			0	100	12/01/2041	1	
3138E2-R8-0...	FNMA		06/01/2012	MBS PAYDOWN		18,403	18,403	18,920	18,412		(9)		(9)		18,403			0	266	12/01/2041	1	
31392C-AV-6...	FNMA		06/01/2012	MBS PAYDOWN		1,421	1,421	1,472	1,423		(1)		(1)		1,421			0	42	02/01/2032	1	
31392G-UZ-6...	94: HO		06/01/2012	MBS PAYDOWN		274,020	274,020	289,433	276,574		(2,555)		(2,555)		274,020			0	5,107	01/01/2018	1	
31394E-KS-6...	FNMA REMIC TRUST 2005-06		06/25/2012	MBS PAYDOWN		15,675	15,675	15,675	15,675				0		15,675			0	39	07/25/2035	1	
<b>3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions</b>						2,231,510	2,231,510	2,308,682	2,232,642	0	(9,723)	0	(9,723)	0	2,231,510	0	0	0	0	42,487	XXX	XXX
<b>Bonds - Industrial and Miscellaneous (Unaffiliated)</b>																						
03523T-AN-8...	ANHEUSER BUSCH CORPORATE		06/28/2012	RBC CAPITAL MARKETS		295,960	247,000	268,699	267,112		(1,055)		(1,055)		266,057		29,903	29,903	12,686	01/15/2020	1FE	
03523T-BB-3...	ANHEUSER BUSCH INBEV WORLDWIDE		06/27/2012	CITIGROUP GLOBAL MARKETS INC.		199,305	174,000	173,588	173,616		17		17		173,632		25,672	25,672	6,640	02/15/2021	1FE	
05946X-BV-4...	BANK OF AMERICA FDG CO		06/20/2012	CALLED SECURITY at 100.000		443	443	452	451		(8)		(8)		443			0	14	05/01/2033	1FM	
247361-ZH-4...	DELTA AIR LINES INC		05/23/2012	CALLED SECURITY at 100.000		46,249	46,249	46,249	46,249				0		46,249			0	1,145	11/23/2019	2FE	
29265N-AS-7...	ENERGEN CORP		06/14/2012	VARIOUS		129,200	125,000	124,985	124,980		3		3		124,983		4,217	4,217	4,791	09/01/2021	2FE	
29379V-AU-7...	ENTERPRISE PRODUCTS OPERATING CORPORATE		05/02/2012	CREDIT SUISSE FIRST BOSTON CORP		243,726	230,000	229,517	229,520		9		9		229,530		14,197	14,197	6,546	02/15/2022	2FE	
30224X-AA-2...	ESA-10-ESHA		06/07/2012	MBS PAYDOWN		1,465	1,465	1,482					0		1,465			0	4	11/01/2027	1FE	
458140-AJ-9...	INTEL CORPORATION		05/03/2012	WELLS FARGO		473,648	450,000	448,929	448,939		42		42		448,981		24,667	24,667	9,446	10/01/2021	1FE	
494550-BJ-4...	KINDER MORGAN ENERGY PARTNERS LP		05/01/2012	J.P. MORGAN		1,252,048	1,225,000	1,223,947	1,223,926		40		40		1,223,965		28,083	28,083	36,292	03/01/2022	2FE	
858271-AA-7...	STEELRIVER TRANSMISSION COMPANY LL		06/29/2012	CALLED SECURITY at 100.000		7,718	7,718	7,718	7,718				0		7,718			0	182	06/30/2017	2FE	
982526-AF-2...	WRIGLEY WM JR CO		06/28/2012	MATURITY		275,000	275,000	274,909	274,977		23		23		275,000			0	3,369	06/28/2012	2FE	
<b>3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)</b>						2,924,763	2,781,876	2,800,475	2,797,489	0	(930)	0	(930)	0	2,798,025	0	126,738	126,738	81,114	XXX	XXX	
<b>8399997 - Subtotals - Bonds - Part 4</b>						5,156,273	5,013,386	5,109,157	5,030,131	0	(10,653)	0	(10,653)	0	5,029,535	0	126,738	126,738	123,601	XXX	XXX	
<b>8399999 - Subtotals - Bonds</b>						5,156,273	5,013,386	5,109,157	5,030,131	0	(10,653)	0	(10,653)	0	5,029,535	0	126,738	126,738	123,601	XXX	XXX	
<b>9999999 Totals</b>						5,156,273	XXX	5,109,157	5,030,131	0	(10,653)	0	(10,653)	0	5,029,535	0	126,738	126,738	123,601	XXX	XXX	

EO5

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues 0.

Schedule DB - Part A - Section 1

**NONE**

Schedule DB - Part B - Section 1

**NONE**

Schedule DB - Part D

**NONE**

Schedule DL - Part 1

**NONE**

Schedule DL - Part 2

**NONE**



