



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 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 United States , 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, State, Country and Zip Code)

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

Primary Location of Books and Records 640 Eden Park Drive
(Street and Number)
Cincinnati, OH, 45202-6056 513-784-5320
(City, State, Country and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.humana.com

Statutory Statement Contact Jimmy Blandford , 502-580-4381
(Name) (Area Code) (Telephone Number) (Extension)
DOIINQUIRIES@humana.com 502-580-2099
(E-Mail Address) (Fax Number)

OFFICERS

| Name | Title | Name | Title |
|-------------------------------|------------------------------------|-------------------------------|-------------------------------------|
| <u>Bruce Dale Broussard #</u> | <u>President & CEO</u> | <u>Joan Olliges Lenahan</u> | <u>VP & Corporate Secretary</u> |
| <u>James Harry Bloem</u> | <u>Sr. VP, CFO & Treasurer</u> | <u>Jonathan Albert Canine</u> | <u>Appointed Actuary</u> |

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

| | | |
|--------------------------|-------------------------------|---------------------------|
| <u>James Harry Bloem</u> | <u>Bruce Dale Broussard #</u> | <u>James Elmer Murray</u> |
|--------------------------|-------------------------------|---------------------------|

State of Kentucky

County of Jefferson

ss

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

Bruce Dale Broussard
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

James Harry Bloem
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this
25th day of February, 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 _____

Julia Basham, Notary Public
January 10, 2017

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

| 1 Account | 2 1 - 30 Days | 3 31 - 60 Days | 4 61 - 90 Days | 5 91 - 120 Days | 6 Over 120 Days | 7 Total |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| Claims Unpaid (Reported) | | | | | | |
| AMERICAN AMBULETTE AND AMBULANCE..... | 2,304 | | | | | 2,304 |
| ANIMAS DIABETES CARE LLC..... | 2,391 | | | | | 2,391 |
| BETHESDA HOSPITAL INC..... | 77,864 | | | | | 77,864 |
| BRIDGE POINT CARE AND REHABILITATION..... | 5,763 | | | | | 5,763 |
| BROOKWOOD RETIREMENT..... | 5,510 | | | | | 5,510 |
| CAMBRIDGE BEHAVIORAL HOSPITAL..... | 2,387 | | | | | 2,387 |
| CHILDRENS HOSP HOME HEALTH..... | 9,201 | | | | | 9,201 |
| CHILDRENS HOSPITAL MEDICAL CENTER..... | 70,376 | | | | | 70,376 |
| CHRIST HOSPITAL..... | 116,500 | 12,360 | | | | 128,861 |
| CINCINNATI VAMC..... | 13,131 | | | | | 13,131 |
| CLEVELAND CLINIC HOSPITAL..... | 25,045 | | | | | 25,045 |
| COMMUNICARE OF CLIFTON..... | 2,153 | | | | | 2,153 |
| DARBY GLENN NURSING AND REHABILITATION..... | 2,608 | | | | | 2,608 |
| DAVID A HORMUTH MD..... | 2,756 | | | | | 2,756 |
| DAVID WATERHOUSE..... | 2,061 | | | | | 2,061 |
| DOCTORS HOSPITAL..... | 24,513 | | | | | 24,513 |
| DOUGLAS B FLORA MD..... | 4,403 | | | | | 4,403 |
| DUBLIN METHODIST HOSPITAL..... | 4,992 | | | | | 4,992 |
| EVENDALE MEDICAL CENTER LLC..... | 2,229 | | | | | 2,229 |
| FLOYD MEMORIAL HOSPITAL..... | 11,967 | | | | | 11,967 |
| FOONG LIM..... | 2,206 | | | | | 2,206 |
| FOUR WINDS HOSPITAL..... | 2,054 | | | | | 2,054 |
| FRANCESCO MANGANO..... | | 2,693 | | | | 2,693 |
| GENTIVA HEALTH SERVICES..... | 3,246 | | | | | 3,246 |
| GOOD SAMARITAN HOSPITAL..... | 209,759 | 8,443 | 140,100 | | | 358,302 |
| GOOD SAMARITAN HOSPITAL AND HEALTH..... | | 3,980 | | | | 3,980 |
| GRADY MEMORIAL HOSPITAL..... | 23,079 | | | | | 23,079 |
| GRANT MEDICAL CENTER..... | 2,854 | | | | | 2,854 |
| GREGORY TIAO..... | 3,424 | | | | | 3,424 |
| HEALTHSOUTH N. KY REHABILITATION..... | 4,908 | | | | | 4,908 |
| HEARTLAND MT AIRY OF CINCINATI..... | 3,107 | | | | | 3,107 |
| HEARTLAND OF MIAMISBURG OH LLC..... | 2,281 | | | | | 2,281 |
| HEARTLAND VILLAGE OF WESTERVILLE..... | 4,971 | | | | | 4,971 |
| HEARTSPRING HOME HEALTHCARE LL..... | 2,173 | | | | | 2,173 |
| HIGHBANKS CARE CENTER..... | 3,462 | | | | | 3,462 |
| HIGHLANDS HEALTHCARE CENTER..... | 3,288 | | | | | 3,288 |
| HILLCREST HOSPITAL..... | 6,956 | | | | | 6,956 |
| HILLSPRING C O CARESPRING..... | 4,054 | | | | | 4,054 |
| INDIANA UNIVERSITY HEALTH INC..... | 66,889 | | | | | 66,889 |
| JENNIFER SMAIL..... | 3,782 | | | | | 3,782 |
| JEWISH HOSPITAL LLC..... | 227,245 | | | | | 227,245 |
| JOHN JACQUEMIN..... | 2,604 | | | | | 2,604 |
| JOHN WINKELMANN..... | 3,123 | | | | | 3,123 |
| KELLY FRANER..... | 18,913 | | | | | 18,913 |
| KENWOOD SURGERY CENTER..... | 9,896 | | | | | 9,896 |
| KETTERING MEDICAL CENTER..... | 119,770 | | | 52,095 | | 171,864 |
| KETTERING MEDICAL CENTER SYCAM..... | 10,865 | 7,545 | | | | 18,410 |
| KURT P LEUENBERGER JR MD..... | 2,427 | | | | | 2,427 |
| LAWRENCE V BRENNAN MD..... | 2,781 | | | | | 2,781 |
| LIFE CARE OF ELYRIA..... | 6,612 | | | | | 6,612 |
| LUTHERAN HOSPITAL..... | 2,574 | | | | | 2,574 |
| LYNN ROBBINS..... | | 2,184 | | | | 2,184 |
| MANAGEMENT AND NETWORK SERVICE..... | 13,219 | | | | | 13,219 |
| MANISH BHANDARI..... | 3,454 | | | | | 3,454 |
| MANORCARE ROCKY RIVER..... | 2,368 | | | | | 2,368 |

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT 4 – 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 |
|---|------------------|-------------------|-------------------|--------------------|--------------------|------------|
| MARGARET BOCKERSTETTE..... | 2,546 | | | | | 2,546 |
| MARY ROHAN MD..... | 10,878 | | | | | 10,878 |
| MARYMOUNT HOSPITAL..... | 15,489 | | | | | 15,489 |
| MCCULLOUGH HYDE MEMORIAL HOSPITAL..... | 8,264 | | | | | 8,264 |
| MCHS WILLOUGHBY..... | 2,582 | | | | | 2,582 |
| MCKINLEY HEALTH CARE..... | 2,893 | | | | | 2,893 |
| MED RIDE..... | 2,604 | | | | | 2,604 |
| MEMORIAL HEALTH SYSTEM..... | 2,026 | | | | | 2,026 |
| MEMORIAL HEALTH UNIVERSITY MEDICAL..... | 3,371 | | | | | 3,371 |
| MEMORIAL HEALTH UNIVERSITY MEDICAL..... | 38,554 | | | | | 38,554 |
| MERCY COMMUNITY REGIONAL MEDICAL..... | 10,198 | | | | | 10,198 |
| MERCY FRANCISCAN HOSPITAL..... | 2,722 | | | | | 2,722 |
| MERCY HOSPITAL ANDERSON..... | 30,110 | | | | | 30,110 |
| MERCY HOSPITAL CLERMONT..... | 3,166 | | | | | 3,166 |
| MERCY HOSPITAL FAIRFIELD..... | 22,220 | 10,557 | | | | 32,777 |
| MERCY HOSPITAL MOUNT AIRY..... | 23,078 | | | | | 23,078 |
| MERCY MEDICAL CENTER INC..... | 42,444 | | | | | 42,444 |
| MIAMI VALLEY HOSPITAL..... | 9,765 | | | | | 9,765 |
| MICHELLE REDDEN BOROWSKI MD..... | 5,424 | | | | | 5,424 |
| MOUNT CARMEL EAST..... | 4,482 | | | | | 4,482 |
| MOUNT CARMEL MEDICAL CENTER..... | 71,788 | | | | | 71,788 |
| MOUNT CARMEL NEW ALBANY..... | 10,554 | | | | | 10,554 |
| MOUNT WASHINGTON CARE CENTER..... | 2,106 | | | | | 2,106 |
| PAUL FAVORITO..... | 2,000 | | | | | 2,000 |
| PAUL NOH..... | 4,542 | | | | | 4,542 |
| PAUL RAINIER..... | 2,434 | | | | | 2,434 |
| PRAMOD REDDY..... | 3,317 | | | | | 3,317 |
| QUALIFIED SPECIALIST..... | 2,932 | | | | | 2,932 |
| RIGHTSOURCE..... | 2,269 | | | | | 2,269 |
| RIVERSIDE METHODIST HOSPITAL..... | 9,914 | | | 7,374 | | 17,288 |
| ROBERT L FIELD MD..... | | 2,604 | | | | 2,604 |
| SALLY SHOTT..... | 2,210 | | | | | 2,210 |
| SCIOTO RETIREMENT COMMUNITY..... | 7,088 | | | | | 7,088 |
| SCITSDLE HLTH TPK..... | | 7,306 | | | | 7,306 |
| SHAWNEESPRING C O CARESPRING..... | 3,478 | | | | | 3,478 |
| SILVERTON DIALYSIS..... | 3,771 | | | | | 3,771 |
| SOUTHVIEW HOSPITAL..... | 4,499 | | | | | 4,499 |
| SOUTHWEST GENERAL HEALTH CENTER..... | 2,511 | | | | | 2,511 |
| SOUTHWEST REGIONAL MEDICAL CENTER..... | 9,631 | | | | | 9,631 |
| ST ELIZABETH HEALTHCARE..... | 411,212 | 12,961 | | | | 424,173 |
| ST RITAS MEDICAL CENTER..... | 4,345 | | | | | 4,345 |
| ST VINCENT HOSPITAL AND HEALTH..... | 3,241 | | | | | 3,241 |
| STEVEN AGABEGI..... | | | | | 2,485 | 2,485 |
| SUMMA BARBERTON CITIZENS..... | 10,121 | | | | | 10,121 |
| SUMMA HEALTH SYSTEMS..... | 71,291 | | | | | 71,291 |
| SUMMIT BEHAVIORAL HEALTH..... | | 5,752 | | | | 5,752 |
| THE CHRIST HOSPITAL..... | 114,444 | 2,166 | | | | 116,610 |
| THE UROLOGY CENTER LLC..... | 3,762 | | | | | 3,762 |
| THOMAS SAUL..... | 3,087 | | | | | 3,087 |
| TIMOTHY KREWCHEK..... | 2,439 | | | | | 2,439 |
| TRI STATE CENTERS FOR SIGHT..... | 5,195 | | | | | 5,195 |
| TRI STATE DIGESTIVE DISORDER..... | 2,496 | | | | | 2,496 |
| TRIPLE CREEK RETIREMENT COMMUNITY..... | 2,639 | | | | | 2,639 |
| UNIVERSITY HOSPITALS..... | 84,968 | | | | | 84,968 |
| UNIVERSITY HOSPITAL..... | 83,424 | 6,010 | | | | 89,434 |
| VILLASPRING C O CARESPRING..... | 4,776 | | | | | 4,776 |

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1 Direct Medical Expense Payment | 2 Column 1 as a % of Total Payments | 3 Total Members Covered | 4 Column 3 as a % of Total Members | 5 Column 1 Expenses Paid to Affiliated Providers | 6 Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|--|----------------------------------|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | .0 | .0.0 | | .0.0 | | |
| 2. Intermediaries | .0 | .0.0 | | .0.0 | | |
| 3. All other providers | .0 | .0.0 | | .0.0 | | |
| 4. Total capitation payments | .0 | .0.0 | 0 | .0.0 | 0 | 0 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 1,135,163 | .5 | XXX | XXX | | 1,135,163 |
| 6. Contractual fee payments | 236,595,482 | 99.5 | XXX | XXX | | 236,595,482 |
| 7. Bonus/withhold arrangements - fee-for-service | .0 | .0.0 | XXX | XXX | | |
| 8. Bonus/withhold arrangements - contractual fee payments | .0 | .0.0 | XXX | XXX | | |
| 9. Non-contingent salaries | .0 | .0.0 | XXX | XXX | | |
| 10. Aggregate cost arrangements | .0 | .0.0 | XXX | XXX | | |
| 11. All other payments | .0 | .0.0 | XXX | XXX | | |
| 12. Total other payments | 237,730,645 | 100.0 | XXX | XXX | 0 | 237,730,645 |
| 13. Total (Line 4 plus Line 12) | 237,730,645 | 100 % | XXX | XXX | 0 | 237,730,645 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 NAIC Code | 2 Name of Intermediary | 3 Capitation Paid | 4 Average Monthly Capitation | 5 Intermediary's Total Adjusted Capital | 6 Intermediary's Authorized Control Level RBC |
|----------------|---------------------------|----------------------|---------------------------------------|---|--|
| NONE | | | | | |
| 9999999 Totals | | | XXX | XXX | XXX |

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| Description | 1 Cost | 2 Improvements | 3 Accumulated Depreciation | 4 Book Value Less Encumbrances | 5 Assets Not Admitted | 6 Net Admitted Assets |
|--|-----------|-------------------|----------------------------------|--------------------------------------|-----------------------------|--------------------------|
| 1. Administrative furniture and equipment | 4,053,870 | | 2,183,073 | 2,183,073 | 1,870,797 | |
| 2. Medical furniture, equipment and fixtures | 9,772 | | 469 | 469 | 9,303 | |
| 3. Pharmaceuticals and surgical supplies | | | | | | |
| 4. Durable medical equipment | | | | | | |
| 5. Other property and equipment | 3,172,399 | | 1,132,420 | 1,132,420 | 2,039,979 | |
| 6. Total | 7,236,041 | 0 | 3,315,962 | 3,315,962 | 3,920,079 | 0 |



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2.

(LOCATION)

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF Indiana | | DURING THE YEAR 2012 | | | | | | NAIC Company Code | 95348 |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------------|-------|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | |
| | | 2 Individual | 3 Group | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | 0 | | | | | | | | | | |
| 2. First Quarter | 0 | | | | | | | | | | |
| 3. Second Quarter | 0 | | | | | | | | | | |
| 4. Third Quarter | 0 | | | | | | | | | | |
| 5. Current Year | 0 | | | | | | | | | | |
| 6. Current Year Member Months | 0 | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 0 | | | | | | | | | | |
| 8. Non-Physician | 0 | | | | | | | | | | |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | | | | | | | | | | |
| 11. Number of Inpatient Admissions | 0 | | | | | | | | | | |
| 12. Health Premiums Written (b) | 0 | | | | | | | | | | |
| 13. Life Premiums Direct | 0 | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | | |
| 15. Health Premiums Earned | 0 | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 0 | | | | | | | | | | |
| 18. Amount Incurred for Provision of Health Care Services | 0 | | | | | | | | | | |

NONE

29.IN

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Kentucky

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2012

NAIC Company Code 95348

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|------------|---------------------------------------|------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 3,092 | | | | | 259 | | 2,833 | | |
| 2. First Quarter | 4,108 | | | | | 371 | | 3,737 | | |
| 3. Second Quarter | 4,225 | | | | | 473 | | 3,752 | | |
| 4. Third Quarter | 4,267 | | | | | 468 | | 3,799 | | |
| 5. Current Year | 4,333 | | | | | 475 | | 3,858 | | |
| 6. Current Year Member Months | 50,514 | | | | | 5,295 | | 45,219 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 33,023 | | | | | | | 33,023 | | |
| 8. Non-Physician | 43,671 | | | | | | | 43,671 | | |
| 9. Total | 76,694 | 0 | 0 | 0 | 0 | 0 | 0 | 76,694 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 5,291 | | | | | | | 5,291 | | |
| 11. Number of Inpatient Admissions | 1,059 | | | | | | | 1,059 | | |
| 12. Health Premiums Written (b) | 32,799,492 | | | | | 32,855 | | 32,766,737 | | (100) |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 32,799,492 | | | | | 32,855 | | 32,766,737 | | (100) |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 30,315,737 | | | | | 78,120 | | 30,237,617 | | |
| 18. Amount Incurred for Provision of Health Care Services | 30,654,845 | | | | | 79,288 | | 30,575,557 | | |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$32,766,737

29.KY



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Ohio

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2012

NAIC Company Code

95348

| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other |
|---|-------------|---------------------------------------|-------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------|
| | | 2 Individual | 3 Group | | | | | | | |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 54,911 | 60 | 50,601 | | 75 | 126 | | 4,049 | | |
| 2. First Quarter | 59,561 | 54 | 50,948 | | 255 | 346 | | 7,958 | | |
| 3. Second Quarter | 59,939 | 46 | 51,050 | | 260 | 399 | | 8,184 | | |
| 4. Third Quarter | 58,684 | 41 | 49,445 | | 267 | 418 | | 8,513 | | |
| 5. Current Year | 58,524 | 41 | 48,902 | | 284 | 437 | | 8,860 | | |
| 6. Current Year Member Months | 711,907 | 572 | 604,118 | | 3,155 | 4,687 | | 99,375 | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7. Physician | 267,752 | | 201,412 | | | | | 66,313 | | 27 |
| 8. Non-Physician | 245,820 | | 147,062 | | | | | 98,758 | | |
| 9. Total | 513,572 | 0 | 348,474 | 0 | 0 | 0 | 0 | 165,071 | 0 | 27 |
| 10. Hospital Patient Days Incurred | 20,175 | | 8,247 | | | | | 11,928 | | |
| 11. Number of Inpatient Admissions | 4,791 | | 2,246 | | | | | 2,545 | | |
| 12. Health Premiums Written (b) | 251,967,121 | 540,355 | 176,266,856 | | 46,394 | 118,615 | 0 | 74,992,809 | | 2,092 |
| 13. Life Premiums Direct | 0 | | | | | | | | | |
| 14. Property/Casualty Premiums Written | 0 | | | | | | | | | |
| 15. Health Premiums Earned | 252,047,434 | 540,355 | 176,347,169 | | 46,394 | 118,615 | 0 | 74,992,809 | | 2,092 |
| 16. Property/Casualty Premiums Earned | 0 | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | 207,414,908 | 1,058,628 | 140,076,572 | | 23,801 | 66,730 | (34,000) | 66,222,631 | | 546 |
| 18. Amount Incurred for Provision of Health Care Services | 211,123,953 | 910,173 | 139,572,077 | | 23,801 | 68,899 | (34,231) | 70,582,678 | | 556 |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 74,992,809

29.OH



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Consolidated

(LOCATION)

| NAIC Group Code | 0119 | BUSINESS IN THE STATE OF Consolidated | | DURING THE YEAR 2012 | | | | | | NAIC Company Code | 95348 |
|---|-------------|---------------------------------------|-------------|-----------------------------|---------------------|---------------------|---|------------------------------|----------------------------|-------------------|-------|
| | 1 Total | Comprehensive (Hospital & Medical) | | 4 Medicare Supplement | 5 Vision Only | 6 Dental Only | 7 Federal Employees Health Benefit Plan | 8 Title XVIII Medicare | 9 Title XIX Medicaid | 10 Other | |
| | | 2 Individual | 3 Group | | | | | | | | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | 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 | 62,951 | 41 | 49,445 | .0 | .267 | .886 | .0 | 12,312 | .0 | .0 | |
| 5. Current Year | 62,857 | 41 | 48,902 | 0 | 284 | 912 | 0 | 12,718 | 0 | 0 | |
| 6. Current Year Member Months | 762,421 | 572 | 604,118 | 0 | 3,155 | 9,982 | 0 | 144,594 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | | |
| 7. Physician | 300,775 | .0 | 201,412 | .0 | .0 | .0 | .0 | 99,336 | .0 | .27 | |
| 8. Non-Physician | 289,491 | 0 | 147,062 | 0 | 0 | 0 | 0 | 142,429 | 0 | 0 | |
| 9. Total | 590,266 | 0 | 348,474 | 0 | 0 | 0 | 0 | 241,765 | 0 | 27 | |
| 10. Hospital Patient Days Incurred | 25,466 | 0 | 8,247 | 0 | 0 | 0 | 0 | 17,219 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 5,850 | 0 | 2,246 | 0 | 0 | 0 | 0 | 3,604 | 0 | 0 | |
| 12. Health Premiums Written (b) | 284,766,613 | 540,355 | 176,266,856 | .0 | 46,394 | 151,470 | .0 | 107,759,546 | .0 | 1,992 | |
| 13. Life Premiums Direct | 0 | .0 | 0 | .0 | 0 | .0 | .0 | .0 | .0 | .0 | |
| 14. Property/Casualty Premiums Written | 0 | .0 | 0 | .0 | 0 | .0 | .0 | .0 | .0 | .0 | |
| 15. Health Premiums Earned | 284,846,926 | 540,355 | 176,347,169 | .0 | 46,394 | 151,470 | .0 | 107,759,546 | .0 | 1,992 | |
| 16. Property/Casualty Premiums Earned | 0 | .0 | 0 | .0 | 0 | .0 | .0 | .0 | .0 | .0 | |
| 17. Amount Paid for Provision of Health Care Services | 237,730,645 | 1,058,628 | 140,076,572 | .0 | 23,801 | 144,850 | (34,000) | 96,460,248 | .0 | 546 | |
| 18. Amount Incurred for Provision of Health Care Services | 241,778,798 | 910,173 | 139,572,077 | 0 | 23,801 | 148,187 | (34,231) | 101,158,235 | 0 | 556 | |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$107,759,546

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SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

| 1 NAIC Company Code | 2 Federal ID Number | 3 Effective Date | 4 Name of Reinsured | 5 Domiciliary Jurisdiction | 6 Type of Reinsurance Assumed | 7 Premiums | 8 Unearned Premiums | 9 Reserve Liability Other Than For Unearned Premiums | 10 Reinsurance Payable on Paid and Unpaid Losses | 11 Modified Coinsurance Reserve | 12 Funds Withheld Under Coinsurance |
|--|---------------------------|---------------------|------------------------|----------------------------------|--|---------------|---------------------------|--|---|--|---|
| NONE | | | | | | | | | | | |
| 0999999 Total (Sum of 0399999 and 0699999) | | | | | | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

Schedule S - Part 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

| | 1 2012 | 2 2011 | 3 2010 | 4 2009 | 5 2008 |
|---|-----------|-----------|-----------|-----------|-----------|
| A. OPERATIONS ITEMS | | | | | |
| 1. Premiums..... | 183 | 174 | 130,109 | 242,816 | 213,372 |
| 2. Title XVIII-Medicare..... | 0 | 0 | 0 | 0 | 0 |
| 3. Title XIX-Medicaid..... | 0 | 0 | 0 | 0 | 0 |
| 4. Commissions and reinsurance expense allowance..... | | 0 | 0 | 0 | 0 |
| 5. Total hospital and medical expenses..... | 2,572 | 0 | 107,378 | 201,320 | 179,510 |
| B. BALANCE SHEET ITEMS | | | | | |
| 6. Premiums receivable..... | | 0 | 0 | 0 | 0 |
| 7. Claims payable..... | | 0 | 0 | 18,373 | 13,740 |
| 8. Reinsurance recoverable on paid losses..... | 520 | 0 | 0 | 0 | 0 |
| 9. Experience rating refunds due or unpaid..... | | 0 | 0 | 0 | 0 |
| 10. Commissions and reinsurance expense allowances due..... | | 0 | 0 | 0 | 0 |
| 11. Unauthorized reinsurance offset..... | 0 | 0 | 0 | 0 | 0 |
| 12. Offset for reinsurance with Certified Reinsurers..... | 0 | XXX | XXX | XXX | XXX |
| C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. Funds deposited by and withheld from (F)..... | 0 | 0 | 0 | 0 | 0 |
| 14. Letters of credit (L)..... | 0 | 0 | 0 | 0 | 0 |
| 15. Trust agreements (T)..... | 0 | 0 | 0 | 0 | 0 |
| 16. Other (O)..... | 0 | 0 | 0 | 0 | 0 |
| D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. Multiple Beneficiary Trust..... | 0 | XXX | XXX | XXX | XXX |
| 18. Funds deposited by and withheld from (F)..... | 0 | XXX | XXX | XXX | XXX |
| 19. Letters of credit (L)..... | 0 | XXX | XXX | XXX | XXX |
| 20. Trust agreements (T)..... | 0 | XXX | XXX | XXX | XXX |
| 21. Other (O)..... | 0 | XXX | XXX | XXX | XXX |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | 1 | 2 | 3 |
|---|-------------------------------|----------------------------|------------------------------|
| | As Reported (net of ceded) | Restatement Adjustments | Restated (gross of ceded) |
| ASSETS (Page 2, Col. 3) | | | |
| 1. Cash and invested assets (Line 12) | 71,715,366 | | 71,715,366 |
| 2. Accident and health premiums due and unpaid (Line 15)..... | 1,104,921 | | 1,104,921 |
| 3. Amounts recoverable from reinsurers (Line 16.1)..... | 519,709 | (519,709) | 0 |
| 4. Net credit for ceded reinsurance..... | XXX | 0 | 0 |
| 5. All other admitted assets (Balance)..... | 4,041,014 | (33,029) | 4,007,985 |
| 6. Total assets (Line 28) | 77,381,010 | (552,738) | 76,828,272 |
| LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. Claims unpaid (Line 1)..... | 25,541,120 | 0 | 25,541,120 |
| 8. Accrued medical incentive pool and bonus payments (Line 2)..... | 0 | | 0 |
| 9. Premiums received in advance (Line 8)..... | 3,137,612 | | 3,137,612 |
| 10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)..... | 0 | | 0 |
| 11. Reinsurance in unauthorized companies (Line 20 minus inset amount)..... | 0 | | 0 |
| 12. Reinsurance with Certified Reinsurers (Line 20 inset amount)..... | 0 | | 0 |
| 13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)..... | 0 | | 0 |
| 14. All other liabilities (Balance)..... | 7,463,091 | (552,738) | 6,910,353 |
| 15. Total liabilities (Line 24)..... | 36,141,823 | (552,738) | 35,589,085 |
| 16. Total capital and surplus (Line 33)..... | 41,239,187 | XXX | 41,239,187 |
| 17. Total liabilities, capital and surplus (Line 34) | 77,381,010 | (552,738) | 76,828,272 |
| NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. Claims unpaid..... | 0 | | |
| 19. Accrued medical incentive pool..... | 0 | | |
| 20. Premiums received in advance | 0 | | |
| 21. Reinsurance recoverable on paid losses | 519,709 | | |
| 22. Other ceded reinsurance recoverables | 33,029 | | |
| 23. Total ceded reinsurance recoverables | 552,738 | | |
| 24. Premiums receivable | 0 | | |
| 25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. Unauthorized reinsurance | 0 | | |
| 27. Reinsurance with Certified Reinsurers..... | 0 | | |
| 28. Funds held under reinsurance treaties with Certified Reinsurers..... | 0 | | |
| 29. Other ceded reinsurance payables/offsets | 552,738 | | |
| 30. Total ceded reinsurance payables/offsets | 552,738 | | |
| 31. Total net credit for ceded reinsurance | 0 | | |

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN**

Allocated By States and Territories

| States, Etc. | Direct Business Only | | | | | |
|---------------------------------|--|--|--|--|--------------------------------|-------------|
| | 1 Life (Group and Individual) | 2 Annuities (Group and Individual) | 3 Disability Income (Group and Individual) | 4 Long-Term Care (Group and Individual) | 5 Deposit-Type Contracts | 6 Totals |
| 1. Alabama AL | | | | | | .0 |
| 2. Alaska AK | | | | | | .0 |
| 3. Arizona AZ | | | | | | .0 |
| 4. Arkansas AR | | | | | | .0 |
| 5. California CA | | | | | | .0 |
| 6. Colorado CO | | | | | | .0 |
| 7. Connecticut CT | | | | | | .0 |
| 8. Delaware DE | | | | | | .0 |
| 9. District of Columbia DC | | | | | | .0 |
| 10. Florida FL | | | | | | .0 |
| 11. Georgia GA | | | | | | .0 |
| 12. Hawaii HI | | | | | | .0 |
| 13. Idaho ID | | | | | | .0 |
| 14. Illinois IL | | | | | | .0 |
| 15. Indiana IN | | | | | | .0 |
| 16. Iowa IA | | | | | | .0 |
| 17. Kansas KS | | | | | | .0 |
| 18. Kentucky KY | | | | | | .0 |
| 19. Louisiana LA | | | | | | .0 |
| 20. Maine ME | | | | | | .0 |
| 21. Maryland MD | | | | | | .0 |
| 22. Massachusetts MA | | | | | | .0 |
| 23. Michigan MI | | | | | | .0 |
| 24. Minnesota MN | | | | | | .0 |
| 25. Mississippi MS | | | | | | .0 |
| 26. Missouri MO | | | | | | .0 |
| 27. Montana MT | | | | | | .0 |
| 28. Nebraska NE | | | | | | .0 |
| 29. Nevada NV | | | | | | .0 |
| 30. New Hampshire NH | | | | | | .0 |
| 31. New Jersey NJ | | | | | | .0 |
| 32. New Mexico NM | | | | | | .0 |
| 33. New York NY | | | | | | .0 |
| 34. North Carolina NC | | | | | | .0 |
| 35. North Dakota ND | | | | | | .0 |
| 36. Ohio OH | | | | | | .0 |
| 37. Oklahoma OK | | | | | | .0 |
| 38. Oregon OR | | | | | | .0 |
| 39. Pennsylvania PA | | | | | | .0 |
| 40. Rhode Island RI | | | | | | .0 |
| 41. South Carolina SC | | | | | | .0 |
| 42. South Dakota SD | | | | | | .0 |
| 43. Tennessee TN | | | | | | .0 |
| 44. Texas TX | | | | | | .0 |
| 45. Utah UT | | | | | | .0 |
| 46. Vermont VT | | | | | | .0 |
| 47. Virginia VA | | | | | | .0 |
| 48. Washington WA | | | | | | .0 |
| 49. West Virginia WV | | | | | | .0 |
| 50. Wisconsin WI | | | | | | .0 |
| 51. Wyoming WY | | | | | | .0 |
| 52. American Samoa AS | | | | | | .0 |
| 53. Guam GU | | | | | | .0 |
| 54. Puerto Rico PR | | | | | | .0 |
| 55. US Virgin Islands VI | | | | | | .0 |
| 56. Northern Mariana Islands MP | | | | | | .0 |
| 57. Canada CAN | | | | | | .0 |
| 58. Aggregate Other Alien OT | | | | | | .0 |
| 59. Totals | 0 | 0 | 0 | 0 | 0 | 0 |

NONE

ANNUAL STATEMENT FOR THE YEAR 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 | 39-1514846 | | | | CareNetwork, Inc. | WI | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95885 | 61-1013183 | | | | Humana Health Plan, Inc. | KY | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95519 | 58-2209549 | | | | Humana Employers Health Plan of GA, Inc. | GA | IA | Humana Insurance Company | Ownership | 100.0 | Humana inc | .0 |
| 00119 | Humana Inc | 60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 54739 | 52-1157181 | | | | The Dental Concern, Inc. | KY | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 52028 | 36-3654697 | | | | The Dental Concern, Ltd. | IL | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95342 | 39-1525003 | | | | Humana Wisc. Health Org. Ins. Corp. | WI | IA | CareNetwork, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1223418 | | | | Health Value Management, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 69671 | 61-1041514 | | | | Humana Health Ins. Co. of Florida, Inc. | FL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc. | OH | OTH | Humana Inc | Ownership | 100.0 | Humana Inc | 19 |
| 00119 | Humana Inc | 95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95270 | 61-1103898 | | | | Humana Medical Plan, Inc. | FL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1241225 | | | | Humana Government Business, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1232669 | | | | Managed Care Indemnity, Inc. | VT | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1239538 | | | | Humco, Inc. | KY | NIA | Humana Health Plan, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc. | PR | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc. | PR | IA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1237697 | | | | EmpheSys, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 88595 | 31-0935772 | | | | EmpheSys Insurance Company | TX | IA | EmpheSys, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-0647538 | | | NYSE | Humana Inc | DE | UDP | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1316926 | | | | Humana Pharmacy, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 42-1575099 | | | | Competitive Health Analytics, Inc. | IL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 71-0732385 | | | | Humana Health Plan Interests, Inc. | LA | NIA | Humana Insurance Company | Ownership | 100.0 | Humana Inc | .0 |
| 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 | .0 |
| 00119 | Humana Inc | 00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 20-1724127 | | | | Preservation on Main, Inc. | KY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 95092 | 59-2598550 | | | | CarePlus Health Plans, Inc. | FL | IA | CPHP Holdings, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 75-2043865 | | | | Corphealth, Inc. | TX | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |

ANNUAL STATEMENT FOR THE YEAR 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 | 0 |
| 00119 | Humana Inc | 00000 | 61-1478012 | | | | American Tax Credit Corp GA Fund III,LLC | DE | OTH | See Footnote 1 | Other | 0.0 | Humana Inc | 1 |
| 00119 | Humana Inc | 00000 | 59-3715944 | | | | Availity, L.L.C | DE | OTH | See Footnote 2 | Board of Directors | 0.0 | Humana Inc | 2 |
| 00119 | Humana Inc | 00000 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95158 | 61-1279717 | | | | CHA HMO, Inc | KY | IA | CHA Service Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-2620891 | | | | Healthcare E-Commerce Initiative, Inc | PR | OTH | See Footnote 4 | Other | 0.0 | Humana Inc | 4 |
| 00119 | Humana Inc | 00000 | 20-4835394 | | | | Humana Active Outlook, Inc | KY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 4 |
| 00119 | Humana Inc | 00000 | 20-1717441 | | | | Humana Govt. Network Services, Inc | DE | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 39-1769093 | | | | Independent Care Health Plan | WI | OTH | See Footnote 5 | Other | 100.0 | Humana Inc | 5 |
| 00119 | Humana Inc | 00000 | 20-3355580 | | | | Sensei, Inc | DE | OTH | See Footnote 6 | Other | 0.0 | Humana Inc | 6 |
| 00119 | Humana Inc | 00000 | 20-5309363 | | | | 515-526W MainSt CondoCouncil ofCo-Owners | KY | NIA | Preservation on Main, Inc | Ownership | 100.0 | Humana Inc | 6 |
| 00119 | Humana Inc | 00000 | 20-8236655 | | | | Corphealth Provider Link, Inc | TX | NIA | Corphealth, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 33-0916248 | | | | DefenseWeb Technologies, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc | PR | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc | UT | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-8418853 | | | | Humana Veterans Healthcare Services, Inc | DE | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95107 | 56-1796975 | | | | American Dental Plan of N. C., Inc | NC | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 11559 | 58-2302163 | | | | American Dental Providers of Ark., Inc | AR | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 04-3185995 | | | | CompBenefits Corporation | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 59-1843760 | | | | Humana Dental Company | FL | NIA | CompBenefits Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 11228 | 36-3686002 | | | | Dental Care Plus Management Corporation | IL | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 58-2228851 | | | | CompBenefits Direct, Inc | DE | NIA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 12250 | 63-1063101 | | | | CompBenefits of Alabama, Inc | AL | IA | HumanaCares, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 58-2198538 | | | | CompBenefits of Georgia, Inc | GA | IA | HumanaCares, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 36-3512545 | | | | Dental Care Plus Management Corp | IL | NIA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95161 | 76-0039628 | | | | DentiCare, Inc | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 62-1245230 | | | | Kanawha HealthCare Solutions, Inc | TN | IA | Kanawha Insurance Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 65110 | 57-0380426 | | | | Kanawha Insurance Company | SC | IA | KMG America Corporation | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-1377270 | | | | KMG America Corporation | VA | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 65-0274594 | | | | HumanaCares, Inc | FL | NIA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 74-2352809 | | | | Texas Dental Plans, Inc | TX | IA | Humana Dental Company | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95754 | 62-1579044 | | | | Cariten Health Plan Inc | TN | IA | PHP Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |

ANNUAL STATEMENT FOR THE YEAR 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 | 0 |
| 00119 | Humana Inc | 10126 | 65-1137990 | | | | Humana AdvantageCare Plan, Inc. | FL | IA | Humana Medical Plan, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc | IL | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-3473328 | | | | Humana Health Plan of California, Inc | CA | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 62-1552091 | | | | PHP Companies, Inc | TN | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 95749 | 62-1546662 | | | | Preferred Hlth Partnership of Tenn., Inc. | TN | IA | PHP Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 62-1250945 | | | | Preferred Health Partnership, Inc | TN | NIA | PHP Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-1323221 | | | | Humana Military Dental Services, Inc | DE | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 26-4823524 | | | | Concentra Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc | MI | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc | PA | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | Corphealth, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 86-1050795 | | | | 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 | 7 |
| 00119 | Humana Inc | 00000 | 45-3116348 | | | | HomeCare Health Solutions, Inc. | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-1981339 | | | | M.D. Care, Inc | CA | IA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 77-0540040 | | | | Anvita, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-3387971 | | | | Arcadian Choice, Inc | TX | NIA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 12628 | 20-5089611 | | | | Arcadian Health Plan of Georgia, Inc | GA | IA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 11954 | 20-8688983 | | | | Arcadian Health Plan of Louisiana, Inc | LA | IA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 13558 | 26-2800286 | | | | Arcadian Health Plan of New York, Inc | NY | IA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12999 | 26-0500828 | | | | Arcadian Heath Plan of North Carolina, Inc | NC | IA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12151 | 20-1001348 | | | | Arcadian Health Plan, Inc | WA | IA | Arcadian Management Services, Inc. | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 86-0836599 | | | | Arcadian Management Services, Inc | DE | NIA | Arcadian Management Services, Inc./Arcadia Health Plan, Inc. | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 12282 | 20-2036444 | | | | Arkansas Community Care, Inc | AR | IA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc | 18 |
| 00119 | Humana Inc | 00000 | 20-3585174 | | | | Valor Healthcare, Inc | DE | NIA | Humana Government Business, Inc. | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-1649291 | | | | Harris, Rothenberg International Inc | NY | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |

ANNUAL STATEMENT FOR THE YEAR 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 | 13-4036798 | | | | SeniorBridge Family Companies, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-0200477 | | | | Ambulatory Care Solutions of Arkansas LLC | AR | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-4179617 | | | | Ambulatory Care Solutions of Ohio LLC | OH | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 37-1485812 | | | | Ambulatory Care Solutions, LLC | IN | NIA | Humana Government Business, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 65-0293220 | | | | 54th Street Medical Plaza, Inc | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 46-1225873 | | | | Agile Technology Solutions, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 80-0072760 | | | | Certify Data Systems, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 8 |
| 00119 | Humana Inc | 00000 | 20-8602074 | | | | American Current Care of Arizona, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-3224187 | | | | American Current Care of Arkansas, P.A. | AR | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2043667 | | | | American Current Care of DE, P.A. | DE | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2089664 | | | | American Current Care of HI, Prof. Corp. | HI | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2104617 | | | | American Current Care of MA, P.C. | MA | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-5997415 | | | | American Current Care of Michigan, P.C. | MI | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-1160021 | | | | American Current Care of Missouri, P.C. | MO | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-1809492 | | | | American Current Care of Nebraska, P.C. | NE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-1961910 | | | | American Current Care of New Jersey PA. | NJ | NIA | See Footnote 17 | Board of Directors | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2018322 | | | | American Current Care of NC, P.C. | NC | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-5805198 | | | | American Current Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2681597 | | | | Auto Injury Solutions, Inc | DE | NIA | Concentra Integrated Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 01-0510161 | | | | CM Occupational Health, L.L.C. | ME | NIA | See Footnote 8 | Joint Venture | 0.0 | Humana Inc | 8 |
| 00119 | Humana Inc | 00000 | 20-0114482 | | | | Concentra Akron, L.L.C. | DE | NIA | See Footnote 9 | Joint Venture | 100.0 | Humana Inc | 9 |
| 00119 | Humana Inc | 00000 | 62-1691148 | | | | Concentra Arkansas, L.L.C. | DE | NIA | See Footnote 10 | Joint Venture | 0.0 | Humana Inc | 10 |
| 00119 | Humana Inc | 00000 | 75-2510547 | | | | Concentra Health Services, Inc. | NV | NIA | Concentra Operating Corporation | Ownership | 100.0 | Humana Inc | 17 |

ANNUAL STATEMENT FOR THE YEAR 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 | 26-4823524 | | | | Concentra Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 04-3363415 | | | | Concentra Operating Corporation | DE | NIA | Concentra Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 04-2658593 | | | | Concentra Integrated Services, Inc | MA | NIA | National Healthcare Resources, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 76-0546504 | | | | Concentra Laboratory, L.L.C | DE | NIA | National Healthcare Resources, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2857879 | | | | Concentra Occ Health Research Institute | TX | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 23-2901126 | | | | Concentra Occ Healthcare Harrisburg, L.P | PA | NIA | See Footnote 11 | Joint Venture | 0.0 | Humana Inc | 11 |
| 00119 | Humana Inc | 00000 | 75-2678146 | | | | Concentra Solutions, Inc | DE | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2784513 | | | | Concentra South Carolina, L.L.C | DE | NIA | See Footnote 12 | Joint Venture | 0.0 | Humana Inc | 12 |
| 00119 | Humana Inc | 00000 | 75-2821236 | | | | Concentra St. Louis, L.L.C | DE | NIA | See Footnote 13 | Joint Venture | 0.0 | Humana Inc | 13 |
| 00119 | Humana Inc | 00000 | 27-1743694 | | | | Concentra Worksite of Arizona, P.A | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 27-2935870 | | | | Concentra Worksite of CA, A Med. Corp | CA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 22-3675361 | | | | Concentra-UPMC, L.L.C | DE | NIA | See Footnote 14 | Joint Venture | 0.0 | Humana Inc | 14 |
| 00119 | Humana Inc | 00000 | 86-0751979 | | | | Managed Prescription Program | AZ | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 11-3273542 | | | | National Healthcare Resources, Inc | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 94-3418907 | | | | Occspecialists Corp., A Medical Corp | CA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2688160 | | | | Occupational Health Centers of AR, P.A | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 51-0376661 | | | | Occupational Health Centers of DE, P.A | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 58-2285009 | | | | Occupational Health Centers of GA, P.C | GA | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 38-2857561 | | | | Occupational Health Centers of MI, P.C | MI | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 47-0827928 | | | | Occupational Health Centers of NE, P.C | NE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 22-3473542 | | | | Occupational Health Centers of NJ, P.A | NJ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-3187863 | | | | Occupational Health Centers of NY, P.A | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-2484838 | | | | Occupational Health Centers of NC, P.C | NC | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |

ANNUAL STATEMENT FOR THE YEAR 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 | 86-0750222 | | | | Occ Health Centers of the Southwest, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 74-2731442 | | | | OHC of Hawaii, Inc | HI | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 04-3353031 | | | | OHR/Baystate, LLC | MA | NIA | See Footnote 15 | Joint Venture | 0.0 | Humana Inc | 15 |
| 00119 | Humana Inc | 00000 | 04-3353031 | | | | OHR/MMC, Limited Liability Company | ME | NIA | See Footnote 16 | Joint Venture | 100.0 | Humana Inc | 16 |
| 00119 | Humana Inc | 00000 | 98-0445802 | | | | OMP Insurance Company, Ltd | TX | NIA | Concentra Operating Corporation | Ownership | 100.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-0513177 | | | | OnSite OccMed, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-2883662 | | | | Therapy Centers of South Carolina, P.A. | SC | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 26-4101338 | | | | U.S. MedGroup of Arkansas, P.A. | AR | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 22-3867212 | | | | U.S. MedGroup of Delaware, P.A. | DE | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 20-3760561 | | | | U.S. MedGroup of Massachusetts, P.C. | MA | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2972185 | | | | U.S. MedGroup of Michigan, P.C. | MI | NIA | See Footnote 17 | Board of Directors | 100.0 | 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 | 100.0 | 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 | 100.0 | 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 | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2612924 | | | | U.S. MedGroup, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2645352 | | | | U.S. MedGroup, P.A. | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 13-3464527 | | | | Occupational Health + Rehabilitation LLC | DE | NIA | Concentra Health Services, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-4757941 | | | | Concentra Health Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 32-0346082 | | | | Concentra Primary Care, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 45-2897046 | | | | Concentra Primary Care of New Jersey PA. | NJ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 75-2891678 | | | | Texas MedGroup, P.A. | TX | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |

ANNUAL STATEMENT FOR THE YEAR 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 | 45-3637057 | | | | Concentra Primary Care of Arizona, PA | AZ | NIA | See Footnote 17 | Board of Directors | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 45-4041098 | | | | Concentra Primary Care of Illinois, P.C | IL | NIA | See Footnote 17 | Board of Directors | 0.0 | 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 | 0.0 | Humana Inc | 17 |
| 00119 | Humana Inc | 00000 | 13-4036798 | | | | SeniorBridge Family Companies, Inc | DE | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 65-1096853 | | | | SeniorBridge Family Companies (FL), Inc | FL | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 46-0702349 | | | | SeniorBridge Family Companies (AZ), Inc | AZ | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 45-3039782 | | | | SeniorBridge Family Companies (CA), Inc | CA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 27-0452360 | | | | SeniorBridge Family Companies (CT), Inc | CT | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 80-0828590 | | | | SeniorBridge Family Companies (GA), Inc | GA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-0301155 | | | | SeniorBridge Family Companies (IN), Inc | IN | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 02-0660212 | | | | SeniorBridge Family Companies (IL), Inc | IL | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 34-2067248 | | | | SeniorBridge Family Companies (KY), Inc | KY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 45-5299341 | | | | SeniorBridge Family Companies (LA), Inc | LA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 04-3580066 | | | | SeniorBridge Family Companies (MA), Inc | MA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 81-0557727 | | | | SeniorBridge Family Companies (MD), Inc | MD | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 52-2460048 | | | | SeniorBridge Family Companies (MN), Inc | MN | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 46-0677759 | | | | SeniorBridge Family Companies (MO), Inc | MO | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 56-2593719 | | | | SeniorBridge (NC), Inc | NC | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 36-4484449 | | | | SeniorBridge Family Companies (NJ), Inc | NJ | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc | NY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 20-0260501 | | | | SeniorBridge Family Companies (OH), Inc | OH | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 38-3643832 | | | | SeniorBridge Family Companies (PA), Inc | PA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 45-5299154 | | | | SeniorBridge Family Companies (TN), Inc | TN | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |
| 00119 | Humana Inc | 00000 | 01-0766084 | | | | SeniorBridge Family Companies (TX), Inc | TX | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | 0 |

ANNUAL STATEMENT FOR THE YEAR 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 | 56-2593718 | | | | SeniorBridge (UT), Inc | UT | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 46-0691871 | | | | SeniorBridge Family Companies (VA), Inc | VA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 57-1226890 | | | | SeniorBridge (WA), Inc | WA | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 46-0764555 | | | | SeniorBridge Family Companies (WI), Inc | WI | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 80-0581269 | | | | SeniorBridge Care Management, Inc | NY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 13-4106498 | | | | Cambridge Companions, LLC | NY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 13-4076893 | | | | Cambridge Personal Care, LLC | NY | NIA | SeniorBridge Family Companies, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 59-2518701 | | | | Rona Bartelstone Associates, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 20-0381804 | | | | 1st Choice Home Health Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 45-3713941 | | | | Complex Clinical Management, Inc | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc | FL | NIA | Humana Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0879131 | | | | METCARE of Florida, Inc | FL | NIA | Metropolitan Health Networks, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 59-2716023 | | | | Continucare Corporation | FL | NIA | Metropolitan Health Networks, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 45-5032192 | | | | Symphony Health Partners, Inc | DE | NIA | Metropolitan Health Networks, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0780986 | | | | Continucare MSO, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 20-5646291 | | | | Continucare MDHC, LLC | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 27-0338595 | | | | Seredor Corporation | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 65-0791417 | | | | Continucare Medical Management, Inc | FL | NIA | Continucare Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 32-0375132 | | | | Symphony Health Partners - Midwest, LLC | DE | NIA | 80% Symphony Health Partners, Inc / 20% Humana Inc | Ownership | 0.0 | | 20 |
| 00119 | Humana Inc | 00000 | 80-0494470 | | | | Seredor Centers, Inc | FL | NIA | Seredor Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 55-0756296 | | | | Professional Sleep Diagnostics, Inc | WV | NIA | Seredor Corporation | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 52-2209930 | | | | United Sleep Diagnostics, Inc | DE | NIA | Seredor Centers, Inc | Ownership | 100.0 | Humana Inc | .0 |
| 00119 | Humana Inc | 00000 | 52-2413969 | | | | American Institute for Sleep Performance, Inc | FL | NIA | Seredor Centers, Inc | Ownership | 100.0 | Humana Inc | .0 |

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

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

| Asterisk | Explanation |
|----------|--|
| 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 Main 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..... |
| 20 | Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC..... |
| 21 | Premier Sleep Services, LLC (50% is owned by an unaffiliated entity) and 50% is owned by Professional Sleep Diagnostics, Inc.. which itself is owned 100% by Seredor Corporation, which itself is owned 100% by Continucare Corporation, which is owned 100% by Metropolitan Health Networks, Inc., which is owned 100% by Humana Inc..... |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|----|--|-----------------|--|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 88595 | 31-0935772 | Emphesys Insurance Company | | | | | 22,913 | | | | 22,913 | |
| 00000 | 61-0647538 | Humana Inc | 1,218,800,000 | (479,000,000) | | | 1,921,973,465 | | | | 2,661,773,465 | |
| 73288 | 39-1263473 | Humana Insurance Company | (572,000,000) | | | | (629,440,491) | | | | (1,201,440,491) | |
| 00000 | 26-3473328 | Humana Health Plan of California | | 25,000,000 | | | (5,906,141) | | | | 19,093,859 | |
| 65110 | 57-0380426 | Kanawha Insurance Co | | 175,000,000 | | | (89,783,364) | | | | 85,216,636 | |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois | | | | | (14,740,155) | | | | (14,740,155) | |
| 10126 | 65-1137990 | Humana AdvantageCare Plan | | | | | (10,656,320) | | | | (10,656,320) | (1,817,830) |
| 54739 | 52-1157181 | The Dental Concern, Inc | | | | | (5,319,482) | | | | (5,319,482) | |
| 70580 | 39-0714280 | HumanaDental Insurance Company | (14,000,000) | | | | (26,335,498) | | | | (40,335,498) | |
| 52028 | 39-3654697 | The Dental Concern, Ltd | | | | | (105,405) | | | | (105,405) | |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc | | | | | (17,694,368) | | | | (17,694,368) | |
| 95342 | 39-1525003 | Humana WI Health Org. Insurance Corp | | | | | (29,098,523) | | | | (29,098,523) | |
| 00000 | 27-3991410 | Humana Medical Plan of Michigan, Inc | | | | | 428 | | | | 428 | |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA, Inc | | | | | (50,771,067) | | | | (50,771,067) | |
| 95270 | 61-1103898 | Humana Medical Plan, Inc | (430,000,000) | | | | (652,339,022) | | | | (1,082,339,022) | |
| 69671 | 61-1041514 | Humana Health Insurance Co FL, Inc | (10,000,000) | | | | 97,503,111 | | | | 87,503,111 | |
| 95754 | 62-1579044 | Cariten Health Plan | | 80,000,000 | | | (81,209,215) | | | | (1,209,215) | |
| 95885 | 61-1013183 | Humana Health Plan, Inc | | 60,000,000 | | | (395,389,478) | | | | (335,389,478) | |
| 60219 | 61-1311605 | Humana Insurance Company of Kentucky | | | | | (6,867,292) | | | | (6,867,292) | |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc | (25,000,000) | 10,000,000 | | | (38,848,690) | | | | (53,848,690) | |
| 00000 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc | | | | | 15,191,693 | | | | 15,191,693 | |
| 00000 | 66-0291866 | Humana Insurance of Puerto Rico, Inc | | | | | (15,269,738) | | | | (15,269,738) | |
| 00000 | 61-1232669 | Managed Care Indemnity, Inc | (10,000,000) | | | | (11,738,503) | | | | (21,738,503) | |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc | (83,000,000) | | | | (154,869,993) | | | | (237,869,993) | |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc | (65,000,000) | | | | (66,825,059) | | | | (131,825,059) | |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | | | | | (454,438) | | | | (454,438) | |
| 12634 | 20-2888723 | Humana Insurance Company of New York | (9,800,000) | | | | (16,965,366) | | | | (26,765,366) | |
| 82740 | 62-0729865 | Cariten Insurance Company | | | | | 45,309 | | | | 45,309 | |
| 00000 | 20-1981339 | MD Care, Inc | | 20,000,000 | | | (2,687,044) | | | | 17,312,956 | |
| 00000 | 61-1343508 | Humana Marketpoint, Inc | | | | | 488,562,010 | | | | 488,562,010 | |
| 00000 | 61-1316926 | Humana Pharmacy, Inc | | | | | (61,027,562) | | | | (61,027,562) | |
| 00000 | 61-1239538 | Humco, Inc | | | | | (478) | | | | (478) | |
| 00000 | 61-1383567 | HUM-e-FL, Inc | | | | | (2,237,506) | | | | (2,237,506) | |
| 00000 | 75-2043865 | Corphealth, Inc | | | | | (1,182,957) | | | | (1,182,957) | |
| 95158 | 61-1279717 | CHA HMO | | | | | (273,426) | | | | (273,426) | |
| 00000 | 33-0916248 | DefenseWeb Technologies, Inc | | | | | (703,471) | | | | (703,471) | |
| 00000 | 00-5893028 | Humana Europe, Ltd | | | | | (350,552) | | | | (350,552) | |
| 12908 | 20-8411422 | Humana Medical Plan of Utah | | 30,000,000 | | | (8,356,030) | | | | 21,643,970 | |
| 00000 | 59-1843760 | Humana/CompBenefits, Inc | | | | | 29,276,847 | | | | 29,276,847 | |
| 95107 | 56-1796975 | American Dental Plan of NC | | 1,000,000 | | | (298,856) | | | | 701,144 | |
| 11559 | 58-2302163 | American Dental Providers of AR | | | | | (85,440) | | | | (85,440) | |
| 52015 | 59-2531815 | CompBenefits Company | | 10,000,000 | | | (27,946,388) | | | | (17,946,388) | 1,817,830 |

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|----|--|--------------|--|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 61-1241225 | Humana Military Healthcare Services, Inc. | | | | | (38,380,066) | | | | (38,380,066) | |
| 60984 | 74-2552026 | CompBenefits Insurance Company | | 15,000,000 | | | (24,459,876) | | | | (9,459,876) | |
| 95161 | 76-0039628 | DentiCare, Inc. | | | | | (10,827,306) | | | | (10,827,306) | |
| 00000 | 36-3512545 | Dental Care Plus Mangement, Corp. | | | | | (2,377,311) | | | | (2,377,311) | |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | | | | | (6,752,554) | | | | (6,752,554) | |
| 00000 | 27-4460531 | Humana Medical Plan of Pennsylvania, Inc. | | 5,000,000 | | | (35) | | | | 4,999,965 | |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | | 34,000,000 | | | 2,856,762 | | | | 36,856,762 | |
| 12282 | 20-2036444 | Arkansas Community Care, Inc. | | 3,000,000 | | | (4,262,479) | | | | (1,262,479) | |
| 12628 | 20-5089611 | Arcadian Health Plan of Georgia, Inc. | | | | | (1,343,959) | | | | (1,343,959) | |
| 11954 | 20-8688983 | Arcadian Health Plan of Louisiana, Inc. | | | | | (2,460,237) | | | | (2,460,237) | |
| 12999 | 26-0500828 | Arcadian Health Plan of NC, Inc. | | 5,000,000 | | | (672,070) | | | | 4,327,930 | |
| 13558 | 26-2800286 | Arcadian Health Plan of New York, Inc. | | 6,000,000 | | | (250,205) | | | | 5,749,795 | |
| 12250 | 63-1063101 | CompBenefits of Alabama | | | | | (364,916) | | | | (364,916) | |
| 00000 | 58-2198538 | CompBenefits of Georgia, Inc. | | | | | (2,550,042) | | | | (2,550,042) | |
| 95749 | 62-1546662 | Preferred Health Partnership of TN, Inc. | | | | | (21,120) | | | | (21,120) | |
| 00000 | 61-1237697 | Emphesys, Inc. | | | | | (4,782) | | | | (4,782) | |
| 00000 | 26-3583438 | Humana Holdings International | | | | | (200,283) | | | | (200,283) | |
| 00000 | 26-3592783 | HUM INT, LLC | | | | | (4,782) | | | | (4,782) | |
| 00000 | 20-1377270 | KMG America Corporation | | | | | (184,935) | | | | (184,935) | |
| 00000 | 86-1050795 | Hummingbird Coaching Systems, LLC | | | | | (529,689) | | | | (529,689) | |
| 00000 | 62-1245230 | Kanawha Healthcare Solutions | | | | | (12,969) | | | | (12,969) | |
| 00000 | 27-4535747 | HumanaVitality, LLC | | | | | (10,036,272) | | | | (10,036,272) | |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | | | | | (4,250,408) | | | | (4,250,408) | |
| 00000 | 62-1552091 | PHP Companies Incorporated | | | | | 336,354 | | | | 336,354 | |
| 00000 | 86-0836599 | Arcadian Management Services, Inc. | | | | | 6,832,020 | | | | 6,832,020 | |
| 00000 | 13-4036798 | SeniorBridge Family Companies, Inc. | | | | | 503,989 | | | | 503,989 | |
| 00000 | 42-1575099 | Competitive Health Analytics, Inc. | | | | | (348,432) | | | | (348,432) | |
| 00000 | 77-0540040 | Anvita, Inc. | | | | | (8,073,480) | | | | (8,073,480) | |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | | | | | 963 | | | | 963 | |
| 00000 | 02-0660212 | SeniorBridge Family Companies (IL), Inc. | | | | | 1,863 | | | | 1,863 | |
| 00000 | 26-4823524 | Concentra Inc. | | | | | (1,104,751) | | | | (1,104,751) | |
| 00000 | 56-2593719 | SeniorBridge (NC) | | | | | 521 | | | | 521 | |
| 00000 | 71-0732385 | Humana Health Plan Interests, Inc. | | | | | (28,092) | | | | (28,092) | |
| 00000 | 36-4484449 | SeniorBridge Family Companies (NJ), Inc. | | | | | 506 | | | | 506 | |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | | | | | 1,181 | | | | 1,181 | |
| 00000 | 38-3643832 | SeniorBridge Family Companies (PA), Inc. | | | | | 540 | | | | 540 | |
| 00000 | 01-0766084 | SeniorBridge Family Companies (TX), Inc. | | | | | 404 | | | | 404 | |
| 00000 | 27-1649291 | Harris, Rothenberg International, Inc. | | | | | (2,912,109) | | | | (2,912,109) | |
| 00000 | 80-0072760 | Certify Data Systems, Inc. | | | | | (32,638) | | | | (32,638) | |
| 00000 | 39-1514846 | CareNetwork, Inc. | | | | | (805,915) | | | | (805,915) | |
| 00000 | 61-1223418 | Health Value Management, Inc. | | | | | (5,768,029) | | | | (5,768,029) | |
| 00000 | 61-1364005 | HumanaDental, Inc. | | | | | (493,949) | | | | (493,949) | |

ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan of Ohio, Inc.

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|------------------------|-------------------|--|-----------------------|-----------------------|--|--|---|---|-----|--|--------------|--|
| NAIC Company Code | Federal ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | | | | | (4,782) | | | | (4,782) | |
| 00000 | 20-1724127 | Preservation on Main Inc. | | | | | 4,946,578 | | | | 4,946,578 | |
| 00000 | 37-1485812 | Ambulatory Care Solutions LLC | | | | | (350,000) | | | | (350,000) | |
| 00000 | 61-1279716 | CHA Service Company | | | | | (4,782) | | | | (4,782) | |
| 00000 | 65-0293220 | 54th Street Medical Plaza, Inc. | | | | | (200,000) | | | | (200,000) | |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | | | | | (48,995) | | | | (48,995) | |
| 00000 | 20-5309363 | West Main Street Condominium Council Inc. | | | | | (4,782) | | | | (4,782) | |
| 00000 | 65-0851053 | 154th Street Medical Plaza, Inc. | | | | | (200,000) | | | | (200,000) | |
| 00000 | 04-3185995 | CompBenefits Corporation | | | | | (498,742) | | | | (498,742) | |
| 00000 | 58-2228851 | Compbenefits Direct | | | | | 392,560 | | | | 392,560 | |
| 00000 | 20-2620891 | Green Ribbon Health, LLC | | | | | 1 | | | | 1 | |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | | | | | (45,941) | | | | (45,941) | |
| 00000 | 65-0274594 | HumanaCares, Inc. | | | | | (11,802,076) | | | | (11,802,076) | |
| 00000 | 46-1225873 | Agile Technology Solutions, Inc. | | | | | 40 | | | | 40 | |
| 00000 | 75-2510547 | Concentra Health Services, Inc. | | | | | 1,051 | | | | 1,051 | |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

42.2

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** 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.

MARCH FILING

| | <u>Responses</u> |
|---|------------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

| | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

| | |
|--|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? |YES..... |

AUGUST FILING

| | |
|--|---------------|
| 10. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

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.

MARCH FILING

| | |
|--|---------------------------|
| 11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 13. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 14. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 16. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 17. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 18. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 19. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? |SEE EXPLANATION..... |
| 20. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1? |SEE EXPLANATION..... |

APRIL FILING

| | |
|--|---------------|
| 21. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 22. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 23. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |
| 24. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? |YES..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? |YES..... |

AUGUST FILING

| | |
|--|---------------|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? |YES..... |
|--|---------------|

Explanation:

11. This type of business is not written.

12. This type of business is not written.

13. This type of business is not written.

14. This type of business is not written.

15. This type of business is not written.

16. This type of business is not written.

17. This type of business is not written.

18. No relief will be requested.

19. No relief will be requested.

20. No relief will be requested.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. This type of business is not written.

22. This type of business is not written.

23. This type of business is not written.

Bar code:

11. 
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12. 
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13. 
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OVERFLOW PAGE FOR WRITE-INS

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