



## HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2014  
OF THE CONDITION AND AFFAIRS OF THE  
**Humana Health Plan of Ohio, Inc.**

NAIC Group Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number		31-1154200	
Organized under the Laws of	Ohio		, State of Domicile or Port of Entry			OH		
Country of Domicile	United States of America							
Licensed as business type:	Health Maintenance Organization							
Is HMO Federally Qualified? Yes [ <input checked="" type="checkbox"/> ] No [ <input type="checkbox"/> ]								
Incorporated/Organized	08/19/1985		Commenced Business	03/10/1979				
Statutory Home Office	640 Eden Park Drive (Street and Number)		Cincinnati , OH, US 45202-6056 (City or Town, State, Country and Zip Code)					
Main Administrative Office	640 Eden Park Drive (Street and Number)		513-784-5320 (Area Code) (Telephone Number)					
Cincinnati , OH, US 45202-6056 (City or Town, State, Country and Zip Code)								
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville , KY, US 40201-7436 (City or Town, State, Country and Zip Code)					
Primary Location of Books and Records	640 Eden Park Drive (Street and Number)		513-784-5320 (Area Code) (Telephone Number)					
Cincinnati , OH, US 45202-6056 (City or Town, State, Country and Zip Code)								
Internet Website Address	www.humana.com							
Statutory Statement Contact	Brittany Ullrich (Name)		502-580-8223 (Area Code) (Telephone Number)					
DOIINQUIRIES@humana.com (E-mail Address)	502-580-2099 (FAX Number)							
<b>OFFICERS</b>								
President & CEO	Bruce Dale Broussard		Sr. VP & CFO		Brian Andrew Kane #			
VP & Corporate Secretary	Joan Olliges Lenahan		VP & Appointed Actuary		Jonathan Albert Canine			
<b>OTHER</b>								
George Grant Bauernfeind Vice President	Elizabeth Diane Bierbower Pres, Employer Group Segment		John Gregory Catron VP & Chief Compliance Officer					
Steven James DeRaleau President, HumanaOne	Gerald Lawrence Ganoni # President & VP, Small Business & Large Group		Roy Goldman Ph.D VP & Chief Actuary					
Charles Frederic Lambert, III Vice President	Brian Phillip LeClaire Sr VP & Chief Info Officer		Thomas Joseph Liston President-Retail Segment					
Heidi Suzanne Margulis Sr. Vice President	Steven Edward McCulley # Sr. VP & Chief Accounting Officer		Kevin Ross Meriwether VP & Div Leader-Eastern Div					
Bruce Devereau Perkins Pres, Healthcare Svcs Segment	Tamara Lynn Quiram # COO, Small Business & Large Group		Richard Donald Remmers VP, Employer Group Segment					
Debra Anne Smith VP-Sr. Prod Strategy & Prod Dev	Joseph Christopher Ventura Assistant Corporate Secretary		Timothy Alan Wheatley VP-Senior Products					
Ralph Martin Wilson Vice President	Vacancy # Treasurer							
<b>DIRECTORS OR TRUSTEES</b>								
Roy Ainsworth Beveridge M.D. #	Bruce Dale Broussard		James Elmer Murray					

State of Kentucky County of Jefferson SS:

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

Alan James Bailey  
Assistant Treasurer #

Subscribed and sworn to before me this  
8th day of August, 2014

a. Is this an original filing? .....  
 b. If no,  
   1. State the amendment number.....  
   2. Date filed .....  
   3. Number of pages attached.....

Yes [  ] No [  ]

Michele Sizemore  
Notary Public  
January 3, 2015

## ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	60,735,008	0	60,735,008	73,137,456
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens .....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ encumbrances) .....	0	0	0	0
5. Cash (\$ 1,502,520 ), cash equivalents (\$ 11,999,927 ) and short-term investments (\$ 16,093,075 ) .....	29,595,522	0	29,595,522	3,106,722
6. Contract loans (including \$ 0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	466,332	0	466,332	560,670
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	90,796,862	0	90,796,862	76,804,848
13. Title plants less \$ 0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	481,068	0	481,068	507,760
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	5,726,538	144,441	5,582,097	1,500,567
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums .....	11,968,648	0	11,968,648	3,682,305
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	1,112,563	0	1,112,563	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	537,589	0	537,589	186,528
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	2,639,396
18.2 Net deferred tax asset .....	3,211,536	871,308	2,340,228	2,340,228
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	9,267	4,682	4,585	6,402
21. Furniture and equipment, including health care delivery assets (\$ 0 ) .....	2,581,954	2,581,954	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	802,961	0	802,961	952,559
24. Health care (\$ 2,680,846 ) and other amounts receivable .....	2,902,719	220,543	2,682,176	2,113,920
25. Aggregate write-ins for other than invested assets .....	2,857,384	2,857,384	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	122,989,089	6,680,312	116,308,777	90,734,513
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	122,989,089	6,680,312	116,308,777	90,734,513
<b>DETAILS OF WRITE-INS</b>				
1101. .....				
1102. .....				
1103. .....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above) .....	0	0	0	0
2501. Prepaid Commissions .....	1,762,975	1,762,975	0	0
2502. Prepaid Expenses .....	688,826	688,826	0	0
2503. Deposits .....	405,583	405,583	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	2,857,384	2,857,384	0	0

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 1,544,825 reinsurance ceded)	45,055,065	2,228,412	47,283,477	31,747,191
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	1,213,876	0	1,213,876	1,002,625
4. Aggregate health policy reserves, including the liability of \$ 478,741 for medical loss ratio rebate per the Public Health Service Act	2,316,259	0	2,316,259	1,448,887
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	45,738	2,262	48,000	22,000
8. Premiums received in advance	5,531,129	0	5,531,129	3,218,552
9. General expenses due or accrued	11,264,111	0	11,264,111	4,150,116
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 36,172 on realized gains (losses))	1,271,480	0	1,271,480	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	288,384	0	288,384	86,106
12. Amounts withheld or retained for the account of others	0	0	0	0
13. Remittances and items not allocated	90,060	0	90,060	140,415
14. Borrowed money (including \$ 0 current) and interest thereon \$ 0 (including \$ 0 current)	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates	0	0	0	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0 ) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	1,456,827	0	1,456,827	316,805
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	1,967
24. Total liabilities (Lines 1 to 23)	68,532,929	2,230,674	70,763,603	42,134,664
25. Aggregate write-ins for special surplus funds	XXX	XXX	4,459,783	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	42,601,893	42,601,893
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(1,517,502)	5,996,956
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 \$ 0 )	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27 \$ 0 )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	45,545,174	48,599,849
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	116,308,777	90,734,513
<b>DETAILS OF WRITE-INS</b>				
2301. Medicare Risk Adjustment Premium Payable	0	0	0	1,967
2302.				
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	1,967
2501. Special Surplus- Projected 2015 ACA Fees Assessment	XXX	XXX	4,459,783	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	4,459,783	0
3001.	XXX	XXX	0	0
3002.	XXX	XXX		
3003.	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

**STATEMENT OF REVENUE AND EXPENSES**

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	527,066	425,341	869,161
2. Net premium income ( including \$ 0 non-health premium income).....	XXX	246,700,451	179,490,981	367,085,772
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(348,371)	(21,245)	(111,255)
4. Fee-for-service (net of \$ 0 medical expenses).....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	246,352,080	179,469,736	366,974,517
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	9,347,994	173,826,016	120,816,229	252,193,149
10. Other professional services .....	0	3,492,592	411,865	980,101
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	452,292	6,765,460	4,411,307	13,654,076
13. Prescription drugs .....	0	26,520,295	17,558,691	36,132,937
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	0	0	0
16. Subtotal (Lines 9 to 15) .....	9,800,286	210,604,363	143,198,092	302,960,263
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	2,657,387	0	(32,742)
18. Total hospital and medical (Lines 16 minus 17) .....	9,800,286	207,946,976	143,198,092	302,993,005
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ 7,642,286 cost containment expenses .....	0	9,045,804	9,556,011	20,721,824
21. General administrative expenses .....	0	32,106,344	18,199,979	39,735,445
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only) .....	0	0	0	(1,144,000)
23. Total underwriting deductions (Lines 18 through 22).....	9,800,286	249,099,124	170,954,082	362,306,274
24. Net underwriting gain or (loss) (Lines 8 minus 23).....	XXX	(2,747,044)	8,515,654	4,668,243
25. Net investment income earned .....	0	1,140,212	1,185,586	2,448,037
26. Net realized capital gains (losses) less capital gains tax of \$ 36,172 .....	0	67,177	9,488	316,612
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	1,207,389	1,195,074	2,764,649
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0 )] (amount charged off \$ 0 )].....	0	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	36	46,861	36,478
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,539,619)	9,757,589	7,469,370
31. Federal and foreign income taxes incurred .....	XXX	2,598,230	3,545,170	1,893,561
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(4,137,849)	6,212,419	5,575,809
<b>DETAILS OF WRITE-INS</b>				
0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above).....	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above).....	XXX	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above).....	0	0	0	0
2901. Miscellaneous Income .....	0	36	46,861	36,478
2902.....				
2903.....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above).....	0	36	46,861	36,478

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

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
<b>CAPITAL AND SURPLUS ACCOUNT</b>			
33. Capital and surplus prior reporting year.....	48,599,849	41,239,187	41,239,187
34. Net income or (loss) from Line 32 .....	(4,137,849)	6,212,419	5,575,809
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....	0	1,503	1,522
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	0	0	(327,629)
39. Change in nonadmitted assets .....	1,081,671	733,631	2,110,377
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	(3,054,675)	6,947,572	7,360,662
49. Capital and surplus end of reporting period (Line 33 plus 48)	45,545,174	48,186,759	48,599,849
<b>DETAILS OF WRITE-INS</b>			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**CASH FLOW**

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	237,276,613	174,383,287	361,666,528
2. Net investment income .....	1,511,556	1,416,606	3,015,958
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	238,788,169	175,799,893	364,682,486
5. Benefit and loss related payments .....	194,396,748	136,660,891	295,779,261
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	32,661,270	25,627,192	59,499,120
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 17,224 tax on capital gains (losses) .....	(1,276,474)	1,242,078	3,533,495
10. Total (Lines 5 through 9) .....	225,781,544	163,530,161	358,811,876
11. Net cash from operations (Line 4 minus Line 10) .....	13,006,625	12,269,732	5,870,610
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	18,302,962	7,542,321	30,355,113
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	(17)	121	443
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	18,302,945	7,542,442	30,355,556
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	6,045,959	9,627,907	36,162,670
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	1	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	6,045,959	9,627,908	36,162,670
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	12,256,986	(2,085,466)	(5,807,114)
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	1,225,189	(1,135,922)	(667,573)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	1,225,189	(1,135,922)	(667,573)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	26,488,800	9,048,344	(604,077)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	3,106,722	3,710,799	3,710,799
19.2 End of period (Line 18 plus Line 19.1) .....	29,595,522	12,759,143	3,106,722

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
<b>Total Members at end of:</b>										
1. Prior Year	75,337	.36	51,850	0	889	1,386	569	20,607	0	0
2. First Quarter	86,319	6,195	49,269	0	1,005	1,157	854	27,839	0	0
3. Second Quarter	94,034	13,711	48,597	0	1,039	1,199	916	28,572	0	0
4. Third Quarter	0	0	0	0	0	0	0	0	0	0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	527,066	49,744	291,211	0	6,054	6,958	5,181	167,918	0	0
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician	405,944	19,362	133,863	0	0	0	3,424	249,295	0	0
8. Non-Physician	247,952	8,779	99,495	0	0	0	1,426	138,252	0	0
9. Total	653,896	28,141	233,358	0	0	0	4,850	387,547	0	0
10. Hospital Patient Days Incurred	43,735	896	5,170	0	0	0	142	37,527	0	0
11. Number of Inpatient Admissions	5,912	170	1,040	0	0	0	33	4,669	0	0
12. Health Premiums Written (a)	247,112,909	18,880,350	92,455,804	0	86,514	152,964	1,957,375	133,579,966	0	(64)
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	246,764,538	18,880,350	92,107,433	0	86,514	152,964	1,957,375	133,579,966	0	(64)
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	194,451,759	9,074,482	66,412,848	0	43,344	80,381	2,000,862	116,839,842	0	0
18. Amount Incurred for Provision of Health Care Services	210,604,363	16,167,059	67,110,917	0	57,369	74,527	2,239,945	124,954,546	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 133,579,966

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

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

## Aging Analysis of Unpaid Claim

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## UNDERWRITING AND INVESTMENT EXHIBIT

### ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	12,463,119	65,517,293	1,558,168	15,661,271	14,021,287	13,749,481
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	8,455	69,617	236	11,492	8,691	15,273
4. Vision Only .....	0	46,169	0	11,200	0	0
5. Federal Employees Health Benefits Plan .....	226,172	1,897,271	57,224	216,616	283,396	124,932
6. Title XVIII - Medicare .....	15,545,800	99,508,838	2,679,539	27,135,730	18,225,339	17,879,504
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	28,243,546	167,039,188	4,295,167	43,036,309	32,538,713	31,769,190
10. Healthcare receivables (a) .....	0	2,898,044	0	0	0	0
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	0	0	0	0	0
13. Totals (Lines 9-10+11+12)	28,243,546	164,141,144	4,295,167	43,036,309	32,538,713	31,769,190

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

## STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. Summary of Significant Accounting Policies

##### A. Accounting Practices

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

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

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

		State of Domicile	2014	2013
<b>Net (Loss) Income</b>				
1. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ (4,137,849)	\$ 5,575,809	
2. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-	
3. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-	
4. NAIC SAP	OH	\$ (4,137,849)	\$ 5,575,809	
<b>Surplus</b>				
5. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ 45,545,174	\$ 48,599,849	
6. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-	
7. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-	
8. NAIC SAP	OH	\$ 45,545,174	\$ 48,599,849	

##### B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

##### C. Accounting Policy

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

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

In addition, the Company uses the following accounting policies:

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

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

## STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

### NOTES TO THE FINANCIAL STATEMENTS

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

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

(5) The Company estimates the fair value of its investments in mortgage loans on real estate using a discounted cash flow method based on rating, maturity and future income when compared to the expected yield for mortgages having similar characteristics. The rating for mortgages in good standing is based on property type, location, market conditions, occupancy, debt service coverage, loan to value, caliber of tenancy, borrower and payment record. Problem mortgages are priced to reflect their monetary value to the Company, considering such things as the degree of default, whether or not the payments are still being made, interest rate, maturity and operating performance of the underlying collateral.

(6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does not expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.

(7) The Company accounts for its investments in subsidiaries using the audited statutory equity method of accounting.

(8) The Company accounts for its investments in joint ventures, partnerships, and LLC's using the audited statutory equity method of accounting.

(9) Not Applicable.

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

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

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

(12) The Company does not hold any real estate for the production of income.

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

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

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

#### 2. Accounting Changes and Corrections of Errors

Not Applicable.

#### 3. Business Combinations and Goodwill

##### A. Statutory Purchase Method

Not Applicable.

##### B. Statutory Merger

Not Applicable.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

C. Assumption Reinsurance  
Not Applicable.

D. Impairment Loss  
Not Applicable.

4. Discontinued Operations  
Not Applicable.

5. Investments  
A. Mortgage Loans, Including Mezzanine Real Estate Loans  
Not Applicable.

B. Debt Restructuring  
Not Applicable.

C. Reverse Mortgages  
Not Applicable.

D. Loan-Backed Securities  
(1) Not Applicable.  
(2) Not Applicable.  
(3) Not Applicable.  
(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2014.  
Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2014:  
(a) The aggregate amount of unrealized losses:  

1. Less than 12 Months	\$ (12,635)
2. 12 Months or Longer	\$ (404,556)

  
(b) The aggregate related fair value of securities with unrealized losses:  

1. Less than 12 Months	\$ 1,106,826
2. 12 Months or Longer	\$ 12,705,656

  
The unrealized losses at June 30, 2014 were primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.  
(5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions  
(1) The Company has no repurchase agreements or securities lending transactions.  
(2) The Company has not pledged any of its assets as collateral.  
(3-7) Not Applicable.

F. Real Estate  
Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)  
Not Applicable.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**H. Restricted Assets**

**(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	Total Gross Restricted from Current Year	Total Gross Restricted from Prior Year	Increase/(Decrease)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	- %	- %
b. Collateral held under security lending agreements	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-
h. Letter stock or securities restricted to sale	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	512,519	765,955	(253,436)	512,519	0.42 %	0.44 %
k. On deposit with other regulatory bodies	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-
<b>o. Total Restricted Assets</b>	<b>\$ 512,519</b>	<b>\$ 765,955</b>	<b>\$(253,436)</b>	<b>\$ 512,519</b>	<b>0.42 %</b>	<b>0.44 %</b>

**(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)**

Not Applicable.

**(3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)**

Not Applicable.

**I. Working Capital Finance Investments**

Not Applicable.

**6. Joint Ventures, Partnerships and Limited Liability Companies**

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

**7. Investment Income**

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

**8. Derivative Instruments**

Not Applicable.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**9. Income Taxes**

No material change since year-end December 31, 2013.

**10. Information Concerning Parent, Subsidiaries and Affiliates**

A.-F. The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2013 and 2012 were approximately \$36.6 million and \$18.4 million respectively. As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations. No dividends were paid by the Company. At June 30, 2014, the Company reported \$0.8 million due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.

G. All outstanding shares of the Company are owned by the parent company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

**11. Debt**

**A. Debt Including Capital Notes**

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

**B. Federal Home Loan Bank (FHLB) Agreements**

The Company does not have any FHLB agreements.

**12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

**A-D. Defined Benefit Plans**

Not Applicable.

**E. Defined Contribution Plans**

Not Applicable.

**F. Multiemployer Plans**

Not Applicable.

**G. Consolidated/Holding Company Plans**

No material change since year-end December 31, 2013.

**H. Postemployment Benefits and Compensated Absences**

Not Applicable.

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

Not Applicable

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

(1) The Company has \$0 par value common stock with 1,000 shares authorized and 200 shares issued and outstanding. All shares are common stock shares.

(2) The Company has no preferred stock outstanding.

(3-5) Dividends are noncumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or 10 percent of policyholders surplus funds derived from realized net operating profits. Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

No dividends were paid as of June 30, 2014.

(6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

(7) Not Applicable.

(8) Not Applicable.

(9) Not Applicable.

(10) The portion of unassigned surplus represented or reduced by cumulative unrealized gains and losses is \$1,503.

(11) Not Applicable.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

- (12) Not Applicable.
- (13) Not Applicable.

**14. Contingencies**

**A. Contingent Commitments**

Not Applicable.

**B. Assessments**

Not Applicable.

**C. Gain Contingencies**

Not Applicable.

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

Not Applicable.

**E. All Other Contingencies**

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of June 30, 2014.

**15. Leases**

No material change since year-end December 31, 2013.

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

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

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

**A. Transfers of Receivables Reported as Sales**

Not Applicable.

**B. Transfer and Servicing of Financial Assets**

Not Applicable.

**C. Wash Sales**

Not Applicable.

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

**A. ASO Plans**

Not Applicable.

**B. ASC Plans**

Not Applicable.

**C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract**

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.
- (2) As of June 30, 2014, the Company has recorded a receivable from CMS of \$0.5 million related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10.0 percent of the Company's accounts receivable from uninsured Accident & Health Plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

Not Applicable.

**20. Fair Value Measurements**

A. (1) The Company did not have any financial assets carried at fair value at June 30, 2014.

(2) Rollforward of Level 3 Items

Not Applicable.

(3) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between the fair value hierarchy levels between December 31, 2013 and June 30, 2014.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds.

The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2014.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

**21. Other Items**

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

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

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

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

**G. Retained Assets**

Not Applicable.

**H. Offsetting and Netting of Assets and Liabilities**

Not Applicable.

**I. Joint and Several Liabilities**

Not Applicable.

## STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

### NOTES TO THE FINANCIAL STATEMENTS

#### J. Risk Sharing Provisions of the Affordable Care Act

##### (1) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program		
Assets		
1. Premium adjustments receivable due to ACA Risk Adjustment	\$ 1,885,417	
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 24,064	
3. Premium adjustments payable due to ACA Risk Adjustment Operations (Revenue & Expenses)	\$ 253,211	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ 1,632,206	
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 24,064	
b. Transitional ACA Reinsurance Program		
Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 1,112,563	
2. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -	
Liabilities		
3. Amounts recoverable for claims unpaid due to ACA Reinsurance	\$ 1,544,824	
4. Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium	\$ 1,465,893	
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 217,818	
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -	
Operations (Revenue & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 217,818	
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 2,657,387	
9. ACA Reinsurance contributions - not reported as ceded premium	\$ 1,422,031	
c. Temporary ACA Risk Corridors Program		
Assets		
1. Accrued retrospective premium due to ACA Risk Corridors	\$ 1,412,369	
Liabilities		
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -	
Operations (Revenue & Expenses)		
3. Effect of ACA Risk Corridors on net premium income	\$ 1,412,369	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -	

#### 22. Events Subsequent

The Company is not aware of any events occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 11, 2014 for the statutory statement issued on August 11, 2014.

#### 23. Reinsurance

##### A. Ceded Reinsurance Report

###### Section 1 – General Interrogatories

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

Yes ( )      No ( X )

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

Yes ( )      No ( X )

###### Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( )      No ( X )

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

Yes ( ) No ( X )

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No ( X )

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.

B. The Company records accrued retrospective premium as an adjustment to earned premiums.

C. The amount of net premiums written by the Company at June 30, 2014 that are subject to retrospective rating features was \$12.0 million, that represented 4.85 percent of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
<b>Prior Reporting Year:</b>					
Medical loss ratio rebates incurred	\$ -	\$ -	\$ -	\$ -	\$ -
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	35,348	95,022	-	130,370
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	\$ -	\$ -	\$ -	\$ -	\$ 130,370

Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 443,393	\$ (95,022)	\$ -	\$ 348,371
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	478,741	-	-	478,741
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	\$ -	\$ -	\$ -	\$ -	\$ 478,741

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2013 were \$32.1 million. As of June 30, 2014, \$30.8 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2.0 million as a result of reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$0.7 million unfavorable prior-year development since December 31, 2013. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

A-F. Not Applicable.

**STATEMENT AS OF June 30, 2014 OF THE Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**27. Structured Settlements**

The Company has no structured settlements.

**28. Health Care Receivables**

**A. Pharmaceutical Rebate Receivables**

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
6/30/2014	\$ 2,869,234	\$ 2,869,234	\$ -	\$ -	\$ -
3/31/2014	\$ 2,195,560	\$ 2,195,560	\$ 1,996,280	\$ -	\$ -
12/31/2013	\$ 1,654,676	\$ 1,654,676	\$ 1,542,441	\$ 94,316	\$ -
9/30/2013	\$ 2,002,152	\$ 2,002,152	\$ 2,000,267	\$ -	\$ 1,885
6/30/2013	\$ 1,555,535	\$ 1,555,535	\$ 1,555,498	\$ -	\$ 37
3/31/2013	\$ 1,511,696	\$ 1,511,696	\$ 1,439,503	\$ 47,864	\$ 24,329
12/31/2012	\$ 1,216,230	\$ 1,216,230	\$ 796,431	\$ 404,488	\$ 15,311
9/30/2012	\$ 1,170,502	\$ 1,170,502	\$ 1,017,914	\$ 135,890	\$ 16,698
6/30/2012	\$ 1,257,524	\$ 1,257,524	\$ 981,265	\$ 256,169	\$ 20,090
3/31/2012	\$ 1,287,214	\$ 1,287,214	\$ 409,314	\$ 666,878	\$ 211,022

**B. Risk Sharing Receivables**

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

**29. Participating Policies**

The Company has no participating policies.

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves \$ 1,026,000
2. Date of the most recent evaluation of this liability June 30, 2014
3. Was anticipated investment income utilized in the calculation? Yes ( ) No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.10 percent.

**31. Anticipated Salvage and Subrogation**

Not Applicable.

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

**PART 1 - COMMON INTERROGATORIES**

**GENERAL**

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

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

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? ..... Yes [ ] No [ X ]

2.2 If yes, date of change: \_\_\_\_\_

3.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? ..... Yes [ X ] No [ ]  
 If yes, complete Schedule Y, Parts 1 and 1A.

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

3.3 If the response to 3.2 is yes, provide a brief description of those changes.

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

4.2 If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? ..... Yes [ ] No [ X ] N/A [ ]  
 If yes, attach an explanation.

6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. ..... 12/31/2013

6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ..... 12/31/2010

6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ..... 03/27/2012

6.4 By what department or departments?  
 Ohio Department of Insurance

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

6.6 Have all of the recommendations within the latest financial examination report been complied with? ..... Yes [ X ] No [ ] N/A [ ]

7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? ..... Yes [ ] No [ X ]

7.2 If yes, give full information:

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? ..... Yes [  ] No [  ]  
 (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
 (c) Compliance with applicable governmental laws, rules and regulations;  
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
 (e) Accountability for adherence to the code.

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

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

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

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

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

**FINANCIAL**

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? ..... Yes [  ] No [  ]  
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ 802,961

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [  ] No [  ]  
 11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: ..... \$ 0  
 13. Amount of real estate and mortgages held in short-term investments: ..... \$ 0

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

14.2 If yes, please complete the following:

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

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? ..... Yes [  ] No [  ]  
 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [  ] No [  ]  
 If no, attach a description with this statement.

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.  
**GENERAL INTERROGATORIES**

16. For the reporting entity's security lending program, state the amount of the following as of the current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ ..... 0
16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....	\$ ..... 0
16.3 Total payable for securities lending reported on the liability page. ....	\$ ..... 0

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [  ] No [  ]

17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase .....	4 Metro Tech Center, 16th Floor Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh .....

17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? ..... Yes [  ] No [  ]

17.4 If yes, give full information relating thereto:

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

17.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1	2	3
Central Registration Depository	Name(s)	Address
107105.00 .....	Blackrock, Inc. .....	55 East 52nd Street, New York, NY 10055 .....

18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [  ] No [  ]

18.2 If no, list exceptions:

**GENERAL INTERROGATORIES****PART 2 - HEALTH**

1. Operating Percentages:	
1.1 A&H loss percent .....	87.5 %
1.2 A&H cost containment percent .....	3.1 %
1.3 A&H expense percent excluding cost containment expenses .....	13.6 %
2.1 Do you act as a custodian for health savings accounts? .....	Yes [ ] No [ X ]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date .....	\$.....0
2.3 Do you act as an administrator for health savings accounts? .....	Yes [ ] No [ X ]
2.4 If yes, please provide the balance of the funds administered as of the reporting date .....	\$.....0

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

**SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS**

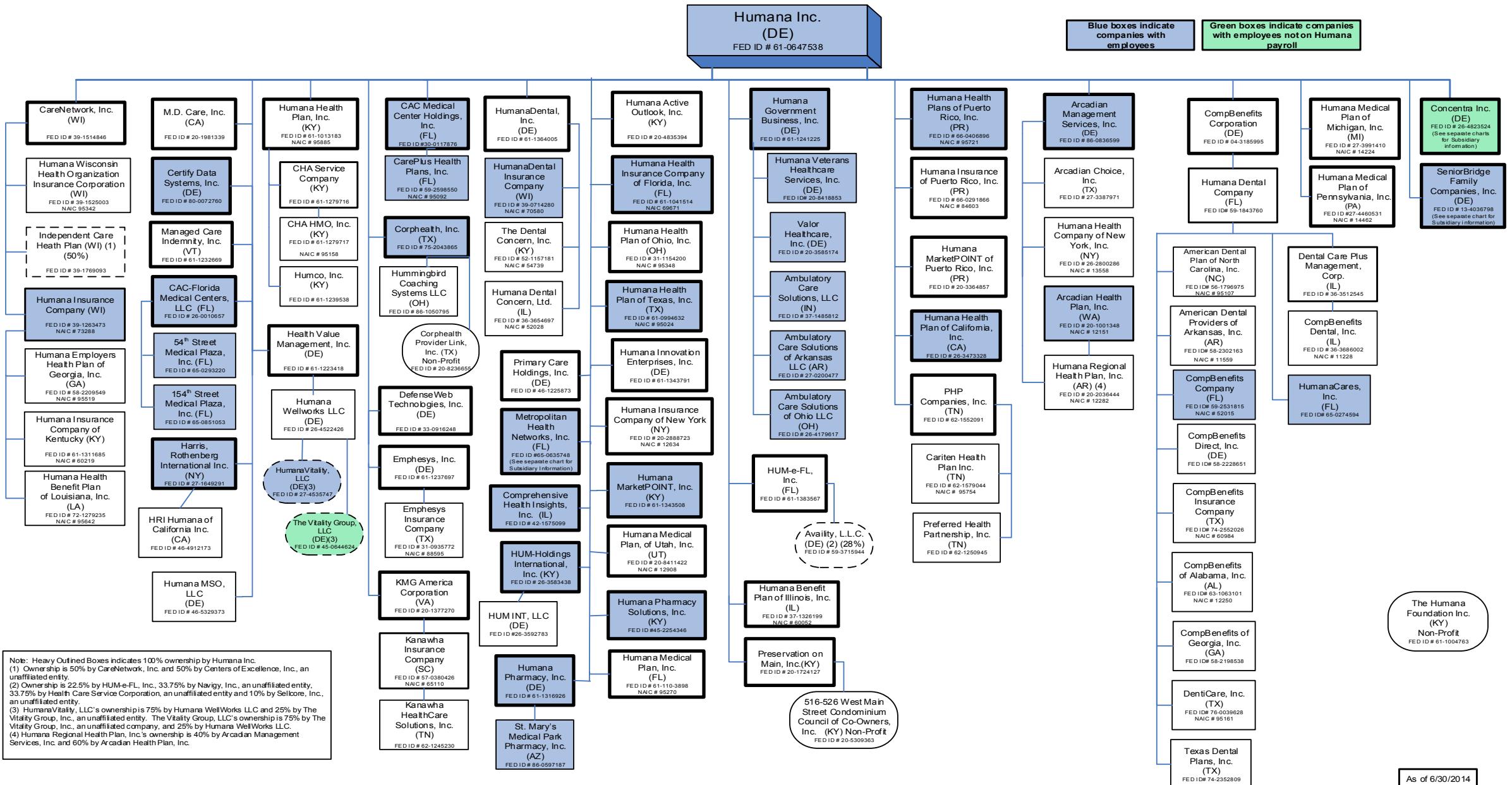
Current Year to Date - Allocated by States and Territories

States, etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts
		2 Accident and Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life and Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7	
1. Alabama	AL	N	0	0	0	0	0	0	0
2. Alaska	AK	N	0	0	0	0	0	0	0
3. Arizona	AZ	N	0	0	0	0	0	0	0
4. Arkansas	AR	N	0	0	0	0	0	0	0
5. California	CA	N	0	0	0	0	0	0	0
6. Colorado	CO	N	0	0	0	0	0	0	0
7. Connecticut	CT	N	0	0	0	0	0	0	0
8. Delaware	DE	N	0	0	0	0	0	0	0
9. District of Columbia	DC	N	0	0	0	0	0	0	0
10. Florida	FL	N	0	0	0	0	0	0	0
11. Georgia	GA	N	0	0	0	0	0	0	0
12. Hawaii	HI	N	0	0	0	0	0	0	0
13. Idaho	ID	N	0	0	0	0	0	0	0
14. Illinois	IL	N	0	0	0	0	0	0	0
15. Indiana	IN	L	0	0	0	0	0	0	0
16. Iowa	IA	N	0	0	0	0	0	0	0
17. Kansas	KS	N	0	0	0	0	0	0	0
18. Kentucky	KY	L	(2,381)	34,210,313	0	0	0	34,207,932	0
19. Louisiana	LA	N	0	0	0	0	0	0	0
20. Maine	ME	N	0	0	0	0	0	0	0
21. Maryland	MD	N	0	0	0	0	0	0	0
22. Massachusetts	MA	N	0	0	0	0	0	0	0
23. Michigan	MI	N	0	0	0	0	0	0	0
24. Minnesota	MN	N	0	0	0	0	0	0	0
25. Mississippi	MS	N	0	0	0	0	0	0	0
26. Missouri	MO	N	0	0	0	0	0	0	0
27. Montana	MT	N	0	0	0	0	0	0	0
28. Nebraska	NE	N	0	0	0	0	0	0	0
29. Nevada	NV	N	0	0	0	0	0	0	0
30. New Hampshire	NH	N	0	0	0	0	0	0	0
31. New Jersey	NJ	N	0	0	0	0	0	0	0
32. New Mexico	NM	N	0	0	0	0	0	0	0
33. New York	NY	N	0	0	0	0	0	0	0
34. North Carolina	NC	N	0	0	0	0	0	0	0
35. North Dakota	ND	N	0	0	0	0	0	0	0
36. Ohio	OH	L	111,577,948	99,369,653	0	1,957,376	0	212,904,977	0
37. Oklahoma	OK	N	0	0	0	0	0	0	0
38. Oregon	OR	N	0	0	0	0	0	0	0
39. Pennsylvania	PA	N	0	0	0	0	0	0	0
40. Rhode Island	RI	N	0	0	0	0	0	0	0
41. South Carolina	SC	N	0	0	0	0	0	0	0
42. South Dakota	SD	N	0	0	0	0	0	0	0
43. Tennessee	TN	N	0	0	0	0	0	0	0
44. Texas	TX	N	0	0	0	0	0	0	0
45. Utah	UT	N	0	0	0	0	0	0	0
46. Vermont	VT	N	0	0	0	0	0	0	0
47. Virginia	VA	N	0	0	0	0	0	0	0
48. Washington	WA	N	0	0	0	0	0	0	0
49. West Virginia	WV	N	0	0	0	0	0	0	0
50. Wisconsin	WI	N	0	0	0	0	0	0	0
51. Wyoming	WY	N	0	0	0	0	0	0	0
52. American Samoa	AS	N	0	0	0	0	0	0	0
53. Guam	GU	N	0	0	0	0	0	0	0
54. Puerto Rico	PR	N	0	0	0	0	0	0	0
55. U.S. Virgin Islands	VI	N	0	0	0	0	0	0	0
56. Northern Mariana Islands	MP	N	0	0	0	0	0	0	0
57. Canada	CAN	N	0	0	0	0	0	0	0
58. Aggregate Other Aliens	OT	XXX	0	0	0	0	0	0	0
59. Subtotal		XXX	111,575,567	133,579,966	0	1,957,376	0	247,112,909	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0
61. Totals (Direct Business)	(a)	3	111,575,567	133,579,966	0	1,957,376	0	247,112,909	0
DETAILS OF WRITE-INS									
58001.		XXX							
58002.		XXX							
58003.		XXX							
58998. Summary of remaining write-ins for Line 58 from overflow page		XXX	0	0	0	0	0	0	0
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)		XXX	0	0	0	0	0	0	0

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

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

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

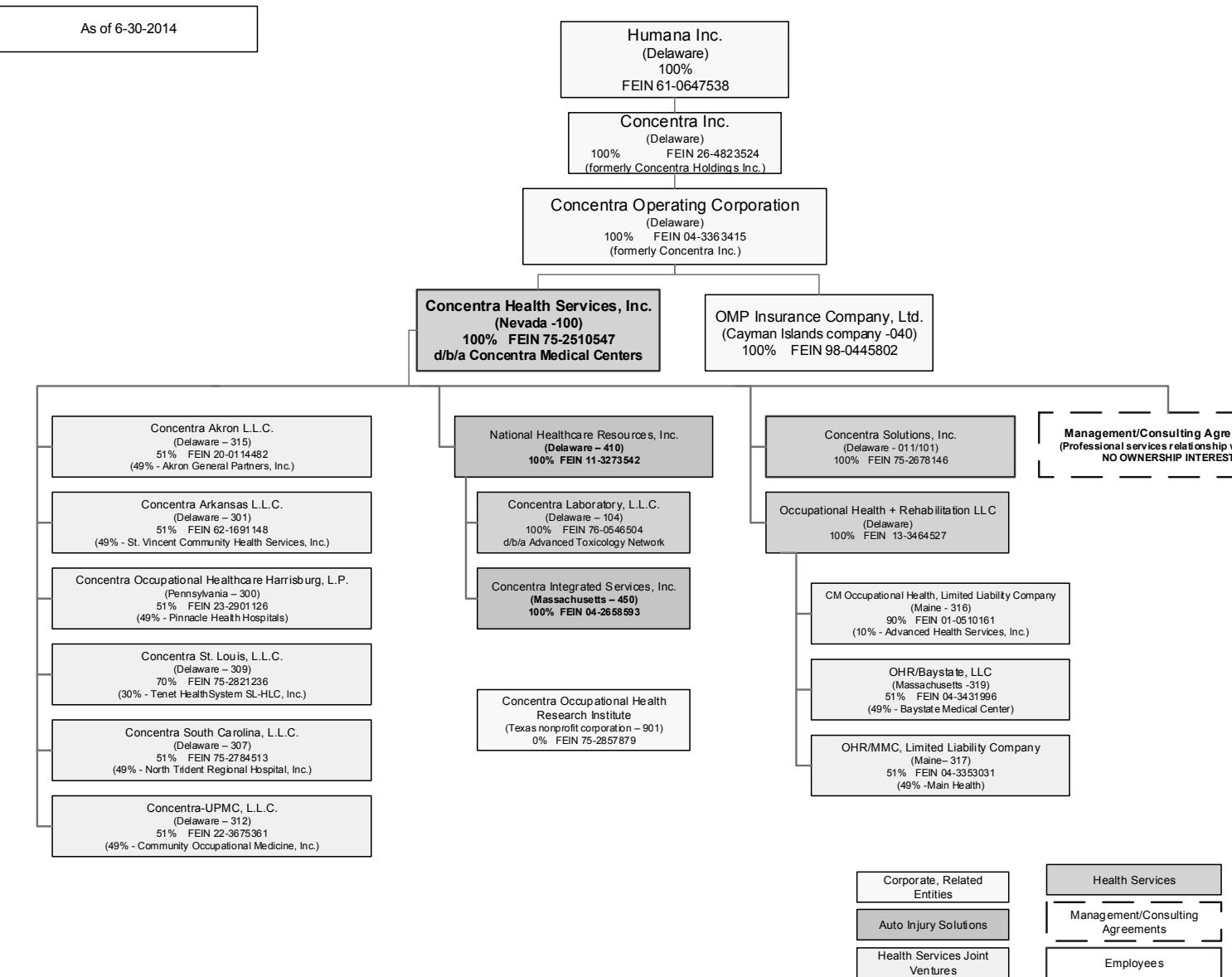


Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.

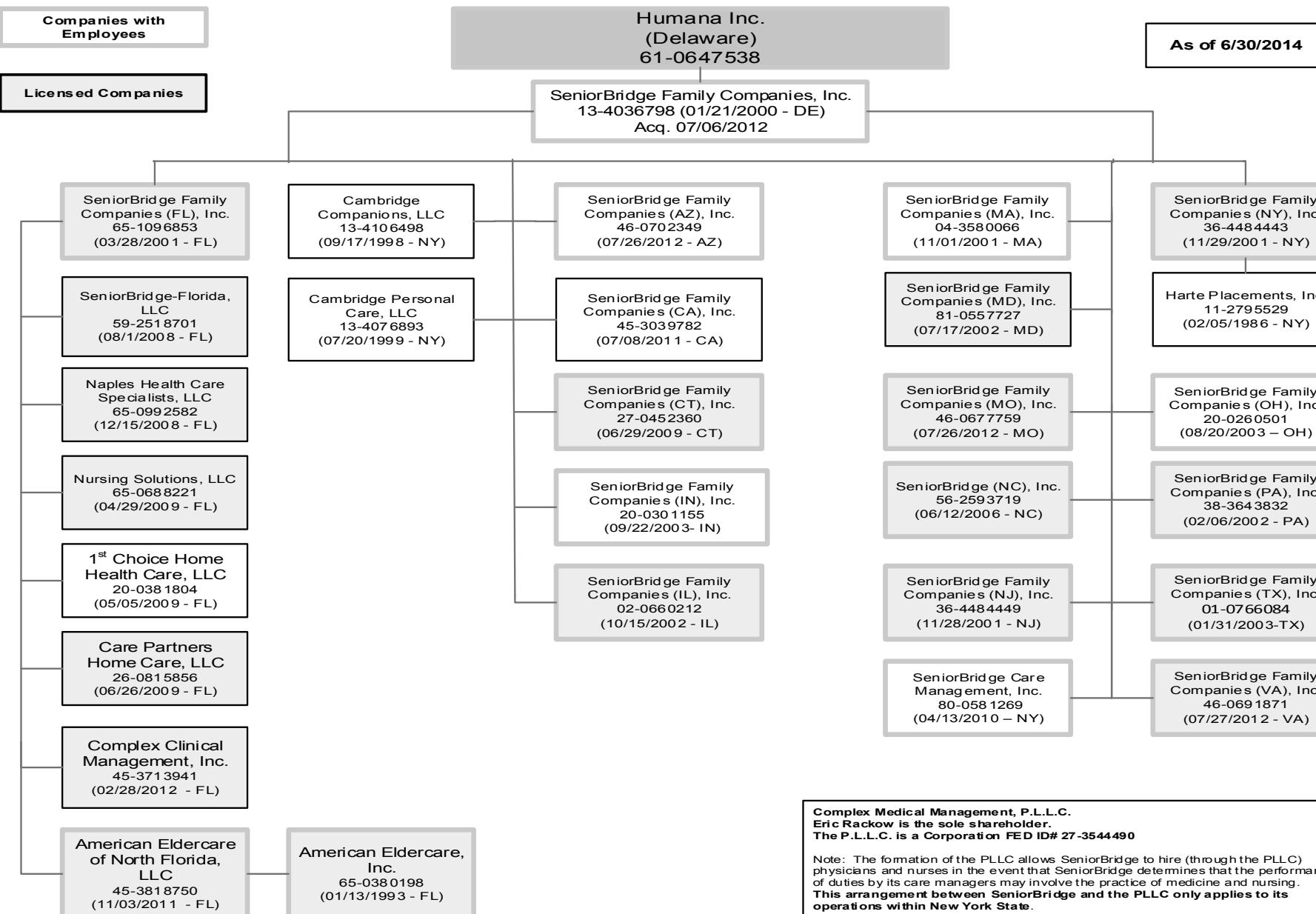
- (1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers of Excellence, Inc., an unaffiliated entity.
- (2) Ownership is 22.5% by HUM-EFL, Inc., 33.75% by Navify, Inc., an unaffiliated entity, 33.75% by Health Care Service Corporation, an unaffiliated entity and 10% by Selcore, Inc., an unaffiliated entity.
- (3) Humana Vitality, LLC's ownership is 75% by Humana WellWorks LLC and 25% by The Vitality Group, Inc., an unaffiliated entity. The Vitality Group, LLC's ownership is 75% by The Vitality Group, Inc., an unaffiliated company, and 25% by Humana WellWorks LLC.
- (4) Humana Regional Health Plan, Inc.'s ownership is 40% by Arcadian Management Services, Inc. and 60% by Arcadian Health Plan, Inc.

As of 6/30/2014

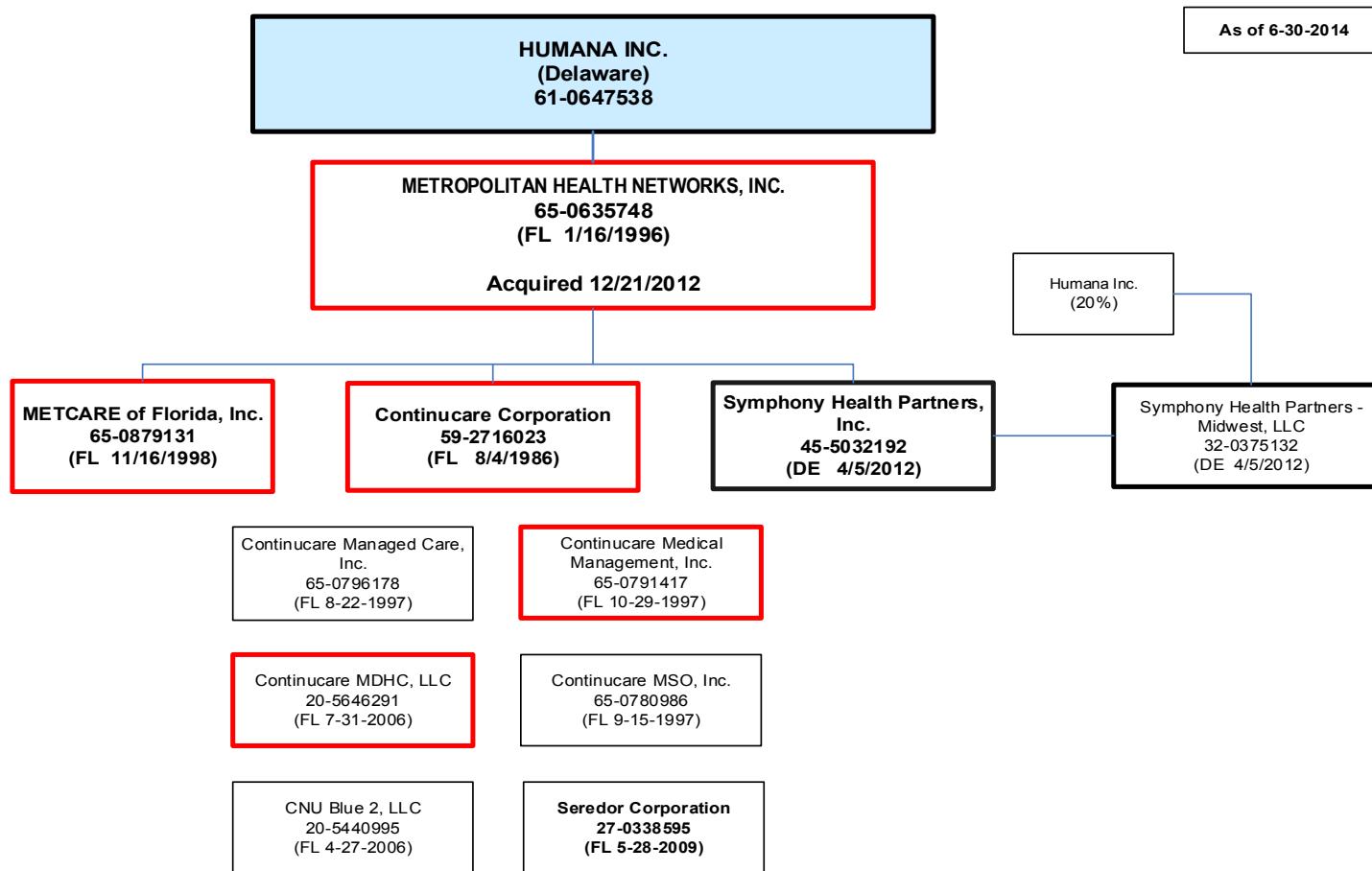
STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.



STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.



STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.



STATEMENT AS OF JUNE 30, 2014 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)	Names 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)	*
..0119	Humana Inc.	00000	65-0851053			154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC SeniorBridge Family Companies (FL), Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	20-0381804			1st Choice Home Health Care, LLC	FL	NIA		Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	20-5309363			515-526W MainSt CondoCouncil of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0293220			54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	27-020477			Ambulatory Care Solutions of Arkansas LLC	AR	NIA	Humana Government Business, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	26-4179617			Ambulatory Care Solutions of Ohio LLC	OH	NIA	Humana Government Business, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	37-1485812			Ambulatory Care Solutions, LLC	IN	NIA	Humana Government Business, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	95107	56-1796975			American Dental Plan of N. C., Inc.	NC	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	11559	58-2302163			American Dental Providers of Ark., Inc.	AR	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	45-3818750			American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0380198			American Eldercare, Inc.	FL	NIA		Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	27-3387971			Arcadian Choice, Inc.	TX	NIA	Arcadian Management Services, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	12151	20-1001348			Arcadian Health Plan, Inc.	WA	IA	Arcadian Management Services, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	86-0836599			Arcadian Management Services, Inc.	DE	NIA	Arcadian Management Services, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	59-3715944			Avility, L.L.C.	DE	OTH	See Footnote 1	Board of Directors		0.000	Humana Inc.	1	
..0119	Humana Inc.	00000	30-0117876			CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	26-0010657			CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	13-4106498			Cambridge Companions, LLC	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	13-4076893			Cambridge Personal Care, LLC	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	26-0815856			Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	39-1514846			CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	95092	59-2598550			CarePlus Health Plans, Inc.	FL	IA	CPHP Holdings, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	95754	62-1579044			Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	80-0072760			Certify Data Systems, Inc.	DE	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	95158	61-1279717			CHA HMO, Inc.	KY	IA	CHA Service Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	61-1279716			CHA Service Company	KY	NIA	Humana Health Plan, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	01-0510161			CM Occupational Health, L.L.C.	ME	NIA	See Footnote 2	Joint Venture		0.000	Humana Inc.	2	
..0119	Humana Inc.	00000	20-5440995			CNU Blue 2, LLC	FL	NIA	ContinuCare Corporation	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	52015	59-2531815			ComBenefits Company	FL	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	04-3185995			ComBenefits Corporation	DE	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	11228	36-3686002			ComBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	58-2228851			ComBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	60984	74-2552026			ComBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	12250	63-1063101			ComBenefits of Alabama, Inc.	AL	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	58-2198538			ComBenefits of Georgia, Inc.	GA	IA	Humana Dental Company	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	45-3713941			Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	42-1575099			Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	20-0114482			Concentra Akron, L.L.C.	DE	NIA	See Footnote 3	Joint Venture		100.000	Humana Inc.	3	
..0119	Humana Inc.	00000	62-1691148			Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 8	Joint Venture		0.000	Humana Inc.	8	
..0119	Humana Inc.	00000	75-2510547			Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	26-4823524			Concentra Inc.	DE	NIA	Humana Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	04-2658593			Concentra Integrated Services, Inc.	MA	NIA	National Healthcare Resources, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	76-0546504			Concentra Laboratory, L.L.C.	DE	NIA	National Healthcare Resources, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	75-2857879			Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc.	Ownership		100.000	Humana Inc.	0	
..0119	Humana Inc.	00000	23-2901126			Concentra Occ Healthcare Harrisburg, L.P.	PA	NIA	See Footnote 9	Joint Venture		0.000	Humana Inc.	9	
..0119	Humana Inc.	00000	04-3363415			Concentra Operating Corporation	DE	NIA	Concentra Inc.	Ownership		100.000	Humana Inc.	0	

STATEMENT AS OF JUNE 30, 2014 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)	Names 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)	*
..0119	Humana Inc.	00000	75-2678146				Concentra Solutions, Inc.	..DE	.NIA	Concentra Health Services, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	75-2784513				Concentra South Carolina, L.L.C.	..DE	.NIA	See Footnote 10	Joint Venture		0.000	Humana Inc.	10
..0119	Humana Inc.	00000	75-2821236				Concentra St. Louis, L.L.C.	..DE	.NIA	See Footnote 11	Joint Venture		0.000	Humana Inc.	11
..0119	Humana Inc.	00000	22-3675361				Concentra-UPMC, L.L.C.	..DE	.NIA	See Footnote 12	Joint Venture		0.000	Humana Inc.	12
..0119	Humana Inc.	00000	59-2716023				Continucare Corporation	..FL	.NIA	Metropolitan Health Networks, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	65-0796178				Continucare Managed Care, Inc.	..FL	.NIA	Continucare Corporation	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-5646291				Continucare MDHC, LLC	..FL	.NIA	Continucare Corporation	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	65-0791417				Continucare Medical Management, Inc.	..FL	.NIA	Continucare Corporation	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	65-0780986				Continucare MSO, Inc.	..FL	.NIA	Continucare Corporation	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	..TX	.NIA	Corphealth, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	75-2043865				Corphealth, Inc.	..TX	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	33-0916248				DefenselWeb Technologies, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	..IL	.NIA	Humana Dental Company	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95161	76-0039628				DentCare, Inc.	..TX	.IA	Humana Dental Company	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	..TX	.IA	Emphesys, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	..NY	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
										SeniorBridge Family Companies (NY), Inc.					
..0119	Humana Inc.	00000	11-2795529				Harte Placements, Inc.	..NY	.NIA		Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-4912173				HRI Humana of California Inc.	..CA	.NIA	Harris, Rothenberg International Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	..DE	.NIA	HUM Holdings International, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	..KY	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	..IL	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	59-1843760				Humana Dental Company	..FL	.NIA	CompBenefits Corporation	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	..GA	.IA	Humana Insurance Company	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	..LA	.IA	Humana Insurance Company	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	..NY	.IA	Arcadian Management Services, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	..FL	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	..CA	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	..OH	.RE	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	..TX	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	..KY	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	..PR	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	..DE	.UDP		Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	..WI	.IA	CareNetwork, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	..KY	.IA	Humana Insurance Company	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	..NY	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	..PR	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	..PR	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	..KY	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	..MI	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	..PA	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	..UT	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	..FL	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-5329373				Humana MSO, LLC	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	..KY	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	..DE	.NIA	Humana Inc.	Ownership		100.00	Humana Inc.	0

STATEMENT AS OF JUNE 30, 2014 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)	Names 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)	*
..0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Arcadian Management Services, Inc./Arcadian Health Plan, Inc.	Ownership	100.00	Humana Inc.	.6	
..0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0274594				HumanaCares, Inc.	FL	NIA	Humana Dental Company	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	27-4535747				HumanaVitality, LLC	DE	OTH	See Footnote 5	Ownership	75.00	Humana Inc.	5	
..0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Health Plan, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 4	Other	100.00	Humana Inc.	4	
..0119	Humana Inc.	00000	62-1245230				Kanawha HealthCare Solutions, Inc.	TN	NIA	Kanawha Insurance Company	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	20-1981339				M.D. Care, Inc.	CA	IA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	11-3273542				National Healthcare Resources, Inc.	DE	NIA	Concentra Health Services, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 13	Joint Venture	0.000	Humana Inc.	13	
..0119	Humana Inc.	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 14	Joint Venture	100.00	Humana Inc.	14	
..0119	Humana Inc.	00000	98-0445802				OMP Insurance Company, Ltd.	TX	NIA	Concentra Operating Corporation	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	04-3580066				SeniorBridge Family Companies (MA), Inc.	MA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	01-0766084				SeniorBridge Family Companies (TX), Inc.	TX	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	VA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.00	Humana Inc.	0	
..0119	Humana Inc.	00000	13-4036798				SeniorBridge Family Companies, Inc.	DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0	

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domi- niliary Loca- tion	10 Relation- ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner- ship Provide Percen- tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 *
..0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	86-0597187				St. Mary's Medical Park Pharmacy, Inc.	AZ	NIA	Humana Pharmacy, Inc.	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	See Footnote 7	Ownership	0.000	Humana Inc.	7
..0119	Humana Inc.	00000	45-5032192				Symphony Health Partners, Inc.	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	52028	36-3654697				Humana Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	86-1050795				The Vitality Group, LLC	DE	OTH	See Footnote 5	Ownership	25.000	Humana Inc.	5
..0119	Humana Inc.	00000	20-3585174				Valor Healthcare, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0

Asterisk	Explanation
1	Availability, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	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.
3	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.
4	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers of Excellence, Inc. owns the other 50%.
5	HumanaVitality, LLC, a Delaware limited liability company, was formed on January 3, 2011, and The Vitality Group, LLC, a Delaware limited liability company, was formed on February 15, 2011 through affiliates of Humana Inc. and Discovery Holdings Limited, a South African company, to offer Discovery's Vitality wellness and loyalty program to Humana members. Humana WellWorks LLC, a subsidiary of Humana Inc., owns 75% of HumanaVitality, LLC and 25% of The Vitality Group, LLC. The Vitality Group, Inc., a subsidiary of Discovery Holdings Limited, owns 25% of HumanaVitality, LLC and 75% of The Vitality Group, LLC.
6	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.
7	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.
8	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.
9	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.
10	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.
11	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.
12	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.
13	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.
14	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.

## SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

Response

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

NO

Explanation:

1. This type of business is not written.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

**NONE**

**SCHEDULE A - VERIFICATION**

Real Estate

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

**NONE****SCHEDULE B - VERIFICATION**

Mortgage Loans

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

**NONE****SCHEDULE BA - VERIFICATION**

Other Long-Term Invested Assets

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	560,670	560,670
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	(94,338)	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and depreciation .....	0	0
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	466,332	560,670
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	466,332	560,670

**SCHEDULE D - VERIFICATION**

Bonds and Stocks

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	73,137,456	67,443,897
2. Cost of bonds and stocks acquired .....	6,045,959	36,162,670
3. Accrual of discount .....	4,492	11,681
4. Unrealized valuation increase (decrease) .....	1,503	3,239
5. Total gain (loss) on disposals .....	103,366	486,652
6. Deduct consideration for bonds and stocks disposed of .....	18,302,962	30,355,113
7. Deduct amortization of premium .....	254,806	615,570
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8-9) .....	60,735,008	73,137,456
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	60,735,008	73,137,456

## STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
<b>BONDS</b>								
1. NAIC 1 (a) .....	70,183,064	171,112,764	167,240,482	(117,412)	70,183,064	73,937,934	0	59,656,821
2. NAIC 2 (a) .....	14,637,427	0	66,917	(7,504)	14,637,427	14,563,006	0	14,505,807
3. NAIC 3 (a) .....	326,428	0	0	641	326,428	327,069	0	149,977
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	176,257
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds .....	85,146,919	171,112,764	167,307,399	(124,275)	85,146,919	88,828,009	0	74,488,862
<b>PREFERRED STOCK</b>								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock .....	85,146,919	171,112,764	167,307,399	(124,275)	85,146,919	88,828,009	0	74,488,862

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 28,093,002 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 ;

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

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	16,093,075	XXX	16,093,075	485	0

## SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,351,406	4,087,248
2. Cost of short-term investments acquired .....	155,487,721	237,237,686
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	140,746,052	239,973,528
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	16,093,075	1,351,406
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	16,093,075	1,351,406

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE E - VERIFICATION**

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	0
2. Cost of cash equivalents acquired .....	133,998,305	287,975,297
3. Accrual of discount .....	1,576	3,879
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	(17)	443
6. Deduct consideration received on disposals .....	121,999,937	287,979,619
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	11,999,927	0
11. Deduct total nonadmitted amounts .....	0	0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>11,999,927</b>	<b>0</b>

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE D - PART 3**

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Desig- nation or Market Indicator (a)
912828-RF-9 .....	US TREASURY N/B .....		.04/28/2014 .....	BMO CAPITAL MARKETS .....	252,354	.250,000		.407	1.....
0599999. Subtotal - Bonds - U.S. Governments					252,354	.250,000		.407	XXX
658256-V3-3 .....	NORTH CAROLINA ST MUNI .....		.04/17/2014 .....	MORGAN STANLEY .....	297,844	.245,000		.0	1FE.....
1799999. Subtotal - Bonds - U.S. States, Territories and Possessions					297,844	.245,000		.0	XXX
912828-SII-1 .....	UNITED STATES TREASURY TREAS BILL .....		.05/01/2014 .....	MIZUHO SECURITIES USA INC. .....	5,000,940	.5,000,000		.5,220	1.....
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					5,000,940	.5,000,000		.5,220	XXX
8399997. Total - Bonds - Part 3					5,551,138	.5,495,000		.5,627	XXX
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
8399999. Total - Bonds					5,551,138	.5,495,000		.5,627	XXX
8999997. Total - Preferred Stocks - Part 3					0	XXX		0	XXX
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks					0	XXX		0	XXX
9799997. Total - Common Stocks - Part 3					0	XXX		0	XXX
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks					0	XXX		0	XXX
9899999. Total - Preferred and Common Stocks					0	XXX		0	XXX
9999999 - Totals					5,551,138	XXX		.5,627	XXX

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

## STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain /Adjusted Carrying Value	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's Other Than Temporary Impairment Recogn- ized	13 Current Year's (Amor- tization)/ Accretion	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
.912828-KN-9	US TREASURY N/B		.04/30/2014	VARIOUS		250,000	.250,000	.246,095	.249,721	0	279	0	.279	0	.250,000	0	0	0	.2,344	.04/30/2014	1	
05999999. Subtotal - Bonds - U.S. Governments						250,000	.250,000	.246,095	.249,721	0	279	0	.279	0	.250,000	0	0	0	0	2,344	XXX	XXX
.130795-D6-1	CA STATEWIDE CMNTYS MUNI		.04/01/2014	MATURITY		75,000	.75,000	.80,976	.75,331	0	(331)	0	(331)	0	.75,000	0	0	0	0	.1,875	.04/01/2014	1FE
17999999. Subtotal - Bonds - U.S. States, Territories and Possessions						75,000	.75,000	.80,976	.75,331	0	(331)	0	(331)	0	.75,000	0	0	0	0	1,875	XXX	XXX
.31280V-X2-4	FG D92497 - 20 YEAR		.06/01/2014	MBS PAYDOWN		.449	.449	.451	.449	0	0	0	0	0	.449	0	0	0	0	.12	.09/01/2018	1
.3128PY-Y3-4	FGOLD 15YR FNMA		.06/01/2014	MBS PAYDOWN		2,917	3,051	2,917	3,028	0	(11)	0	(11)	0	2,917	0	0	0	0	.37	.04/01/2027	1
.3132GU-KH-6	FEDERAL HOME LOAN MTGE CO FHLMC		.06/01/2014	MBS PAYDOWN		19,331	20,443	19,331	19,366	0	(35)	0	(35)	0	19,331	0	0	0	0	.287	.06/01/2042	1
.3132J9-4X-3	FEDERAL HOME LOAN MTGE CO FHLMC		.06/04/2014	VARIOUS		11,433,568	11,210,487	11,333,101	11,335,189	0	(4,987)	0	(4,987)	0	11,330,200	0	.103,366	.103,366	.207,947	.05/01/2043	1	
.31325H-HL-0	FG C90235 - 20 YEAR		.06/01/2014	MBS PAYDOWN		2,450	2,450	2,461	2,450	0	(2)	0	(2)	0	2,450	0	0	0	0	.66	.10/01/2018	1
.31368H-M2-6	FED NTL MTG ASSO FNMA		.06/01/2014	MBS PAYDOWN		125,792	125,792	131,727	126,365	0	(573)	0	(573)	0	125,792	0	0	0	0	.2,599	.11/01/2036	1
.31371K-NX-5	FED NTL MTG ASSO FNMA		.06/01/2014	MBS PAYDOWN		8,039	8,039	8,319	8,059	0	(21)	0	(21)	0	8,039	0	0	0	0	.183	.05/01/2017	1
.31385X-KC-0	FED NTL MTG ASSO FNMA		.06/01/2014	MBS PAYDOWN		147,907	147,907	159,855	148,562	0	(655)	0	(655)	0	147,907	0	0	0	0	.2,882	.07/01/2033	1
.3138LV-CV-3	FED NTL MTG ASSO 30YR		.06/01/2014	MBS PAYDOWN		24,033	24,033	25,404	24,076	0	(43)	0	(43)	0	24,033	0	0	0	0	.387	.06/01/2042	1
.3138BL-TP-6	FED NTL MTG ASSO 30YR		.06/01/2014	MBS PAYDOWN		18,627	18,627	19,693	18,656	0	(29)	0	(29)	0	18,627	0	0	0	0	.229	.06/01/2042	1
.3138M0-SE-1	FED NTL MTG ASSO FNMA 30YR		.06/01/2014	MBS PAYDOWN		.52,555	.52,555	.52,642	.52,642	0	(87)	0	(87)	0	.52,555	0	0	0	0	.688	.07/01/2042	1
.3138W1-4Q-7	FED NTL MTG ASSO 30YR		.06/01/2014	MBS PAYDOWN		54,270	54,270	56,183	54,320	0	(50)	0	(50)	0	54,270	0	0	0	0	.708	.03/01/2043	1
.3138W1-FC-6	FANNIE MAE 15 YR MBS/POOL FNMA		.06/01/2014	MBS PAYDOWN		30,104	30,104	31,031	30,146	0	(42)	0	(42)	0	30,104	0	0	0	0	.378	.11/01/2028	1
.3138X8-2D-2	FANNIE MAE 15 YR MBS/POOL FNMA		.06/01/2014	MBS PAYDOWN		13,369	13,369	13,780	13,386	0	(18)	0	(18)	0	13,369	0	0	0	0	.176	.12/01/2028	1
.3138X8-KP-8	FANNIE MAE 15 YR MBS/POOL FNMA		.06/01/2014	MBS PAYDOWN		26,188	26,188	26,998	26,229	0	(41)	0	(41)	0	26,188	0	0	0	0	.332	.11/01/2028	1
.3138X8-4L-3	FANNIE MAE 15 YR MBS/POOL FNMA		.06/01/2014	MBS PAYDOWN		20,714	20,714	21,353	20,753	0	(39)	0	(39)	0	20,714	0	0	0	0	.272	.11/01/2028	1
.3138X8-CM-4	FANNIE MAE 15 YR MBS/POOL FNMA		.06/01/2014	MBS PAYDOWN		6,550	6,550	6,753	6,559	0	(8)	0	(8)	0	6,550	0	0	0	0	.80	.11/01/2028	1
.31392C-AV-6	FED NTL MTG ASSO FNMA		.06/01/2014	MBS PAYDOWN		2,549	2,549	2,639	2,551	0	(2)	0	(2)	0	2,549	0	0	0	0	.76	.02/25/2032	1
31999999. Subtotal - Bonds - U.S. Special Revenues						11,989,412	11,766,331	11,918,807	11,892,686	0	(6,643)	0	(6,643)	0	11,886,044	0	.103,366	.103,366	217,399	XXX	XXX	
.05946X-BV-4	BANK OF AMERICA FDG CO 2003-1		.06/20/2014	CALLED SECURITY at		.33	.33	.34	.34	0	(1)	0	(1)	0	.33	0	0	0	0	.1	.05/20/2033	1FM
.07388R-AF-4	BEAR STEARNS CO.		.06/12/2014	CMBS		.283	.283	.312	.302	0	(19)	0	(19)	0	.283	0	0	0	0	.6	.02/01/2044	1FE
.20173W-AF-4	CMILTI		.06/10/2014	CMBS		2,226	2,226	2,528	2,485	0	(259)	0	(259)	0	2,226	0	0	0	0	.63	.12/01/2049	1FE
.247361-ZH-4	DELTA AIR LINES INC		.05/23/2014	CORPORATE		100,000	.61,459	.61,459	.61,459	0	0	0	0	0	.61,459	0	0	0	0	.1,521	.11/23/2019	2FE
.46632H-AG-6	JPMCC_07-LD12		.06/16/2014	CMBS		100,000	.202	.202	.231	0	(28)	0	(28)	0	.202	0	0	0	0	.7	.02/01/2051	1FE
.50180J-AD-7	LBUBS 07-C2		.06/17/2014	CMBS		451	.453	.493	.493	0	(40)	0	(40)	0	.453	0	0	0	0	.10	.02/15/2040	1FM
.60687V-AF-2	MLFC_06-3		.06/12/2014	CMBS		403	.403	.444	.430	0	(27)	0	(27)	0	.403	0	0	0	0	.9	.07/01/2046	1FE
.61751N-AB-8	MSC_07-HQ11		.06/13/2014	CMBS		437	.437	.478	.465	0	(28)	0	(28)	0	.437	0	0	0	0	.10	.02/01/2044	1FE
.78478Y-AA-2	STRIP_12		.06/01/2014	CMBS		100,000	.79,184	.78,259	.78,283	0	.901	0	.901	0	.79,184	0	0	0	0	.507	.12/25/2044	1FE
.858271-AA-7	STEELRIVER TRANSMISSION COMPANY LL		.06/30/2014	CALLED SECURITY at		5,457	.5,457	.5,457	.5,457	0	0	0	0	0	.5,457	0	0	0	0	.129	.06/30/2017	2FE
.912828-SW-1	UNITED STATES TREASURY		.05/31/2014	TREAS BILL		5,000,000	5,000,000	5,000,940	0	0	(940)	0	(940)	0	5,000,000	0	0	0	0	.6,250	.05/30/2014	1
.92978P-AF-6	WBMCT 03		.06/17/2014	CMBS		100,000	.212	.212	.233	0	(21)	0	(21)	0	.212	0	0	0	0	.5	.11/01/2048	1FE
38999999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						5,150,347	5,150,349	5,150,868	149,871	0	(462)	0	(462)	0	5,150,349	0	0	0	0	8,518	XXX	XXX
83999997. Total - Bonds - Part 4						17,464,759	17,241,680	17,396,746	12,367,609	0	(7,157)	0	(7,157)	0	17,361,393	0	103,366	103,366	230,076	XXX	XXX	
83999998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
83999999. Total - Bonds						17,464,759	17,241,680	17,396,746	12,367,609	0	(7,157)	0	(7,157)	0	17,361,393	0	103,366	103,366	230,076	XXX	XXX	
89999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
89999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
89999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
97999997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0</td											

## STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE D - PART 4**

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1 CUSIP Ident- ification	2 Description	3 For- eign	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consid- eration	8 Par Value	9 Actual Cost	10 Prior Year Book/ Adjusted Carrying Value	Change In Book/Adjusted Carrying Value					16 Book/ Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain Value at Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Stated Con- tractual Maturity Date	22 NAIC Design- ation or Market In- dicator (a)	
										11 Unrealized Valuation Increase/ (Decrease)	12 Current Year's (Amor- tization)/ Accretion	13 Current Year's Other Than Temporary Impairment Recogn- ized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book /Adjusted Carrying Value								
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						17,464,759	XXX	17,396,746	12,367,609	0	(7,157)	0	(7,157)	0	17,361,393	0	103,366	103,366	230,076	XXX	XXX	

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

**SCHEDULE E - PART 1 - CASH**

Month End Depository Balances

1 Depository	2 Code	3 Rate of Interest	4 Amount of Interest Received During Current Quarter	5 Amount of Interest Accrued at Current Statement Date	Book Balance at End of Each Month During Current Quarter			9 *
					6 First Month	7 Second Month	8 Third Month	
CITIBANK - PREMIUM LOCKBOX .... New Castle,DE .....		0.000	.0	0	1,811,336	1,702,207	2,469,968	XXX
WACHOVIA - HHP-OH CAS CLM .... Atlanta,GA .....		0.000	.0	0	(1,687,639)	(1,574,791)	(2,179,116)	XXX
JP MORGAN CHASE .... New York,NY .....		0.000	.0	0	21,446	5,005,850	48,594	XXX
US BANK - VOL DEF COMP AC .... Milwaukee,WI .....		0.000	.0	0	163,074	163,074	163,074	XXX
KENTUCKY Bank .....		0.350	.0	73	250,000	250,000	250,000	XXX
COMMUNITY T&B Co .....		0.300	.0	17	250,000	250,000	250,000	XXX
COMMONWEALTH BANK & TRUST .....		0.100	.0	2	250,000	250,000	250,000	XXX
CENTRAL BANK .....		0.250	103	49	250,000	250,000	250,000	XXX
Intrest Received on Quarter on Disposed Holding .....		0.000	623	0	0	0	0	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	726	141	1,308,217	6,296,340	1,502,520	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	726	141	1,308,217	6,296,340	1,502,520	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash	XXX	XXX	726	141	1,308,217	6,296,340	1,502,520	XXX

STATEMENT AS OF JUNE 30, 2014 OF THE Humana Health Plan of Ohio, Inc.

## **SCHEDULE E - PART 2 - CASH EQUIVALENTS**

### Show Investments Owned End of Current Quarter