



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

NAIC Group Code01190119NAIC Company Code95348Employer's ID Number31-1154200
(Current)(Prior)

Organized under the Laws ofOhio, State of Domicile or Port of EntryOH

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [X] No []

Incorporated/Organized08/19/1985Commenced Business03/10/1979

Statutory Home Office640 Eden Park DriveCincinnati , OH, US 45202-6056
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office640 Eden Park DriveCincinnati , OH, US 45202-6056513-784-5320
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Mail AddressP.O. Box 740036Louisville , KY, US 40201-7436
(Street and Number or P.O. Box)(City or Town, State, Country and Zip Code)

Primary Location of Books and Records640 Eden Park DriveCincinnati , OH, US 45202-6056513-784-5320
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

Statutory Statement ContactAmanda Nethery502-580-3026
(Name)(Area Code) (Telephone Number)

DOIINQUIRIES@humana.com502-580-2099
(E-mail Address)(FAX Number)

OFFICERS

President & CEOBruce Dale BroussardSr. VP & CFOBrian Andrew Kane

VP & Corporate SecretaryJoan Olliges LenahanVP & Chief ActuaryKenny Waitem Kan #

OTHER

Stephen Michael Arnhold #, Vice President	Alan James Bailey, VP & Treasurer	Elizabeth Diane Bierbower, Pres. Group Segment
Renee Jacqueline Buckingham, VP & Division Leader- Eastern Division	Jonathan Albert Canine, VP & Appointed Actuary	John Gregory Catron, VP & Chief Compliance Officer
Steven James DeRaleau, President, HumanaOne	Brian Phillip LeClaire, Sr VP & Chief Info Officer	Heidi Suzanne Margulis, Sr. Vice President
Mark Matthew Matzke #, VP, Group Segment Leadership	Steven Edward McCulley, SVP, Medicare Operations	William Mark Preston, VP-Investment Management
Tamara Lynn Quiram, Seg. VP & Pres., Small Business & Large Group	Richard Donald Remmers, VP, Group Segment	George Renaudin, Seg. VP, Medicare: East
	Joseph Christopher Ventura, Assistant Corporate Secretary	Timothy Alan Wheatley, President, Retail Segment
Donald Hank Robinson, Vice President-Tax	Cynthia Hillebrand Zipperle #, VP & Chief Accounting Officer	
Ralph Martin Wilson, Vice President		

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane #	James Elmer Murray
----------------------	---------------------	--------------------

State ofKentuckySS:

County ofJefferson

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 BroussardJoan Olliges LenahanAlan James Bailey
President & CEOPresident & CEOPresident & Treasurer

Subscribed and sworn to before me this22nd day ofFebruary, 2016

a. Is this an original filing? Yes [X] No []

b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

Michele Sizemore
Notary Public
January 3, 2019

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	3,295,143	17,136,297	7,172	5,272,719	3,302,315	2,965,564
2. Claim overpayment receivables	36,282	0	0	5,566	36,282	36,282
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	0	0	0	6,643,338	0	0
6. Other health care receivables.....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	3,331,425	17,136,297	7,172	11,921,623	3,338,597	3,001,846

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

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

21

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

22

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	102,270,069	19.1	96,567	100.0	0	102,270,069
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	102,270,069	19.1	96,567	100.0	0	102,270,069
Other Payments:						
5. Fee-for-service	53,765,996	10.0	XXX	XXX	0	53,765,996
6. Contractual fee payments	380,750,994	70.9	XXX	XXX	0	380,750,994
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	434,516,990	80.9	XXX	XXX	0	434,516,990
13. TOTAL (Line 4 plus Line 12)	536,787,059	100%	XXX	XXX	0	536,787,059

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment	4,630,788	0	3,400,918	1,229,870	1,229,870	0
2.	Medical furniture, equipment and fixtures	10,872	0	3,707	7,165	7,165	0
3.	Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4.	Durable medical equipment	0	0	0	0	0	0
5.	Other property and equipment	3,127,347	0	1,990,476	1,136,871	1,136,871	0
6.	Total	7,769,007	0	5,395,101	2,373,906	2,373,906	0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Indiana			DURING THE YEAR 2015							NAIC Company Code
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year											
2. First Quarter											
3. Second Quarter											
4. Third Quarter											
5. Current Year											
6. Current Year Member Months											
Total Member Ambulatory Encounters for Year:											
7. Physician											
8. Non-Physician											
9. Total											
10. Hospital Patient Days Incurred											
11. Number of Inpatient Admissions											
12. Health Premiums Written (b)											
13. Life Premiums Direct											
14. Property/Casualty Premiums Written											
15. Health Premiums Earned.....											
16. Property/Casualty Premiums Earned											
17. Amount Paid for Provision of Health Care Services.....											
18. Amount Incurred for Provision of Health Care Services											

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan of Ohio, Inc. 2. Cincinnati, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kentucky		2015							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95348	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	7,635	0	0	0	0	0	0	0	7,635	0	0	
2. First Quarter	8,686	0	0	0	0	0	0	0	8,686	0	0	
3. Second Quarter	8,738	0	0	0	0	0	0	0	8,738	0	0	
4. Third Quarter	8,875	0	0	0	0	0	0	0	8,875	0	0	
5. Current Year	8,954	0	0	0	0	0	0	0	8,954	0	0	
6. Current Year Member Months	105,296	0	0	0	0	0	0	0	105,296	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	165,310	0	0	0	0	0	0	0	165,310	0	0	
8. Non-Physician	85,903	0	0	0	0	0	0	0	85,903	0	0	
9. Total	251,213	0	0	0	0	0	0	0	251,213	0	0	
10. Hospital Patient Days Incurred	24,436	0	0	0	0	0	0	0	24,436	0	0	
11. Number of Inpatient Admissions	2,928	0	0	0	0	0	0	0	2,928	0	0	
12. Health Premiums Written (b)	81,199,048	0	0	0	0	0	0	0	81,199,048	0	0	
13. Life Premiums Direct	0	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	0	
15. Health Premiums Earned	81,199,048	0	0	0	0	0	0	0	81,199,048	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	77,364,371	0	0	0	0	0	0	0	77,364,371	0	0	
18. Amount Incurred for Provision of Health Care Services	78,449,785	0	0	0	0	0	0	0	78,449,785	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 81,199,048



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan of Ohio, Inc. 2. Cincinnati, OH

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Ohio		2015							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95348	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	83,249	12,708	45,605	0	1,047	584	964	22,341	0	0	
2.	First Quarter	85,775	10,548	42,698	0	0	0	1,074	31,455	0	0	
3.	Second Quarter	85,167	9,673	42,090	0	0	0	1,106	32,298	0	0	
4.	Third Quarter	85,105	8,893	42,051	0	0	0	1,136	33,025	0	0	
5.	Current Year	87,613	8,243	44,530	0	0	0	1,154	33,686	0	0	
6.	Current Year Member Months	1,027,138	113,466	511,633	0	0	0	13,307	388,732	0	0	
Total Member Ambulatory Encounters for Year:												
7.	Physician	911,672	63,149	243,358	0	0	0	9,085	596,080	0	0	
8.	Non-Physician	468,046	28,541	93,232	0	0	0	4,137	342,136	0	0	
9.	Total	1,379,718	91,690	336,590	0	0	0	13,222	938,216	0	0	
10.	Hospital Patient Days Incurred	106,877	3,734	9,916	0	0	0	532	92,695	0	0	
11.	Number of Inpatient Admissions	13,428	674	1,952	0	0	0	66	10,736	0	0	
12.	Health Premiums Written (b)	499,058,501	29,890,592	172,070,220	0	0	0	5,364,035	291,733,654	0	0	
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	510,475,949	41,265,342	172,112,918	0	0	0	5,364,035	291,733,654	0	0	
16.	Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17.	Amount Paid for Provision of Health Care Services	459,422,687	40,322,882	136,151,228	0	10,836	5,645	7,015,620	275,916,476	0	0	
18.	Amount Incurred for Provision of Health Care Services	459,966,989	37,422,244	137,042,066	0	0	0	7,439,115	278,063,565	0	0	

(a) For health business: number of persons insured under PPO managed care products 42,542 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 291,733,654



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Health Plan of Ohio, Inc. 2. Cincinnati, OH

NAIC Group Code		0119		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2015		(LOCATION)		NAIC Company Code		95348					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2		3															
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		90,884		12,708		45,605		0		1,047		584		964		29,976		0		0	
2. First Quarter		94,461		10,548		42,698		0		0		0		1,074		40,141		0		0	
3. Second Quarter		93,905		9,673		42,090		0		0		0		1,106		41,036		0		0	
4. Third Quarter		93,980		8,893		42,051		0		0		0		1,136		41,900		0		0	
5. Current Year		96,567		8,243		44,530		0		0		0		1,154		42,640		0		0	
6. Current Year Member Months		1,132,434		113,466		511,633		0		0		0		13,307		494,028		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician		1,076,982		63,149		243,358		0		0		0		9,085		761,390		0		0	
8. Non-Physician		553,949		28,541		93,232		0		0		0		4,137		428,039		0		0	
9. Total		1,630,931		91,690		336,590		0		0		0		13,222		1,189,429		0		0	
10. Hospital Patient Days Incurred		131,313		3,734		9,916		0		0		0		532		117,131		0		0	
11. Number of Inpatient Admissions		16,356		674		1,952		0		0		0		66		13,664		0		0	
12. Health Premiums Written (b)		580,257,549		29,890,592		172,070,220		0		0		0		5,364,035		372,932,702		0		0	
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		591,674,997		41,265,342		172,112,918		0		0		0		5,364,035		372,932,702		0		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		536,787,059		40,322,882		136,151,228		0		10,836		5,645		7,015,620		353,280,847		0		0	
18. Amount Incurred for Provision of Health Care Services		538,416,774		37,422,244		137,042,066		0		0		0		7,439,115		356,513,350		0		0	

(a) For health business: number of persons insured under PPO managed care products 42,542 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 372,932,702

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than for Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
NONE											
9999999 - Totals											

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
37273	39-1338397	10/01/2015	AXIS INSURANCE COMPANY	IL	SSL/A/I	CMM	72,771	0	0	0	0	0	0
88340	59-2859797	10/01/2014	HANNOVER LIFE REASSURANCE CO OF AMERICA	FL	SSL/A/I	CMM	118,349	0	0	0	0	0	0
10357	52-1952955	10/01/2014	RENAISSANCE REINSURANCE U.S. INC.	MD	SSL/A/I	CMM	156,881	0	0	0	0	0	0
00000	AA-9990032	01/01/2014	US DEPARTMENT OF HEALTH AND HUMAN SERVICES	DC	OTH/A/I	CMM	313,974	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							661,976	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							661,976	0	0	0	0	0	0
1199999. Total General Account Authorized							661,976	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							661,976	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							661,976	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							661,976	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums	662	842	241	183	174
2. Title XVIII - Medicare	0	0	0	0	0
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
5. Total hospital and medical expenses	4,335	10,517	(33)	2,572	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	761	2,234	0	0	0
8. Reinsurance recoverable on paid losses	5,196	8,283	0	520	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	XXX
18. Funds deposited by and withheld from (F)	0	0	0	0	XXX
19. Letters of credit (L)	0	0	0	0	XXX
20. Trust agreements (T)	0	0	0	0	XXX
21. Other (O)	0	0	0	0	XXX

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	132,445,655	0	132,445,655
2. Accident and health premiums due and unpaid (Line 15)	8,764,444	0	8,764,444
3. Amounts recoverable from reinsurers (Line 16.1)	5,195,858	(5,195,858)	0
4. Net credit for ceded reinsurance	XXX	5,570,036	5,570,036
5. All other admitted assets (Balance)	30,419,489	0	30,419,489
6. Total assets (Line 28)	176,825,446	374,178	177,199,624
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	56,026,475	761,097	56,787,572
8. Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9. Premiums received in advance (Line 8)	6,830,015	0	6,830,015
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	36,699,190	(386,919)	36,312,271
15. Total liabilities (Line 24)	99,555,680	374,178	99,929,858
16. Total capital and surplus (Line 33)	77,269,766	XXX	77,269,766
17. Total liabilities, capital and surplus (Line 34)	176,825,446	374,178	177,199,624
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	761,097		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	5,195,858		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	5,956,955		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	386,919		
30. Total ceded reinsurance payables/offsets	386,919		
31. Total net credit for ceded reinsurance	5,570,036		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2015 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	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 SeniorBridge Family Companies (FL), Inc.	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.	12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana 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				Availity, 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. SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-0815856				Care Partners Home Care, LLC	FL	NIA		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.	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	20-5440995				CNU Blue 2, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA		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	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0796178				Continucare Managed Care, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2043865				Humana Behavioral Health, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	33-0916248				Defenselleb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1237697				Emphesys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-4912173				HRI Humana of California Inc.	CA	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3580066				Humana at Home (MA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0

ANNUAL STATEMENT FOR THE YEAR 2015 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	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	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	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.	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	RE	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	DE	UDP		Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-4535747				HumanaVitality, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 2	Other	100.000	Humana Inc.	2
0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0

ANNUAL STATEMENT FOR THE YEAR 2015 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	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship 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 ...	20-1724127 ..	.....	.....	.....	Preservation on Main, Inc. ....	...KY ...	...NIA ...	Humana Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	46-1225873 ..	.....	.....	.....	Primary Care Holdings, Inc. ....	...DE ...	...NIA ...	Humana Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	75-2844854 ..	.....	.....	.....	ROHC, L.L.C. ....	...TX ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	56-2593719 ..	.....	.....	.....	SeniorBridge (NC), Inc. ....	...NC ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	80-0581269 ..	.....	.....	.....	SeniorBridge Care Management, Inc. ....	...NY ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	46-0702349 ..	.....	.....	.....	SeniorBridge Family Companies (AZ), Inc. ....	...AZ ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	45-3039782 ..	.....	.....	.....	SeniorBridge Family Companies (CA), Inc. ....	...CA ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	27-0452360 ..	.....	.....	.....	SeniorBridge Family Companies (CT), Inc. ....	...CT ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	65-1096853 ..	.....	.....	.....	SeniorBridge Family Companies (FL), Inc. ....	...FL ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	02-0660212 ..	.....	.....	.....	SeniorBridge Family Companies (IL), Inc. ....	...IL ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	20-0301155 ..	.....	.....	.....	SeniorBridge Family Companies (IN), Inc. ....	...IN ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	81-0557727 ..	.....	.....	.....	SeniorBridge Family Companies (MD), Inc. ....	...MD ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	46-0677759 ..	.....	.....	.....	SeniorBridge Family Companies (MO), Inc. ....	...MO ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	36-4484449 ..	.....	.....	.....	SeniorBridge Family Companies (NJ), Inc. ....	...NJ ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	36-4484443 ..	.....	.....	.....	SeniorBridge Family Companies (NY), Inc. ....	...NY ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	20-0260501 ..	.....	.....	.....	SeniorBridge Family Companies (OH), Inc. ....	...OH ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	38-3643832 ..	.....	.....	.....	SeniorBridge Family Companies (PA), Inc. ....	...PA ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	01-0766084 ..	.....	.....	.....	SeniorBridge Family Companies (TX), Inc. ....	...TX ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	46-0691871 ..	.....	.....	.....	SeniorBridge Family Companies (VA), Inc. ....	...VA ...	...NIA ...	Humana at Home, Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...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 3	Ownership.....	...0.000 ...	Humana Inc. ....	...3
...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. ....	...00000 ...	75-2600512 ..	.....	.....	.....	Humana at Home (TLC), Inc. ....	...TX ...	...NIA ...	ROHC, L.L.C.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	80-0072760 ..	.....	.....	.....	Transcend Insights, Inc. ....	...DE ...	...NIA ...	Humana Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0
...0119 ...	Humana Inc. ....	...00000 ...	46-5329373 ..	.....	.....	.....	Transcend, LLC ....	...DE ...	...NIA ...	Humana Inc.	Ownership.....	...100.000 ...	Humana Inc. ....	...0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
2	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%.
3	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(696,513)	0	0	0	(696,513)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-5309363	515-526W MainSt CondoCouncilofCo-Owners	0	0	0	0	347	0	0	0	347	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(627,231)	0	0	0	(627,231)	0
00000	27-0200477	Ambulatory Care Solutions of Arkansas LLC	0	0	0	0	0	0	0	0	0	0
00000	26-4179617	Ambulatory Care Solutions of Ohio LLC	0	0	0	0	0	0	0	0	0	0
00000	37-1485812	Ambulatory Care Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,668,809	0	0	0	3,668,809	0
00000	65-0380198	American Eldercare, Inc.	0	35,000,000	0	0	(20,205,052)	0	0	0	14,794,948	0
00000	27-3387971	Arcadian Choice, Inc.	0	0	0	0	0	0	0	0	0	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(4,846,212)	0	0	0	(4,846,212)	0
00000	86-0836599	Arcadian Management Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	59-3715944	Availity, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(156,649)	0	0	0	(156,649)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(10,895,649)	0	0	0	(10,895,649)	0
00000	13-4106498	Cambridge Companions, LLC	0	0	0	0	0	0	0	0	0	0
00000	13-4076893	Cambridge Personal Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	0	0	0	0	0	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	837,343	0	0	0	837,343	0
95092	59-2598550	CarePlus Health Plans, Inc.	(56,800,000)	0	0	0	(115,775,877)	0	0	0	(172,575,877)	0
95754	62-1579044	Cariten Health Plan Inc.	(16,000,000)	0	0	0	(103,899,557)	0	0	0	(119,899,557)	0
00000	80-0072760	Certify Data Systems, Inc.	0	0	0	0	342,298	0	0	0	342,298	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(7,179,330)	0	0	0	(7,179,330)	0
00000	61-1279716	CHA Service Company	0	0	0	0	347	0	0	0	347	0
00000	01-0510161	CM Occupational Health, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	20-5440995	CNU Blue 2, LLC	0	0	0	0	0	0	0	0	0	0
52015	59-2531815	CompBenefits Company	(15,000,000)	0	0	0	(23,859,501)	0	0	0	(38,859,501)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	(1,122,254)	0	0	0	(1,122,254)	0
11228	36-3686002	CompBenefits Dental, Inc.	(2,000,000)	0	0	0	(4,003,377)	0	0	0	(6,003,377)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(11,023)	0	0	0	(11,023)	0
60984	74-2552026	CompBenefits Insurance Company	(10,000,000)	0	0	0	(18,708,966)	0	0	0	(28,708,966)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	(1,451,256)	0	0	0	(1,451,256)	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	(522,545)	0	0	0	(522,545)	0
00000	20-0114482	Concentra Akron, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	62-1691148	Concentra Arkansas, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2510547	Concentra Health Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	26-4823524	Concentra Inc.	0	0	0	0	(11,619,814)	0	0	0	(11,619,814)	0
00000	04-2658593	Concentra Integrated Services, Inc.	0	0	0	0	0	0	0	0	0	0
00000	76-0546504	Concentra Laboratory, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2857879	Concentra Occ Health Research Institute	0	0	0	0	0	0	0	0	0	0
00000	23-2901126	Concentra Occ Healthcare Harrisburg, L.P	0	0	0	0	0	0	0	0	0	0
00000	04-3363415	Concentra Operating Corporation	0	0	0	0	0	0	0	0	0	0
00000	75-2678146	Concentra Solutions, Inc.	0	0	0	0	0	0	0	0	0	0

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	75-2784513	Concentra South Carolina, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	75-2821236	Concentra St. Louis, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	22-3675361	Concentra-UPMC, L.L.C.	0	0	0	0	0	0	0	0	0	0
00000	59-2716023	Continucare Corporation	0	0	0	0	6,267,809	0	0	0	6,267,809	0
00000	65-0796178	Continucare Managed Care, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(307,356)	0	0	0	(307,356)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(8,335,289)	0	0	0	(8,335,289)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(838,317)	0	0	0	(838,317)	0
00000	20-8236655	Corphealth Provider Link, Inc.	0	0	0	0	0	0	0	0	0	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	14,398	0	0	0	14,398	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	17,767	0	0	0	17,767	0
95161	76-0039628	DentiCare, Inc.	(1,000,000)	0	0	0	(10,109,647)	0	0	0	(11,109,647)	0
88595	31-0935772	EmpheSys Insurance Company	0	0	0	0	24,144	0	0	0	24,144	0
00000	61-1237697	EmpheSys, Inc.	0	0	0	0	17,835	0	0	0	17,835	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(4,583,448)	0	0	0	(4,583,448)	0
00000	11-2795529	Harte Placements, Inc.	0	0	0	0	0	0	0	0	0	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	48,288	0	0	0	48,288	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	27,322	0	0	0	27,322	0
00000	26-3592783	HUM INT, LLC	0	0	0	0	0	0	0	0	0	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	527	0	0	0	527	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	261,340	0	0	0	261,340	0
00000	65-0274594	Humana at Home 1, Inc.	0	0	0	0	(57,303,466)	0	0	0	(57,303,466)	0
00000	13-4036798	Humana at Home, Inc.	0	0	0	0	(4,298,583)	0	0	0	(4,298,583)	0
00000	75-2043865	Humana Behavioral Health, Inc.	0	0	0	0	(17,929,626)	0	0	0	(17,929,626)	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	70,000,000	0	0	(56,454,838)	0	0	0	13,545,162	0
00000	59-1843760	Humana Dental Company	0	0	0	0	46,674	0	0	0	46,674	0
52028	36-3654697	Humana Dental Concern, Ltd.	0	0	0	0	(70,298)	0	0	0	(70,298)	0
95519	58-2209549	Humana Employers Health Plan of GA, Inc.	0	675,000,000	0	0	(165,671,754)	0	0	0	509,328,246	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(2,866,960)	0	0	0	(2,866,960)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	(75,000,000)	0	0	0	(167,387,175)	0	0	0	(242,387,175)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	0	0	0	(4,439,676)	0	0	0	(4,439,676)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	0	0	0	163,672,219	0	0	0	163,672,219	0
00000	26-3473328	Humana Health Plan of California, Inc.	0	35,000,000	0	0	(23,938,236)	0	0	0	11,061,764	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	55,000,000	0	0	(32,962,847)	0	0	0	22,037,153	0
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	155,000,000	0	0	(60,366,693)	0	0	0	94,633,307	0
95885	61-1013183	Humana Health Plan, Inc.	0	125,000,000	0	0	(562,987,176)	0	0	0	(437,987,176)	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	17,705,226	0	0	0	17,705,226	0
00000	61-0647538	Humana Inc.	463,300,000	(1,245,000,000)	0	0	2,924,868,337	0	0	0	2,143,168,337	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(157,970)	0	0	0	(157,970)	0
73288	39-1263473	Humana Insurance Company	75,000,000	(125,000,000)	0	0	(197,285,343)	1,955,019	0	0	(245,330,324)	30,610,726
60219	61-1311685	Humana Insurance Company of Kentucky	0	25,000,000	0	0	(6,796,230)	(14,292,524)	0	0	3,911,246	(277,154,612)
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(27,782,447)	0	0	0	(27,782,447)	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(17,487,298)	0	0	0	(17,487,298)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0	0	0	0	0

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	(752,192)	0	0	0	(752,192)	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(10,584,538)	0	0	0	(10,584,538)	0
14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	15,000,000	0	0	(4,084,076)	0	0	0	10,915,924	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	(5,000,000)	15,000,000	0	0	(8,232,829)	0	0	0	1,767,171	0
95270	61-1103898	Humana Medical Plan, Inc.	(305,000,000)	100,000,000	0	0	(919,417,887)	0	0	0	(1,124,417,887)	0
00000	46-5329373	Humana MSO, LLC	0	0	0	0	2,437,905	0	0	0	2,437,905	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(73,796,510)	0	0	0	(73,796,510)	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(204,880,328)	0	0	0	(204,880,328)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	(1,500,000)	0	0	0	(1,771,742)	0	0	0	(3,271,742)	0
00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(57,728)	0	0	0	(57,728)	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	(58,028)	0	0	0	(58,028)	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	65,000,000	0	0	(41,322,271)	0	0	0	23,677,729	0
70580	39-0714280	HumanaDental Insurance Company	(35,000,000)	0	0	0	(15,846,427)	574,310	0	0	(50,272,117)	(19,304)
00000	61-1364005	HumanaDental, Inc.	0	0	0	0	657,051	0	0	0	657,051	0
00000	27-4535747	HumanaVitality, LLC	0	0	0	0	(13,633,872)	0	0	0	(13,633,872)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	146,732	0	0	0	146,732	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	295,744	0	0	0	295,744	0
00000	26-3583438	HUM-Holdings International, Inc.	0	0	0	0	35,158	0	0	0	35,158	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	1,704,837	0	0	0	1,704,837	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0	0	0	0	0
00000	76-0537878	Inteli Home Healthcare, Inc.	0	0	0	0	176,728	0	0	0	176,728	0
65110	57-0380426	Kanawha Insurance Company	0	0	0	0	(46,192,778)	11,763,195	0	0	(34,429,583)	246,563,191
00000	20-1377270	KMG America Corporation	0	0	0	0	4,154	0	0	0	4,154	0
00000	61-1232669	Managed Care Indemnity, Inc.	(15,000,000)	0	0	0	(5,630,493)	0	0	0	(20,630,493)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(1,667,405)	0	0	0	(1,667,405)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	413,808	0	0	0	413,808	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	0	0	0	0	0	0
00000	11-3273542	National Healthcare Resources, Inc.	0	0	0	0	0	0	0	0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/Baystate, LLC	0	0	0	0	0	0	0	0	0	0
00000	04-3353031	OHR/MMC, Limited Liability Company	0	0	0	0	0	0	0	0	0	0
00000	98-0445802	OMP Insurance Company, Ltd.	0	0	0	0	0	0	0	0	0	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(870)	0	0	0	(870)	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	(196)	0	0	0	(196)	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	(1,372,873)	0	0	0	(1,372,873)	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	10,611,649	0	0	0	10,611,649	0
00000	75-2739333	Reachout Homecare, Inc.	0	0	0	0	590,208	0	0	0	590,208	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	262,920	0	0	0	262,920	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(7,696,833)	0	0	0	(7,696,833)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	154,578	0	0	0	154,578	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(3,310,572)	0	0	0	(3,310,572)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	245,317	0	0	0	245,317	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	425,531	0	0	0	425,531	0

SCHEDULE Y
PART 2 - SUMMARY OF INSURER’S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(1,193,000)	0	0	0	(1,193,000)	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	241,093	0	0	0	241,093	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	579,653	0	0	0	579,653	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	153,721	0	0	0	153,721	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(1,197,533)	0	0	0	(1,197,533)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	1,344,022	0	0	0	1,344,022	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	2,424,780	0	0	0	2,424,780	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,526,480)	0	0	0	(3,526,480)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	216,797	0	0	0	216,797	0
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.	0	0	0	0	(7,380,772)	0	0	0	(7,380,772)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(4,616,304)	0	0	0	(4,616,304)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	2,052	0	0	0	2,052	0
00000	27-0338595	Seredor Corporation	0	0	0	0	(7,169)	0	0	0	(7,169)	0
00000	86-0597187	St. Mary's Medical Park Pharmacy, Inc.	0	0	0	0	0	0	0	0	0	0
00000	32-0375132	Symphony Health Partners - Midwest, LLC	0	0	0	0	464	0	0	0	464	0
00000	45-5032192	Symphony Health Partners, Inc.	0	0	0	0	6,845	0	0	0	6,845	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(135,406)	0	0	0	(135,406)	0
54739	52-1157181	The Dental Concern, Inc.	(1,000,000)	0	0	0	(6,644,186)	0	0	0	(7,644,186)	0
00000	75-2600512	TLC Plus of Texas, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-3585174	Valor Healthcare, Inc.	0	0	0	0	0	0	0	0	0	0
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Humana Health Plan of Ohio Inc.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES










The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

AUGUST FILING		
10.	Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.		

MARCH FILING		
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?.....	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
20.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?.....	NO
APRIL FILING		
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
AUGUST FILING		
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
11.	This type of business is not written.	
12.	This type of business is not written.	
13.	This type of business is not written.	
14.	This type of business is not written.	
15.	This type of business is not written.	
16.	This type of business is not written.	
17.	This type of business is not written.	
18.	No relief will be requested	
19.	No relief will be requested	
20.	No relief will be requested	
21.	This type of business is not written.	
22.	This type of business is not written.	
23.	This type of business is not written.	

Bar Codes:

11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 5 3 4 8 2 0 1 5 3 6 0 0 0 0 0 0
12.	Life Supplement [Document Identifier 205]	 9 5 3 4 8 2 0 1 5 2 0 5 0 0 0 0 0
13.	Property/Casualty Supplement [Document Identifier 207]	 9 5 3 4 8 2 0 1 5 2 0 7 0 0 0 0 0
14.	SIS Stockholder Information Supplement [Document Identifier 420]	 9 5 3 4 8 2 0 1 5 4 2 0 0 0 0 0 0
15.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 5 3 4 8 2 0 1 5 3 7 1 0 0 0 0 0
16.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 5 3 4 8 2 0 1 5 3 7 0 0 0 0 0 0
17.	Medicare Part D Coverage Supplement [Document Identifier 365]	 9 5 3 4 8 2 0 1 5 3 6 5 0 0 0 0 0
18.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 5 3 4 8 2 0 1 5 2 2 4 0 0 0 0 0
19.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 5 3 4 8 2 0 1 5 2 2 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Relief from the Requirements for Audit Committees [Document Identifier 226]



21. Long-Term Care Experience Reporting Forms [Document Identifier 306]



22. Life Supplement [Document Identifier 211]



23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]



ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business 7

Assets 2

Cash Flow 6

Exhibit 1 - Enrollment By Product Type for Health Business Only 17

Exhibit 2 - Accident and Health Premiums Due and Unpaid 18

Exhibit 3 - Health Care Receivables 19

Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued 20

Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus 21

Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates 22

Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates 23

Exhibit 7 - Part 1 - Summary of Transactions With Providers 24

Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries 24

Exhibit 8 - Furniture, Equipment and Supplies Owned 25

Exhibit of Capital Gains (Losses) 15

Exhibit of Net Investment Income 15

Exhibit of Nonadmitted Assets 16

Exhibit of Premiums, Enrollment and Utilization (State Page) 30

Five-Year Historical Data 29

General Interrogatories 27

Jurat Page 1

Liabilities, Capital and Surplus 3

Notes To Financial Statements 26

Overflow Page For Write-ins 44

Schedule A - Part 1 E01

Schedule A - Part 2 E02

Schedule A - Part 3 E03

Schedule A - Verification Between Years SI02

Schedule B - Part 1 E04

Schedule B - Part 2 E05

Schedule B - Part 3 E06

Schedule B - Verification Between Years SI02

Schedule BA - Part 1 E07

Schedule BA - Part 2 E08

Schedule BA - Part 3 E09

Schedule BA - Verification Between Years SI03

Schedule D - Part 1 E10

Schedule D - Part 1A - Section 1 SI05

Schedule D - Part 1A - Section 2 SI08

Schedule D - Part 2 - Section 1 E11

Schedule D - Part 2 - Section 2 E12

Schedule D - Part 3 E13

Schedule D - Part 4 E14

Schedule D - Part 5 E15

Schedule D - Part 6 - Section 1 E16

Schedule D - Part 6 - Section 2 E16

Schedule D - Summary By Country SI04

Schedule D - Verification Between Years SI03

Schedule DA - Part 1 E17

Schedule DA - Verification Between Years SI10

Schedule DB - Part A - Section 1 E18

Schedule DB - Part A - Section 2 E19

Schedule DB - Part A - Verification Between Years SI11

Schedule DB - Part B - Section 1 E20

Schedule DB - Part B - Section 2 E21

Schedule DB - Part B - Verification Between Years SI11

Schedule DB - Part C - Section 1 SI12

Schedule DB - Part C - Section 2 SI13

Schedule DB - Part D - Section 1 E22

Schedule DB - Part D - Section 2 E23

Schedule DB - Verification SI14

Schedule DL - Part 1 E24

Schedule DL - Part 2 E25

Schedule E - Part 1 - Cash E26

Schedule E - Part 2 - Cash Equivalents E27

Schedule E - Part 3 - Special Deposits E28

Schedule E - Verification Between Years SI15

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6.....	36
Schedule S - Part 7.....	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14