



# HEALTH QUARTERLY STATEMENT

AS OF MARCH 31, 2016  
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	Amanda Nethery (Name)		502-580-3026 (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 & Chief Actuary	Kenny Waitem Kan		
<b>OTHER</b>						
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			
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		Donald Hank Robinson, Vice President-Tax			
Joseph Christopher Ventura, Assistant Corporate Secretary	Timothy Alan Wheatley, President, Retail Segment		Ralph Martin Wilson, Vice President			
Tod James Zacharias #, Vice President	Cynthia Hillebrand Zipperle, VP & Chief Accounting Officer					
<b>DIRECTORS OR TRUSTEES</b>						
Bruce Dale Broussard	Brian Andrew Kane		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  
VP & Treasurer

Subscribed and sworn to before me this  
12th day of May, 2016

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, 2019

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.

**ASSETS**

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	102,895,614	0	102,895,614	95,835,117
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 (\$ (930,858), cash equivalents (\$ 31,991,990) and short-term investments (\$ 19,809,656) .....	50,870,788	0	50,870,788	36,306,059
6. Contract loans (including \$ 0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	304,479	0	304,479	304,479
9. Receivables for securities .....	500,000	0	500,000	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) .....	154,570,881	0	154,570,881	132,445,655
13. Title plants less \$ 0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	672,887	0	672,887	701,362
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	2,696,112	219,955	2,476,157	3,363,591
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 (\$ 374,067) and contracts subject to redetermination (\$ 13,430,677) .....	23,325,225	9,520,481	13,804,744	5,400,853
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	3,984,887	0	3,984,887	5,195,858
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 .....	8,920,648	0	8,920,648	7,842,803
18.1 Current federal and foreign income tax recoverable and interest thereon .....	0	0	0	4,068,371
18.2 Net deferred tax asset .....	19,395,199	9,327,045	10,068,154	10,068,154
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	151,223	0	151,223	80,584
21. Furniture and equipment, including health care delivery assets (\$ 0) .....	2,074,892	2,074,892	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 .....	56,127	0	56,127	2,126,834
24. Health care (\$ 6,094,383) and other amounts receivable .....	9,828,944	3,706,468	6,122,476	5,475,478
25. Aggregate write-ins for other than invested assets .....	4,013,802	3,957,926	55,876	55,903
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	229,690,827	28,806,767	200,884,060	176,825,446
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27) .....	229,690,827	28,806,767	200,884,060	176,825,446
<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 .....	3,031,531	3,031,531	0	0
2502. Prepaid Expenses .....	550,959	550,959	0	0
2503. Deposits .....	375,436	375,436	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page .....	55,876	0	55,876	55,903
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above) .....	4,013,802	3,957,926	55,876	55,903

## LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 51,233 reinsurance ceded)	58,772,721	3,966,868	62,739,589	56,026,475
2. Accrued medical incentive pool and bonus amounts	0	0	0	0
3. Unpaid claims adjustment expenses	499,862	0	499,862	431,133
4. Aggregate health policy reserves, including the liability of \$ 0 for medical loss ratio rebate per the Public Health Service Act	29,653,784	0	29,653,784	29,368,439
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	176,113	11,887	188,000	188,000
8. Premiums received in advance	6,336,412	0	6,336,412	6,830,015
9. General expenses due or accrued	18,124,585	0	18,124,585	6,247,445
10.1 Current federal and foreign income tax payable and interest thereon (including \$ 138,238 on realized gains (losses))	3,319,916	0	3,319,916	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable	88,847	0	88,847	386,919
12. Amounts withheld or retained for the account of others	28	0	28	28
13. Remittances and items not allocated	34,367	0	34,367	54,452
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	3,263,830	0	3,263,830	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	4,311,411	0	4,311,411	22,774
23. Aggregate write-ins for other liabilities (including \$ 0 current)	0	0	0	0
24. Total liabilities (Lines 1 to 23)	124,581,876	3,978,755	128,560,631	99,555,680
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	10,559,171
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	137,601,893	137,601,893
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	(65,279,464)	(70,892,298)
32. Less treasury stock, at cost:				
32.1 \$ 0 shares common (value included in Line 26 )	XXX	XXX	0	0
32.2 \$ 0 shares preferred (value included in Line 27 )	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	72,323,429	77,269,766
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	200,884,060	176,825,446
<b>DETAILS OF WRITE-INS</b>				
2301.				
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	0
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year	XXX	XXX	0	10,559,171
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	0	10,559,171
3001.	XXX	XXX		
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	306,044	283,940	1,132,434
2. Net premium income ( including \$ 0 non-health premium income).....	XXX	183,528,624	146,750,110	579,595,573
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(1,820,710)	(148,434)	11,417,447
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	181,707,914	146,601,676	591,013,020
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	8,865,518	122,147,784	104,432,740	439,798,908
10. Other professional services .....	0	3,740,334	2,766,508	10,407,978
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	765,460	6,132,623	5,456,837	23,710,720
13. Prescription drugs .....	0	20,495,475	17,977,215	64,486,135
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	50,322	0	13,033
16. Subtotal (Lines 9 to 15) .....	9,630,978	152,566,538	130,633,300	538,416,774
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	241,931	(869,923)	4,334,563
18. Total hospital and medical (Lines 16 minus 17) .....	9,630,978	152,324,607	131,503,223	534,082,211
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ 6,388,464 cost containment expenses .....	0	7,112,901	5,831,574	24,302,830
21. General administrative expenses .....	0	28,278,602	23,914,540	67,006,803
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only) .....	0	0	0	3,259,000
23. Total underwriting deductions (Lines 18 through 22).....	9,630,978	187,716,110	161,249,337	628,650,844
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(6,008,196)	(14,647,661)	(37,637,824)
25. Net investment income earned .....	0	603,646	721,430	2,849,453
26. Net realized capital gains (losses) less capital gains tax of \$ 138,238 .....	0	256,727	109,266	639,908
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	860,373	830,696	3,489,361
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	(37,077)	287,710	(24)
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	(5,184,900)	(13,529,255)	(34,148,487)
31. Federal and foreign income taxes incurred .....	XXX	3,181,678	(1,293,716)	(6,892,376)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(8,366,578)	(12,235,539)	(27,256,111)
<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 (Loss) .....	0	.6	287,710	(24)
2902. Loss on Disposal .....	0	(37,083)	0	0
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	(37,077)	287,710	(24)

**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.....	77,269,766	63,529,217	63,529,217
34. Net income or (loss) from Line 32 .....	(8,366,578)	(12,235,539)	(27,256,111)
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	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	0	0	17,341,929
39. Change in nonadmitted assets .....	3,420,241	(1,928,151)	(26,178,269)
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	55,000,000
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	(5,167,000)
48. Net change in capital & surplus (Lines 34 to 47) .....	(4,946,337)	(14,163,690)	13,740,549
49. Capital and surplus end of reporting period (Line 33 plus 48)	72,323,429	49,365,527	77,269,766
<b>DETAILS OF WRITE-INS</b>			
4701. 2016 Risk Corridor Impact on Premium Deficiency Reserve .....	0	0	(5,167,000)
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	(5,167,000)

STATEMENT AS OF MARCH 31, 2016 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 .....	175,577,998	140,369,748	583,778,957
2. Net investment income .....	919,997	795,317	3,472,222
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	176,497,995	141,165,065	587,251,179
5. Benefit and loss related payments .....	142,272,578	126,030,951	527,988,708
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 .....	20,271,919	16,406,051	92,127,068
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 344,566 tax on capital gains (losses) .....	(4,068,371)	(2,504,862)	(4,984,301)
10. Total (Lines 5 through 9) .....	158,476,126	139,932,140	615,131,475
11. Net cash from operations (Line 4 minus Line 10) .....	18,021,869	1,232,925	(27,880,296)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	13,261,156	5,702,332	54,519,972
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	161,853
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	11,096	(59)	5,008
12.7 Miscellaneous proceeds .....	3,263,830	2	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	16,536,082	5,702,275	54,686,833
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	20,225,660	6,940,894	69,430,561
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 .....	500,000	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	20,725,660	6,940,894	69,430,561
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) .....	(4,189,578)	(1,238,619)	(14,743,728)
<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	55,000,000
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) .....	732,438	(5,453,366)	(3,801,797)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	732,438	(5,453,366)	51,198,203
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) .....	14,564,729	(5,459,060)	8,574,179
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	36,306,059	27,731,880	27,731,880
19.2 End of period (Line 18 plus Line 19.1) .....	50,870,788	22,272,820	36,306,059

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

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## STATEMENT AS OF MARCH 31, 2016 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	96,567	8,243	44,530	0	0	0	1,154	42,640	0	0
2. First Quarter	102,160	7,297	46,313	0	0	0	982	47,568	0	0
3. Second Quarter	0	0	0	0	0	0	0	0	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	306,044	21,800	138,464	0	0	0	2,961	142,819	0	0
<b>Total Member Ambulatory Encounters for Period:</b>										
7. Physician	309,384	13,394	70,016	0	0	0	2,342	223,632	0	0
8. Non-Physician	164,530	5,690	30,484	0	0	0	1,027	127,329	0	0
9. Total	473,914	19,084	100,500	0	0	0	3,369	350,961	0	0
10. Hospital Patient Days Incurred	37,548	895	2,659	0	0	0	118	33,876	0	0
11. Number of Inpatient Admissions	4,560	155	463	0	0	0	11	3,931	0	0
12. Health Premiums Written (a)	183,642,731	8,027,176	47,379,226	0	0	0	1,407,342	126,828,987	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	181,822,021	6,172,908	47,412,784	0	0	0	1,407,342	126,828,987	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	144,435,343	8,228,884	33,104,326	0	0	0	1,459,527	101,642,606	0	0
18. Amount Incurred for Provision of Health Care Services	152,566,538	5,904,910	33,931,867	0	0	0	1,290,480	111,439,281	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 126,828,987

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.

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

## **Aging Analysis of Unpaid Claims**

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STATEMENT AS OF MARCH 31, 2016 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) .....	13,188,219	27,193,195	2,705,400	15,378,668	15,893,619	18,811,214
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	263,680	1,195,847	162,646	583,210	426,326	844,021
6. Title XVIII - Medicare .....	25,562,010	76,030,275	4,977,519	39,120,146	30,539,529	36,559,240
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) .....	39,013,909	104,419,317	7,845,565	55,082,024	46,859,474	56,214,475
10. Healthcare receivables (a) .....	4,072,119	5,728,731	0	0	4,072,119	11,928,795
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	50,322	0	0	0	0
13. Totals (Lines 9-10+11+12)	34,941,790	98,740,908	7,845,565	55,082,024	42,787,355	44,285,680

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

## STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.

### NOTES TO THE FINANCIAL STATEMENTS

#### 1. Summary of Significant Accounting Policies

##### A. Accounting Practices

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

The Ohio Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently 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	2016	2015
Net Loss				
1. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ (8,366,578)	\$ (27,256,111)	
2. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-	
3. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-	
4. NAIC SAP	OH	\$ (8,366,578)	\$ (27,256,111)	
Surplus				
5. Humana Health Plan of Ohio, Inc. Ohio basis	OH	\$ 72,323,429	\$ 77,269,766	
6. State Prescribed Practices that increase/(decrease) NAIC SAP	OH	-	-	
7. State Permitted Practices that increase/(decrease) NAIC SAP	OH	-	-	
8. NAIC SAP	OH	\$ 72,323,429	\$ 77,269,766	

##### 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. Common stocks are carried at fair value.

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

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

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

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

(5) Not Applicable.

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

(7) Not Applicable.

(8) Not Applicable.

(9) 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. On policies governed by the recently issued guidance in INT 15-01, the anticipated impact of future Risk Corridor Receivables has been recorded as a direct charge to surplus consistent with the required non-admission of these assets in future periods. 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 has not modified its capitalization policy from the prior period.

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.

(14) Not Applicable.

(15) Not Applicable.

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

Not Applicable.

**3. Business Combinations and Goodwill**

**A. Statutory Purchase Method**

Not Applicable.

**B. Statutory Merger**

Not Applicable.

**C. Assumption Reinsurance**

Not Applicable.

**D. Impairment Loss**

Not Applicable.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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 March 31, 2016.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at March 31, 2016:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	(191,955)
2. Twelve Months or Longer	\$	(353,419)

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

1. Less than Twelve Months	\$	12,156,523
2. Twelve Months or Longer	\$	5,820,252

The unrealized losses at March 31, 2016 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 March 31, 2016 OF 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 – excluding FHLB capital stock	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-
j. On deposit with states	769,555	751,881	17,674	769,555	0.33%	0.38%
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>\$ 769,555</b>	<b>\$ 751,881</b>	<b>\$ 17,674</b>	<b>\$ 769,555</b>	<b>0.33%</b>	<b>0.38%</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.

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

Not Applicable.

**K. Structured Notes**

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.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2015.

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. 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, 2015 and 2014 were \$32,962,847 and \$42,067,637, respectively. As a part of this agreement, Humana Inc. 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 Inc. 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 Inc. not be able to fulfill its obligations.

No dividends were paid by the Company as of March 31, 2016.

The Company received a \$10,000,000 capital contribution from Humana, Inc. on February 23, 2016.

At March 31, 2016, the Company reported \$56,127 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.

M. Not Applicable

N. 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, 2015.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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 200 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 Ohio 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 by the Company as of March 31, 2016.

(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) Changes in balances of special surplus funds from the prior year is due to the moratorium of the 2017 Health Insurer Fee.

(10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$0.

(11) Not Applicable.

(12) Not Applicable.

(13) Not Applicable.

14. Liabilities, Contingencies and Assessments

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. Joint and Several Liabilities

Not Applicable.

F. 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 March 31, 2016.

15. Leases

No material change since year-end December 31, 2015.

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.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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 its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of March 31, 2016, the Company has recorded a receivable from CMS of \$8,505,809 related to the cost share and reinsurance components of administered Medicare products and a receivable from HHS of \$414,839 related to the cost share and reinsurance components of administered commercial ACA products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured accident and 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 or other similarly structured cost based reimbursement 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.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at March 31, 2016.

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2015 and March 31, 2016.

(2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2015 and March 31, 2016.

(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 March 31, 2016.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Not Practicable (Carrying Value)
Bonds, short-term investments and cash equivalents	\$ 155,021,498	\$ 154,697,260	\$ 50,722,115	\$ 104,299,383	\$ -	\$ -

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 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. Insurance Linked Securities

Not Applicable

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through May 12, 2016 for the Statutory Statement issued on May 12, 2016.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**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 (  )

(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 (  )

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 (  )

(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 (  )

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 (  )

**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.

The Company estimates accrued retrospective premium adjustments for its Commercial business based on experience to date, knowledge of the marketplace, and the terms of the risk corridors program with HHS.

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

C. The amount of net premiums written by the Company at March 31, 2016 that are subject to retrospective rating features was \$181,707,914, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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	\$ -	\$ 840,817	\$ -	\$ -	\$ 840,817
Medical loss ratio rebates paid	-	883,515	-	-	883,515
Medical loss rebates unpaid	-	33,559	-	-	33,559
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ 33,559
<b>Current Reporting Year-to-date:</b>					
Medical loss ratio rebates incurred	\$ -	\$ (33,599)	\$ -	\$ -	\$ (33,599)
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	-	-	-	-
Plus reinsurance assumed amounts	XXX	XXX	XXX	XXX	-
Less reinsurance ceded amounts	XXX	XXX	XXX	XXX	-
Rebates unpaid net of reinsurance	XXX	XXX	XXX	XXX	\$ -

E. Risk Sharing Provisions of the Affordable Care Act

(1) Did the reporting entity write accident and health insurance premium that is subject to the Affordable Care Act risk-sharing provisions (YES/NO) Yes (X) No ( )

(2) 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	\$ 48,060
Liabilities	2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 25,919
	3. Premium adjustments payable due to ACA Risk Adjustment	\$ 4,347,593
Operations (Revenue & Expenses)	4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (334,498)
	5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 8,000

b. Transitional ACA Reinsurance Program

Assets	1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ 3,984,887
	2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ 51,233
	3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ 910,665
	5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ 39,805
	6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenues & Expenses)	7. Ceded reinsurance premiums due to ACA Reinsurance	\$ 39,805
	8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 241,931
	9. ACA Reinsurance contributions – not reported as ceded premiums	\$ 328,850

c. Temporary ACA Risk Corridors Program

Assets	1. Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenues & Expenses)	3. Effect of ACA Risk Corridors on net premium income	\$ 132,497
	4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ (1,854,269)

(3) ACA Risk Corridor Receivable by Program Year

Risk Corridors Program Year	(A)	(B)	(C)	(D)=(A)-(B)-(C)	(E)	(F)=(D)-(E)
	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non-admissions)	Non-admitted Amount	Net Admitted Asset
2014	\$ 9,268,399	\$ -	\$ 1,136,373	\$ 8,132,026	\$ 8,132,026	\$ -
2015	-	-	-	-	-	-
2016	1,388,455	-	-	1,388,455	1,388,455	-
Total	\$ 10,656,854	\$ -	\$ 1,136,373	\$ 9,520,481	\$ 9,520,481	\$ -

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

(4) Roll-forward of Prior Year ACA Risk-sharing Provisions for the Following Asset (Gross of Any Nonadmission) and Liability Balances, Along with the Reasons for Adjustments to Prior Year Balance.

				Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8	9	10	
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable	48,060		-	48,060		-			48,060	
2. Premium adjustments (payables)		(4,013,095)			(4,013,095)		437,590	A.		(3,575,505)
3. Subtotal ACA Permanent Risk Adjustment Program	48,060	(4,013,095)		48,060	(4,013,095)		437,590		48,060	(3,575,505)
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	5,195,858		2,162,766		3,033,092		911,571	B.	3,944,663	
2. Amounts recoverable for claims unpaid (contra liability)	761,097		-	761,097		(761,097)		C.	-	
3. Amounts receivable relating to uninsured plans										
4. Liabilities for contributions payable due to ACA										
Reinsurance- not reported as ceded premium	(2,012,144)		(1,430,329)		(581,815)					(581,815)
5. Ceded reinsurance premiums payable	(313,974)		(313,974)							
6. Liability for amounts held under uninsured plans										
7. Subtotal ACA Transitional Reinsurance Program	5,956,955	(2,326,118)	2,162,766	(1,744,303)	3,794,189	(581,815)	150,474		3,944,663	(581,815)
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	11,374,750		132,497		11,242,253		(3,110,227)	D.	8,132,026	
2. Reserve for rate credits or policy experience rating refunds										
3. Subtotal ACA Risk Corridors Program	11,374,750		132,497		11,242,253		(3,110,227)		8,132,026	
d. Total for ACA Risk Sharing Provisions	17,379,765	(6,339,213)	2,295,263	(1,744,303)	15,084,502	(4,594,910)	(2,959,753)	437,590	12,124,749	(4,157,320)

Explanation for adjustments

A. Adjusted to updated Wakely analysis used for Risk Adjustments estimates.

B. Adjusted to reflect updated expectations for 2015 and an increase in paid claims.

C. Reinsurance Recoverable in Unpaid Claims reduced to zero as the Company does not expect significant paid claims with Reinsurance after Q1 2016.

D. Adjustments for revised Wakely analysis, change to the estimated tax rate and changes to base earnings reflective of Risk Adjustment and Reinsurance 2014 restatements in 2015.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

(5) Roll-forward of Risk Corridors Asset (Gross of Any Nonadmission) and Liability Balances by Program Year

Risk Corridors Program Year	Accrued as of December 31 of the Prior Reporting Year		Received or Paid as of the Current Period on Business Written for the Risk Corridors Program Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
			1	2	3	4	5	6	7	8	9
	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
2014	Accrued retrospective premium Reserve for rate credits or policy experience rating refunds	8,264,523		132,497		8,132,026				8,132,026	
2015	Accrued retrospective premium Reserve for rate credits or policy experience rating refunds	3,110,227		-		3,110,227		(3,110,227)	A	-	
2016	Accrued retrospective premium Reserve for rate credits or policy experience rating refunds	-		-		-		-	-	-	
	Total for Risk Corridors	11,374,750		132,497		11,242,253		(3,110,227)		8,132,026	

Explanation for adjustments

A. Adjustments for revised Wakely analysis, change to the estimated tax rate and changes to base earnings reflective of Risk Adjustment and Reinsurance 2014 restatements in 2015.

**25. Change in Incurred Claims and Claim Adjustment Expenses**

Reserves as of December 31, 2015 were \$56,749,075. As of March 31, 2016, \$44,337,884 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$7,920,176 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4,491,014 favorable prior-year development since December 31, 2015. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen on Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies.

**26. Intercompany Pooling Arrangements**

Not Applicable.

**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
12/31/2016	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2016	-	-	-	-	-
6/30/2016	-	-	-	-	-
3/31/2016	6,129,260	6,129,260	-	-	-
12/31/2015	5,279,891	5,279,891	5,279,891	-	-
9/30/2015	5,980,791	5,980,791	5,885,302	60,602	-
6/30/2015	5,347,204	5,347,204	5,337,539	-	-
3/31/2015	4,549,880	4,549,880	4,548,438	-	1,442
12/31/2014	2,965,565	2,965,565	2,901,843	58,869	4,853
9/30/2014	2,735,582	2,735,582	2,721,833	-	13,749
6/30/2014	2,869,234	2,869,234	2,822,085	1,081	46,068
3/31/2014	2,195,560	2,195,560	1,996,280	85,223	114,057

B. Risk Sharing Receivables

No material change since year-end December 31, 2015.

**STATEMENT AS OF March 31, 2016 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

**29. Participating Policies**

The Company has no participating policies.

**30. Premium Deficiency Reserves**

1. Liability carried for premium deficiency reserves	\$ 25,012,000
2. Date of the most recent evaluation of this liability	December 31, 2015
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 0.30%.

**31. Anticipated Salvage and Subrogation**

Not Applicable.

STATEMENT AS OF MARCH 31, 2016 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. ..... 12/31/2015

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). ..... 04/16/2012

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 MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.  
**GENERAL INTERROGATORIES**

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

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

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

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).  
 Revised based on general policy and regulatory changes

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

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

**FINANCIAL**

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

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: ..... \$ .56,127

**INVESTMENT**

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) ..... Yes [ ] No [ X ]

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

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

14.2 If yes, please complete the following:

	1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
14.21 Bonds .....	\$ 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 [ X ]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? ..... Yes [ ] No [ ]  
 If no, attach a description with this statement.

STATEMENT AS OF MARCH 31, 2016 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 Central Registration Depository	2 Name(s)	3 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 Investment Analysis 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 .....	87.3 %
1.2 A&H cost containment percent .....	3.5 %
1.3 A&H expense percent excluding cost containment expenses .....	16.0 %

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 MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.

## **SCHEDULE S - CEDED REINSURANCE**

Showing All New Reinsurance Treaties - Current Year to Date

# **NONE**

**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	0	25,344,204	0	0	0	25,344,204	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	55,406,402	101,484,783	0	1,407,342	0	158,298,527	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	55,406,402	126,828,987	0	1,407,342	0	183,642,731	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0
61. Totals (Direct Business)	(a)	3	55,406,402	126,828,987	0	1,407,342	0	183,642,731	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

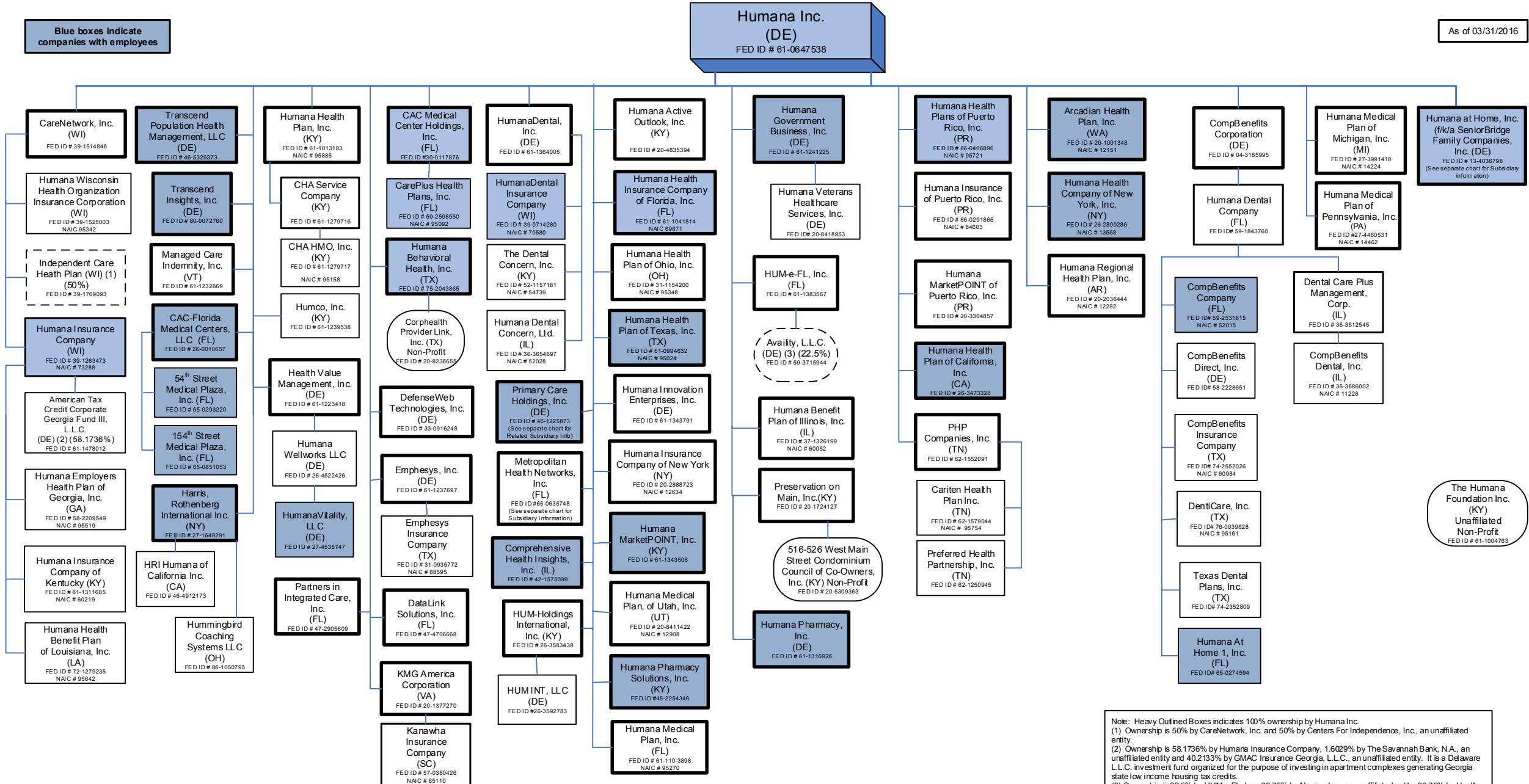
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

**STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.**

Blue boxes indicate companies with employees

As of 03/31/2016



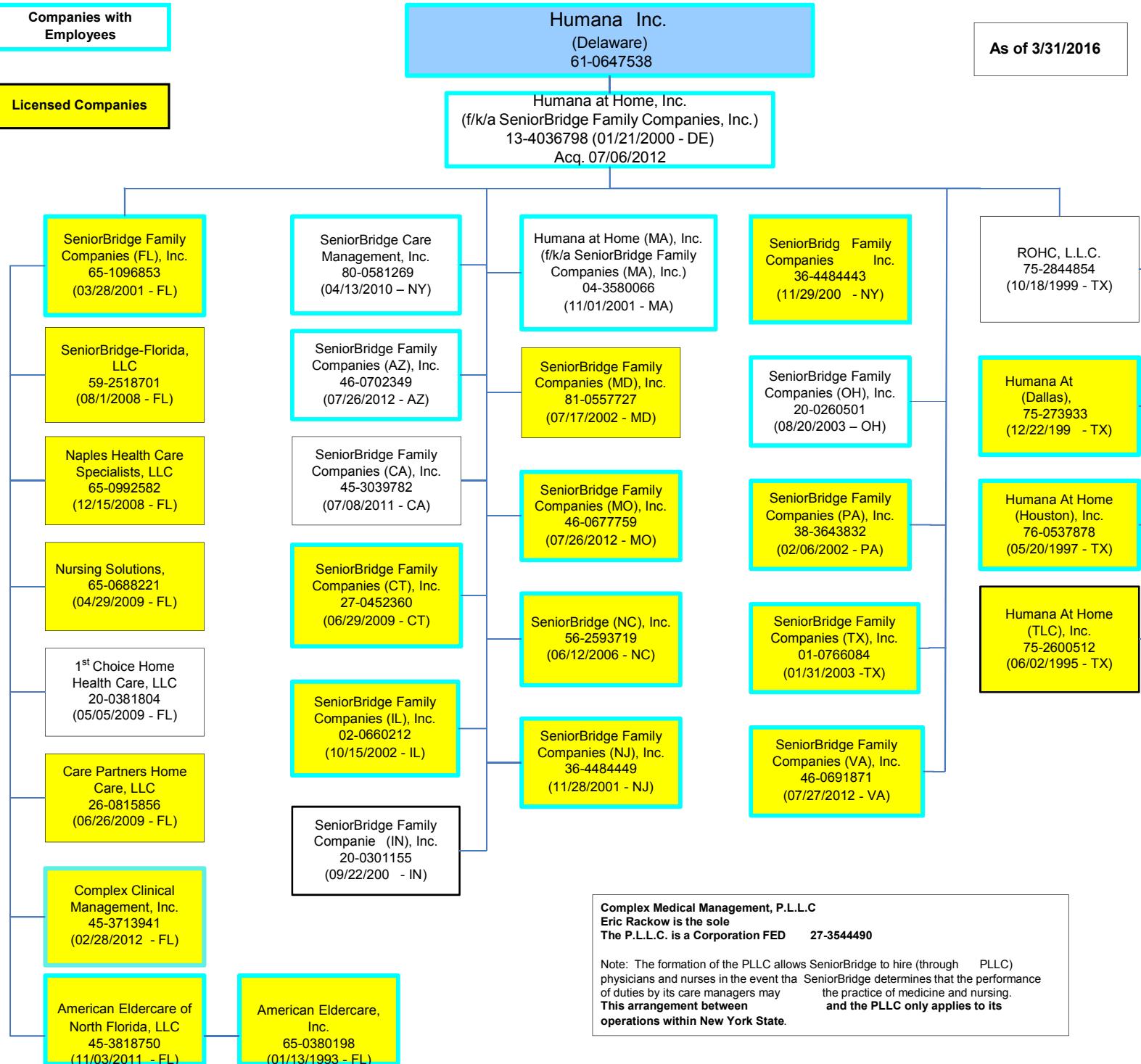
Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.

**Note:** Heavy Outlined Boxes indicates 100% ownership by Humana Inc.  
(1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.

(2) Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an Unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia short-term financing credits.

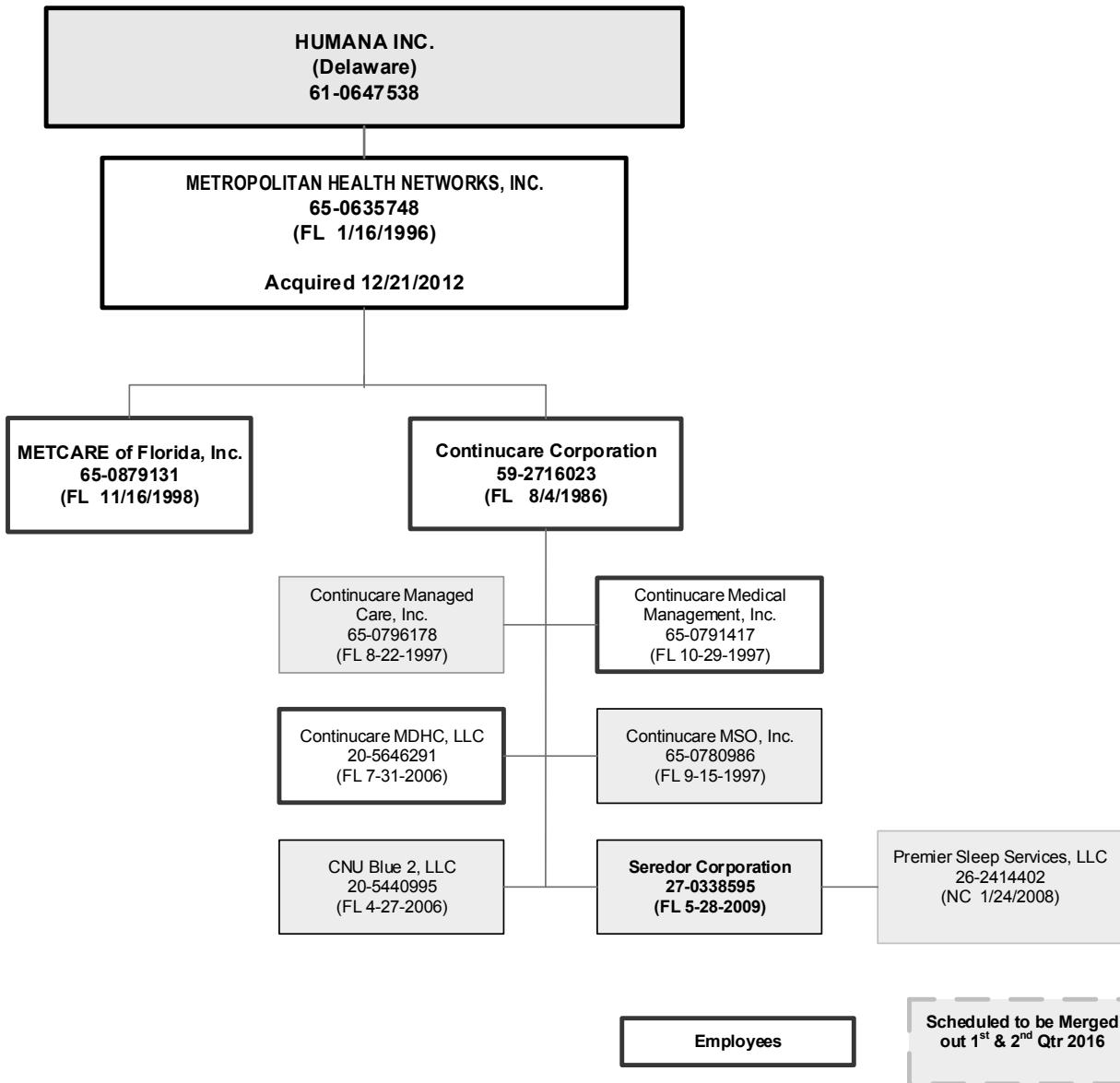
(3) Ownership is 22.5% by HUM-e-FL, Inc., 33.75% by Navigy, Inc., an unaffiliated entity, 33.75% by Health Care Service Corporation, an unaffiliated entity and 10% by Sellmore, Inc., an unaffiliated entity.

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.



As of 03-31-2016

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.



## STATEMENT AS OF MARCH 31, 2016 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 515-526 W MainSt Condo Council of Co-Owners	FL	NIA		Ownership	100.000	Humana Inc.	0
..0119	Humana Inc.	00000	20-5309363					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	59-3715944				Availability, 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	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	CAC Medical Center 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				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.	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	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				CorHealth Provider Link, Inc.	TX	IA	CorHealth, 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				DefenselWeb 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	20-483594				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	04-358066				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

## STATEMENT AS OF MARCH 31, 2016 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	Domesticiliary 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		100.00	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.	52028	36-3654697			Humana Dental Concern, Ltd.		..IL	.IA	HumanaDental, Inc.	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	Humana 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			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	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
..0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.		..AR	.IA	Humana Inc.	Ownership		100.00	Humana Inc.	0
..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.	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	.NIA	HumanaWellworks LLC	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	61-1239538			Humco, Inc.		..KY	.NIA	Humana 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	Humana Behavioral Health, Inc.	Ownership		100.00	Humana Inc.	0
..0119	Humana Inc.	00000	39-1769093			Independent Care Health Plan		..WI	OTH	See Footnote 2	Other		100.00	Humana Inc.	2
..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	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	65-0688221			Nursing Solutions, LLC		..FL	.NIA	SeniorBridge Family Companies (FL), Inc.	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

## STATEMENT AS OF MARCH 31, 2016 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	20-1724127			Preservation on Main, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-1225873			Primary Care Holdings, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	75-2844854			ROHC, L.L.C.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	56-2593719			SeniorBridge (NC), Inc.		NC	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	80-0581269			SeniorBridge Care Management, Inc.		NY	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-0702349			SeniorBridge Family Companies (AZ), Inc.		AZ	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	45-3039782			SeniorBridge Family Companies (CA), Inc.		CA	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	27-0452360			SeniorBridge Family Companies (CT), Inc.		CT	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	65-1096853			SeniorBridge Family Companies (FL), Inc.		FL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	02-0660212			SeniorBridge Family Companies (IL), Inc.		IL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-0301155			SeniorBridge Family Companies (IN), Inc.		IN	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	81-0557727			SeniorBridge Family Companies (MD), Inc.		MD	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-0677759			SeniorBridge Family Companies (MO), Inc.		MO	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	36-4484449			SeniorBridge Family Companies (NJ), Inc.		NJ	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	36-4484443			SeniorBridge Family Companies (NY), Inc.		NY	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	20-0260501			SeniorBridge Family Companies (OH), Inc.		OH	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	38-3643832			SeniorBridge Family Companies (PA), Inc.		PA	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	01-0766084			SeniorBridge Family Companies (TX), Inc.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-0691871			SeniorBridge Family Companies (VA), Inc.		VA	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.	0
						SeniorBridge Family Companies (FL), Inc.								
..0119	Humana Inc.	00000	59-2518701			SeniorBridge-Florida, LLC		FL	NIA		Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	27-0338595			Seredor Corporation		FL	NIA	Continucare Corporation	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	74-2352809			Texas Dental Plans, Inc.		TX	NIA	Humana Dental Company	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.		KY	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	75-2600512			Humana at Home (TLC), Inc.		TX	NIA	ROHC, L.L.C.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	80-0072760			Transcend Insights, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.	0
..0119	Humana Inc.	00000	46-5329373			Transcend Population Health Management, LLC		DE	NIA	Humana Inc.	Ownership	100.00	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 For Independence, Inc. owns the other 50%.
3	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.

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

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Assets Line 25

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
2504. Federal Contingency Reserves .....	55,876	0	55,876	55,903
2597. Summary of remaining write-ins for Line 25 from overflow page	55,876	0	55,876	55,903

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.

**SCHEDULE A - VERIFICATION**

Real Estate

	1 Year to Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
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 .....	304,479	466,332
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	161,853
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) .....	304,479	304,479
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	304,479	304,479

**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 .....	95,835,117	80,671,315
2. Cost of bonds and stocks acquired .....	20,225,660	69,430,561
3. Accrual of discount .....	1,458	15,630
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	383,869	979,466
6. Deduct consideration for bonds and stocks disposed of .....	13,261,156	54,519,972
7. Deduct amortization of premium .....	289,334	741,883
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) .....	102,895,614	95,835,117
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11) .....	102,895,614	95,835,117

## STATEMENT AS OF MARCH 31, 2016 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) .....	112,766,840	360,404,502	324,715,894	(292,881)	148,162,567	0	0	112,766,840
2. NAIC 2 (a) .....	8,999,939	245,066	2,708,685	(1,627)	6,534,693	0	0	8,999,939
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
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 .....	121,766,779	360,649,568	327,424,579	(294,508)	154,697,260	0	0	121,766,779
<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 .....	121,766,779	360,649,568	327,424,579	(294,508)	154,697,260	0	0	121,766,779

(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 \$ .....51,801,646 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 ;

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

SI02

**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	19,809,656	XXX	19,835,015	12,381	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 .....	5,933,695	3,303,094
2. Cost of short-term investments acquired .....	193,444,718	686,715,789
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 .....	179,558,387	684,070,198
7. Deduct amortization of premium .....	10,370	14,990
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) .....	19,809,656	5,933,695
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	19,809,656	5,933,695

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**

**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 .....	19,997,967	0
2. Cost of cash equivalents acquired .....	146,979,190	378,987,846
3. Accrual of discount .....	3,737	4,157
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	11,096	5,008
6. Deduct consideration received on disposals .....	135,000,000	358,999,044
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) .....	31,991,990	19,997,967
11. Deduct total nonadmitted amounts .....	0	0
<b>12. Statement value at end of current period (Line 10 minus Line 11)</b>	<b>31,991,990</b>	<b>19,997,967</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 and Additions Made  
**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 and Additions Made  
**N O N E**

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

## STATEMENT AS OF MARCH 31, 2016 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)
313468-NT-2	FEDERAL HOME LOAN MTG CO	AGCY FTST	.03/07/2016	CANTOR FITZGERALD	.599,700	.600,000			1FE
313560-J2-0	FED NTL MTG ASSO	AGCY FTST	.02/09/2016	CITIGROUP GLOBAL MARKETS INC	1,003,609	1,000,000	.191		1FE
313560-TQ-6	FED NTL MTG ASSO	AGCY FTST	.03/01/2016	GOLDMAN SACHS	924,908	.925,000	1,315		1FE
912828-QG-8	UNITED STATES TREASURY	GOVERNMENT	.02/23/2016	BARCLAYS CAPITAL	520,059	.500,000	.4,183		1...
<b>0599999. Subtotal - Bonds - U.S. Governments</b>						<b>3,048,276</b>	<b>3,025,000</b>	<b>5,689</b>	<b>XXX</b>
010411-AH-9	ALABAMA ST	MUNI	.01/05/2016	MORGAN STANLEY	941,708	.750,000			16,354
100853-VY-3	BOSTON MASS	MUNI	.03/09/2016	CITIGROUP GLOBAL MARKETS INC	191,921	.150,000			1FE
419792-HL-3	HAIIWAI'I ST	MUNI	.03/16/2016	MERRILL LYNCH, PIERCE, FENNER & SM	217,540	.195,000			1FE
419792-HM-1	HAIIWAI'I ST	MUNI	.03/16/2016	MERRILL LYNCH, PIERCE, FENNER & SM	309,712	.270,000			1FE
419792-HN-9	HAIIWAI'I ST	MUNI	.03/16/2016	MERRILL LYNCH, PIERCE, FENNER & SM	387,638	.330,000			1FE
646066-RD-4	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.85,612	.70,000			1FE
650010-AD-3	NY STATE TWI AUTHORITY	MUNI	.02/08/2016	MERRILL LYNCH, PIERCE, FENNER & SM	757,495	.670,000			3,722
658256-R2-0	NORTH CAROLINA ST	MUNI	.02/10/2016	WELLS FARGO	147,700	.130,000			1,517
658256-Z2-1	NORTH CAROLINA ST	MUNI	.03/16/2016	MORGAN STANLEY	471,249	.380,000			1FE
658256-Z4-7	NORTH CAROLINA ST	MUNI	.02/24/2016	MORGAN STANLEY	206,333	.160,000			1FE
658256-Z5-4	NORTH CAROLINA ST	MUNI	.02/24/2016	MORGAN STANLEY	208,671	.160,000			1FE
677522-HS-6	OHIO ST	MUNI	.02/26/2016	RBC DOMINION SECURITIES CORP.	437,740	.355,000			1FE
677522-HT-4	OHIO ST	MUNI	.02/26/2016	RBC DOMINION SECURITIES CORP.	443,107	.355,000			1FE
677522-HU-1	OHIO ST	MUNI	.02/26/2016	RBC DOMINION SECURITIES CORP.	201,790	.160,000			1FE
882723-SL-4	TEXAS ST	MUNI	.01/19/2016	MERRILL LYNCH, PIERCE, FENNER & SM	217,188	.180,000			2,775
97705M-DG-7	WISC ST FOR ISSUES DTD PR	MUNI	.02/25/2016	MERRILL LYNCH, PIERCE, FENNER & SM	543,593	.455,000			1FE
986438-MC-0	YORK CNTY SC	MUNI	.02/19/2016	CITIGROUP GLOBAL MARKETS INC	150,018	.120,000			1FE
<b>1799999. Subtotal - Bonds - U.S. States, Territories and Possessions</b>						<b>5,919,015</b>	<b>4,890,000</b>	<b>25,001</b>	<b>XXX</b>
008770-PQ-6	A1KEN CNTY SC CONS SCH DIST	MUNI	.03/15/2016	JEFFERIES	458,558	.390,000			1FE
008770-PR-4	A1KEN CNTY SC CONS SCH DIST	MUNI	.03/15/2016	JEFFERIES	179,937	.150,000			1FE
13063C-ZR-4	CALIFORNIA ST FOR PREVIOUS ISSUE		.03/10/2016	CITIGROUP GLOBAL MARKETS INC	223,394	.180,000			1FE
180848-QJ-5	CLARK CNTY NEV FOR ISSUES DTD MUNI		.02/18/2016	CITIGROUP GLOBAL MARKETS INC	183,164	.155,000			1FE
3138AU-RL-3	FED NTL MTG ASSO	FNMA	.01/04/2016	BARCLAYS CAPITAL	139,768	.132,600			232
3138EP-WL-4	FED NTL MTG ASSO	FNMA	.02/18/2016	J.P. MORGAN	269,474	.251,313			614
3138EP-D2-5	FED NTL MTG ASSO	FNMA	.03/30/2016	MERRILL LYNCH, PIERCE, FENNER & SM	1,321,798	.1,258,293			3,146
3138EQ-HM-7	FED NTL MTG ASSO	FNMA	.03/30/2016	MERRILL LYNCH, PIERCE, FENNER & SM	496,036	.472,204			1,181
3138EQ-PF-3	FED NTL MTG ASSO	FNMA	.01/04/2016	MORGAN STANLEY	502,047	.476,685			.834
3138EQ-VQ-2	FED NTL MTG ASSO	FNMA	.02/18/2016	BARCLAYS CAPITAL	802,596	.748,287			1,829
3138YI-DY-0	FED NTL MTG ASSO	FNMA	.01/04/2016	MORGAN STANLEY	100,804	.95,684			.167
3140E2-RB-6	FED NTL MTG ASSO	FNMA	.03/30/2016	CITIGROUP GLOBAL MARKETS INC	282,932	.269,299			.673
517845-AW-3	LAS VEGAS VY NEV WTR DIST FOR MUNI		.03/11/2016	CITIGROUP GLOBAL MARKETS INC	.352,830	.305,000			1FE
575831-CN-0	MASSACHUSETTS ST COLLEGE BLDG CORPORATE		.02/25/2016	MERRILL LYNCH, PIERCE, FENNER & SM	196,513	.165,000			138
646066-QV-5	NEW JERSEY ST EDL FACS AUTH RE		.03/09/2016	GOLDMAN SACHS	.99,261	.80,000			1FE
646066-QW-3	NEW JERSEY ST EDL FACS AUTH RE		.03/09/2016	GOLDMAN SACHS	245,294	.195,000			1FE
646066-OX-1	NEW JERSEY ST EDL FACS AUTH RE		.03/09/2016	GOLDMAN SACHS	.89,122	.70,000			1FE
646066-OZ-2	NEW JERSEY ST EDL FACS AUTH RE		.03/09/2016	GOLDMAN SACHS	102,033	.80,000			1FE
646066-RB-8	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.81,591	.70,000			1FE
646066-RC-6	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.77,760	.65,000			1FE
646066-RE-2	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.74,585	.60,000			1FE
646066-RG-7	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.146,864	.115,000			1FE
646066-RH-5	NEW JERSEY ST EDL FACS AUTH RE		.03/17/2016	CITIGROUP GLOBAL MARKETS INC	.38,809	.30,000			1FE
64990E-EV-5	NEW YORK ST DORM AUTH REV'S	MUNI	.01/29/2016	WELLS FARGO	1,192,400	1,000,000			19,167
67765Q-BX-3	OHIO STATE WATER DEVELOP AUTH MUNI		.03/10/2016	SAMUEL A RAMIREZ & CO	110,306	.90,000			1FE
68428T-CQ-8	ORANGE CNTY CALIF SANTN WASTE//		.03/03/2016	BARCLAYS CAPITAL	.158,054	.130,000			1FE
68428T-CR-6	ORANGE CNTY CALIF SANTN WASTE//		.03/03/2016	BARCLAYS CAPITAL	.187,696	.155,000			1FE
68607V-N6-8	OREGON ST DEPT ADMINISTRATIVE MUNI		.02/10/2016	WELLS FARGO	.114,676	.95,000			1,781
736742-WL-7	PORTLAND OREGAN SWR SYS REV	MUNI	.01/28/2016	WELLS FARGO	.498,564	.415,000			3,515
833221-IH-3	SNOHOMISH CNTY WASH SCH DIST	MUNI	.02/26/2016	CITIGROUP GLOBAL MARKETS INC	.310,650	.250,000			1FE
91412G-YR-0	UNIVERSITY CALIF REV'S FOR PREV		.01/05/2016	CITIGROUP GLOBAL MARKETS INC	.603,655	.500,000			3,681
914402-3P-5	UNIVERSITY MD SYS AUXILIARY FA		.02/26/2016	CITIGROUP GLOBAL MARKETS INC	.165,034	.130,000			.253
914402-3Q-3	UNIVERSITY MD SYS AUXILIARY FA		.02/26/2016	CITIGROUP GLOBAL MARKETS INC	.144,916	.115,000			.224
914402-4H-2	UNIVERSITY MD SYS AUXILIARY FA		.02/26/2016	CITIGROUP GLOBAL MARKETS INC	.145,920	.115,000			.224
92817T-GB-6	VIRGINIA ST PUB SCH AUTH SPL 0		.03/30/2016	WELLS FARGO	.79,110	.65,000			1FE
92817T-GC-4	VIRGINIA ST PUB SCH AUTH SPL 0		.03/30/2016	WELLS FARGO	.74,302	.60,000			1FE
92817T-GD-2	VIRGINIA ST PUB SCH AUTH SPL 0		.03/30/2016	WELLS FARGO	.163,272	.130,000			1FE
95737T-CD-6	WESTCHESTER CNTY NY LOC DEV C MUNI		.03/24/2016	VARIOUS	.245,064	.220,000			2FE

## STATEMENT AS OF MARCH 31, 2016 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)
3199999. Subtotal - Bonds - U.S. Special Revenues					10,658,789	9,284,365	37,659	XXX	
780082-AE-3 ..... ROYAL BANK OF CANADA CORPORATE .....	03/14/2016			RBC CAPITAL MARKETS .....	599,580	600,000	0	1FE .....	
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					599,580	600,000	0	XXX	
8399997. Total - Bonds - Part 3					20,225,660	17,799,365	68,349	XXX	
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	
8399999. Total - Bonds					20,225,660	17,799,365	68,349	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					20,225,660	XXX	68,349	XXX	

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

## STATEMENT AS OF MARCH 31, 2016 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 Date	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								
..36179R-LP-2	GOVERNMENT NATIONAL MORTGAGE GNMA		02/29/2016	VARIOUS		952,048	.907,570	.947,454	.947,125	0	-(800)	0	-(800)	0	.946,325	0	.5,723	.5,723	.7,093	08/01/2045	1	
..36183W-5Y-4	FED NTL MTG ASSO		03/01/2016	FNMA		19,123	.19,123	.20,270	.19,134	0	-(10)	0	-(10)	0	.19,123	0	0	0	.142	01/01/2030	1	
..912628-QJ-2	US TREASURY N/B	GOVERNMENT	02/29/2016			500,000	.500,000	.518,478	.501,211	0	-(1,211)	0	-(1,211)	0	.500,000	0	0	0	0	02/29/2016	1	
05999999.	<b>Subtotal - Bonds - U.S. Governments</b>					1,471,171	1,426,693	1,486,202	1,467,470	0	(2,021)	0	(2,021)	0	1,465,448	0	5,723	5,723	7,235	XXX	XXX	
..13063C-WT-3	CALIFORNIA ST FOR PREVIOUS ISSUE		03/18/2016	MORGAN STANLEY		.140,380	.135,000	.133,492	.133,509	0	.30	0	.30	0	.133,539	0	6,841	6,841	1,575	12/01/2035	1FE	
..57583P-GD-5	MASSACHUSETTS ST FED HIY	MUNI	02/02/2016	JEFFERIES		200,987	.160,000	.192,438	.191,122	0	-(317)	0	-(317)	0	.190,805	0	10,182	10,182	1,111	06/15/2026	1FE	
..837147-E4-5	S CAROLINA ST PUBLIC SERVICE	MUNI	01/04/2016	CALLED SECURITY at		100,000	.225,000	.250,214	.230,110	0	-(5,110)	0	-(5,110)	0	.225,000	0	0	0	.5,906	01/01/2018	1FE	
17999999.	<b>Subtotal - Bonds - U.S. States, Territories and Possessions</b>					566,367	520,000	576,144	554,741	0	(5,397)	0	(5,397)	0	549,344	0	17,023	17,023	8,592	XXX	XXX	
..181059-TD-8	CLARK CNTY NEV SCH DIST	MUNI	03/18/2016	MERRILL LYNCH, PIERCE, FENNER & SMI		.615,000	.500,000	.591,045	.590,205	0	-(1,794)	0	-(1,794)	0	.588,411	0	26,589	26,589	.8,333	06/15/2027	1FE	
..30382A-CE-0	FAIRFAX CNTY VA	MUNI	03/23/2016	MERRILL LYNCH, PIERCE, FENNER & SMI		305,880	.250,000	.308,928	.300,797	0	-(1,728)	0	-(1,728)	0	.299,069	0	6,811	6,811	.6,181	10/01/2022	1FE	
24999999.	<b>Subtotal - Bonds - U.S. Political Subdivisions of States, Territories and Possessions</b>					920,880	750,000	899,973	891,002	0	(3,522)	0	(3,522)	0	887,480	0	33,400	33,400	14,514	XXX	XXX	
..31280V-X2-4	FG D92497 - 20 YEAR		03/01/2016	MBS PAYDOWN		.508	.508	.511	.508	0	0	0	0	.508	0	0	0	0	.6	09/01/2018	1	
..3128M8-RT-3	FGOLD 30YR GIANY	FHLMC	03/01/2016	MBS PAYDOWN		.4,372	.4,372	.4,695	.4,376	0	-(4)	0	-(4)	0	.4,372	0	0	0	0	.27	04/01/2041	1
..3132GK-Z0-2	FGOLD 30 YR	FHLMC	03/01/2016	MBS PAYDOWN		.3,152	.3,152	.3,386	.3,155	0	-(3)	0	-(3)	0	.3,152	0	0	0	0	.20	11/01/2041	1
..3132GU-KH-6	FEDERAL HOME LOAN MTG CO	FHLMC	03/01/2016	MBS PAYDOWN		.20,194	.20,194	.21,356	.20,207	0	-(13)	0	-(13)	0	.20,194	0	0	0	0	.118	06/01/2042	1
..3133HJ-HL-0	FG C90235 - 20 YEAR		03/01/2016	MBS PAYDOWN		.1,439	.1,439	.1,446	.1,439	0	0	0	0	.1,439	0	0	0	0	.17	10/01/2018	1	
..31371K-NX-5	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.4,492	.4,492	.4,649	.4,495	0	-(3)	0	-(3)	0	.4,492	0	0	0	0	.42	05/01/2017	1
..3138AU-RL-3	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.3,697	.3,697	.3,897	.3,897	0	0	0	0	.3,697	0	0	0	0	.18	10/01/2026	1	
..3138EK-GU-3	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.3,108	.3,108	.3,378	.3,110	0	-(2)	0	-(2)	0	.3,108	0	0	0	0	.20	03/01/2042	1
..3138EP-AH-7	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.49,135	.49,135	.53,327	.49,234	0	-(99)	0	-(99)	0	.49,135	0	0	0	0	.333	02/01/2045	1
..3138EP-LC-6	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.30,222	.32,847	.30,272	.30,272	0	-(50)	0	-(50)	0	.30,222	0	0	0	0	.236	01/01/2043	1
..3138EP-S4-7	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.16,976	.16,976	.18,109	.16,994	0	-(18)	0	-(18)	0	.16,976	0	0	0	0	.118	07/01/2045	1
..3138EP-TZ-7	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.57,009	.57,009	.59,648	.57,048	0	-(40)	0	-(40)	0	.57,009	0	0	0	0	.276	06/01/2030	1
..3138EP-IL-4	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.4,454	.4,454	.4,776	.4,776	0	0	0	0	.4,454	0	0	0	0	.15	12/01/2042	1	
..3138E0-CS-9	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.18,189	.18,189	.19,073	.18,202	0	-(13)	0	-(13)	0	.18,189	0	0	0	0	.85	09/01/2030	1
..3138E0-HY-1	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.4,438	.4,438	.4,733	.4,440	0	-(2)	0	-(2)	0	.4,438	0	0	0	0	.37	10/01/2045	1
..3138E0-PF-3	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.11,643	.11,643	.12,262	.12,262	0	-(5)	0	-(5)	0	.11,643	0	0	0	0	.60	03/01/2030	1
..3138E0-V0-2	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.9,730	.9,730	.10,436	.10,436	0	0	0	0	.9,730	0	0	0	0	.32	07/01/2043	1	
..3138LV-CV-3	FED NTL MTG ASSO	30YR	03/01/2016	MBS PAYDOWN		.65,928	.65,928	.69,688	.65,983	0	-(55)	0	-(55)	0	.65,928	0	0	0	0	.433	06/01/2042	1
..3138BLW-TP-6	FED NTL MTG ASSO	30YR	03/01/2016	MBS PAYDOWN		.3,626	.3,626	.3,834	.3,627	0	-(1)	0	-(1)	0	.3,626	0	0	0	0	.21	06/01/2042	1
..3138M0-SE-1	FED NTL MTG ASSO	FNMA 30YR	03/01/2016	MBS PAYDOWN		.49,091	.49,091	.51,903	.49,119	0	-(28)	0	-(28)	0	.49,091	0	0	0	0	.211	07/01/2042	1
..3138W1-4Q-2	FED NTL MTG ASSO	30YR	03/01/2016	MBS PAYDOWN		.68,486	.68,486	.70,900	.68,509	0	-(23)	0	-(23)	0	.68,486	0	0	0	0	.318	03/01/2043	1
..3138W9-KQ-2	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.951	.951	.951	.951	0	0	0	0	.951	0	0	0	0	.4	08/01/2043	1	
..3138WJ-DX-4	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.1,570	.1,570	.1,621	.1,571	0	-(1)	0	-(1)	0	.1,570	0	0	0	0	.7	02/01/2030	1
..3138WE-AC-3	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.94,730	.94,730	.99,452	.94,801	0	-(71)	0	-(71)	0	.94,730	0	0	0	0	.452	03/01/2030	1
..3138WE-AJ-8	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.6,232	.6,232	.6,538	.6,236	0	-(4)	0	-(4)	0	.6,232	0	0	0	0	.31	02/01/2030	1
..3138WE-AM-1	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.8,760	.8,760	.9,197	.8,765	0	-(5)	0	-(5)	0	.8,760	0	0	0	0	.44	02/01/2030	1
..3138WE-CQ-0	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.21,921	.21,921	.23,737	.21,937	0	-(16)	0	-(16)	0	.21,921	0	0	0	0	.143	03/01/2045	1
..3138WE-H4-4	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.22,345	.22,345	.23,354	.22,354	0	-(8)	0	-(8)	0	.22,345	0	0	0	0	.82	04/01/2030	1
..3138WF-4F-0	FED NTL MTG ASSO	FNMA	03/01/2016	MBS PAYDOWN		.4,050	.4,050	.4,322	.4,052	0	-(2)	0	-(2)	0	.4,050	0	0	0	0	.23	11/01/2045	1
..3138WF-Y9-1	FED NTL MTG ASSO	FNMA	03/16/2016	VARIOUS		.658,957	.615,392	.656,835	.656,788</													

## STATEMENT AS OF MARCH 31, 2016 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 Value at Disposal Date	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							
.0258M0-DT-3	AMERICAN EXPRESS CO	CORPORATE	.02/17/2016	JEFFERIES	317,760	320,000	319,686	319,718	0	6	0	6	0	319,725	0	(1,985)	(1,985)	1,816	.05/26/2020	1FE	
.029912-BC-5	AMERICAN TOWER CORP	CORPORATE	.01/29/2016	SUNTRUST ROBINSON	201,931	188,000	187,774	187,871	0	7	0	7	0	187,878	0	14,053	14,053	4,009	.09/01/2020	2FE	
.05348E-AU-3	AVALONBAY COMMUNITIES INC	CORPORATE	.03/17/2016	UBS SECURITIES	297,093	290,000	287,828	288,023	0	42	0	.42	0	288,065	0	9,028	9,028	3,581	.11/15/2024	2FE	
.05946X-BV-4	BANK OF AMERICA FDG CO 2003-1		.03/21/2016	CALLED SECURITY at	100,000	.94	.94	.96	0	(2)	0	(2)	0	.94	0	0	0	.1	.05/20/2033	1FE	
.07388R-AF-4	BEAR STEARNS CO.	CMBs	.03/11/2016	VARIOUS	300	300	332	321	0	(21)	0	(21)	0	300	0	0	0	3	.02/01/2044	1FM	
.12513Y-AF-9	CITI GROUP/DEUTSCHE BANK COMMERCIAL MOR.		.03/11/2016	VARIOUS	123,495	123,495	140,446	139,382	0	(15,887)	0	(15,887)	0	123,495	0	0	0	593	.12/01/2049	1FM	
.12650Y-AA-1	CSMC 15-GLPB	CMBs	.02/12/2016	(USA) LLC	521,836	500,000	515,000	514,951	0	(255)	0	(255)	0	514,696	0	7,140	7,140	3,892	.11/01/2034	1FE	
.17856E-AC-9	CITY NATIONAL CORPORATION	CORPORATE	.01/21/2016	KEY CAPITAL MARKETS	55,478	50,000	49,869	49,926	0	2	0	2	0	49,928	0	5,551	5,551	.955	.09/15/2020	1FE	
.20173W-AA-5	CMLT	CMBs	.03/10/2016	VARIOUS	7,926	7,926	9,001	8,408	0	(482)	0	(482)	0	7,926	0	0	0	.79	.12/01/2049	1FM	
.25468P-DF-0	THE WALT DISNEY COMPANY	CORPORATE	.03/16/2016	GOLDMAN SACHS	309,962	295,000	294,298	294,306	0	22	0	22	0	294,328	0	15,635	15,635	4,750	.09/17/2025	1FE	
.26442U-AA-2	DUKE ENERGY PROGRESS INC	CORPORATE	.01/21/2016	WELLS FARGO	446,516	440,000	438,658	438,688	0	14	0	14	0	438,702	0	7,814	7,814	6,475	.08/15/2025	1FE	
.375558-BF-9	GILEAD SCIENCES INC	CORPORATE	.01/21/2016	J.P. MORGAN	81,407	80,000	79,677	79,681	0	2	0	2	0	79,684	0	1,724	1,724	1,071	.03/01/2026	1FE	
.38141G-FM-2	GOLDMAN SACHS & CO	CORPORATE	.02/01/2016	STIFEL NICOLAUS AND CO	1,406,470	1,300,000	1,306,526	1,301,709	0	(51)	0	(51)	0	1,301,658	0	104,812	104,812	27,316	.04/01/2018	1FE	
.46625H-JX-9	JP MORGAN CHASE	CORPORATE	.03/16/2016	VARIOUS	511,593	500,000	505,825	505,724	0	(110)	0	(110)	0	505,715	0	5,877	5,877	5,639	.05/13/2024	1FE	
.46629G-AE-8	JP MORGAN COM MTG 2006-CIBC16		.03/14/2016	VARIOUS	11,674	11,674	11,732	11,682	0	(7)	0	(7)	0	11,674	0	0	0	.116	.05/01/2045	1FM	
.46632H-AG-6	JPMCC_07-LD12	CMBs	.03/15/2016	CALLED SECURITY at	100,000	.235	.235	.266	0	(32)	0	(32)	0	.235	0	0	0	.3	.02/01/2051	1FM	
.50180J-AD-7	LBUBS 07-C2	CMBs	.03/17/2016	CALLED SECURITY at	100,000	.228	.228	.248	0	(19)	0	(19)	0	.228	0	0	0	.2	.02/15/2040	1FM	
.60687V-AF-2	MLCFC_06-3	CMBs	.03/14/2016	VARIOUS	12,525	12,525	13,809	13,756	0	(1,231)	0	(1,231)	0	12,525	0	0	0	.154	.07/01/2046	1FM	
.615369-AA-3	MOODY CORPORATION	CORPORATE	.01/28/2016	VARIOUS	639,265	575,000	571,401	573,038	0	.45	0	.45	0	573,083	0	66,183	66,183	13,032	.09/01/2020	2FE	
.61751N-AB-8	MSC_07-HQ11		.03/14/2016	CALLED SECURITY at	435	435	476	462	0	(27)	0	(27)	0	435	0	0	0	.4	.02/01/2044	1FM	
.61756U-AE-1	MSC-99	CMBs	.03/14/2016	CALLED SECURITY at	100,000	.9,867	.9,867	.11,685	0	(1,756)	0	(1,756)	0	.9,867	0	0	0	.126	.12/01/2049	1FM	
.61764P-BU-5	MSBAM_14-C19	CMBs	.02/12/2016	MORGAN STANLEY	309,389	300,000	308,995	308,839	0	(20)	0	(20)	0	308,815	0	.570	.570	2,263	.12/01/2047	1FM	
.744320-BM-6	PRUDENTIAL FINANCE INC	CORPORATE	.01/21/2016	WELLS FARGO	1,338,612	1,200,000	1,210,152	1,205,175	0	(117)	0	(117)	0	1,205,060	0	133,552	133,552	6,271	.06/21/2020	2FE	
.82880T-CU-9	SIMON PROPERTY GROUP LP	CORPORATE	.01/22/2016	CALLED SECURITY at	293,472	290,000	289,835	289,841	0	4	0	4	0	289,843	0	3,629	3,629	3,211	.09/01/2020	1FE	
.92978P-AF-6	WBCM_03	CMBs	.03/17/2016	100,000	.207	.205	.228	.227	0	(20)	0	(20)	0	.207	0	0	0	.2	.11/01/2048	1FM	
.94974B-GK-0	WELLS FARGO CO	CORPORATE	.02/16/2016	J.P. MORGAN	915,890	1,000,000	996,660	996,656	0	.5	0	.5	0	996,661	0	(80,771)	(80,771)	11,700	.05/01/2045	1FE	
.00507U-AR-2	ACTAVIS FUNDING SCS	CORP SCH B	R	FENNER & SMI	158,323	155,000	154,780	154,797	0	.7	0	.7	0	154,805	0	3,519	3,519	2,347	.03/15/2022	2FE	
.78478Y-AA-2	STRIP_12	CMBs	R	CALLED SECURITY at	100,000	41,599	41,599	41,113	41,149	0	.449	0	.449	0	41,599	0	0	0	.103	.12/25/2044	1FE
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					8,193,951	7,864,172	7,919,442	7,909,040	0	(19,427)	0	(19,427)	0	7,889,614	0	304,338	304,338	102,484	XXX	XXX	
8399997. Total - Bonds - Part 4					13,261,156	12,512,816	13,021,099	12,880,819	0	(33,969)	0	(33,969)	0	12,877,287	0	383,869	383,869	159,313	XXX	XXX	
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds					13,261,156	12,512,816	13,021,099	12,880,819	0	(33,969)	0	(33,969)	0	12,877,287	0	383,869	383,869	159,313	XXX	XXX	
8999997. Total - Preferred Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
8999998. Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
9799997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
9799998. Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
9899999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	
9999999 - Totals					13,261,156	XXX	13,021,099	12,880,819	0	(33,969)	0	(33,969)	0	12,877,287	0	383,869	383,869	159,313	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 MARCH 31, 2016 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 .....	New Castle , DE .....	0.000	.0	0	1,738,088	1,570,034	.656,363	XXX
WELLS FARGO .....	Atlanta , GA .....	0.000	.0	0	(1,504,707)	(1,841,653)	(2,082,911)	XXX
JP Morgan Chase .....	New York , NY .....	0.000	.0	0	14,692	17,890	(4,310)	XXX
COMMUNITY T&B CO .....	CERTIFICATE OF DEPOSIT .....	0.500	.0	0	250,000	250,000	.0	XXX
COMMONWEALTH BANK & TRUST .....	CERTIFICATE OF DEPOSIT .....	0.500	.0	330	250,000	250,000	250,000	XXX
COMMUNITY T&B CO .....	CERTIFICATE OF DEPOSIT .....	0.500	.0	63	.0	.0	250,000	XXX
Interest Received During Quarter on Disposed Holdings ..		0.000	96	.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	XXX
0199999. Totals - Open Depositories	XXX	XXX		96	393	748,073	246,271	(930,858) 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	XXX
0299999. Totals - Suspended Depositories	XXX	XXX		0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX		96	393	748,073	246,271	(930,858) XXX
0499999. Cash in Company's Office	XXX	XXX		XXX	XXX	0	0	XXX
0599999. Total - Cash	XXX	XXX		96	393	748,073	246,271	(930,858) XXX

STATEMENT AS OF MARCH 31, 2016 OF THE Humana Health Plan of Ohio Inc.

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
FEDERAL HOME LOAN BANK .....		03/31/2016	.0,240	05/24/2016 .....	6,997,480	0	0
UNITED STATES TREASURY TREAS BILL .....		02/29/2016	.0,235	04/07/2016 .....	14,996,377	0	0
UNITED STATES TREASURY TREAS BILL .....		03/24/2016	.0,240	04/21/2016 .....	9,998,133	0	0
0199999. Subtotal - Bonds - U.S. Governments - Issuer Obligations					31,991,990	0	0
0599999. Total - U.S. Government Bonds					31,991,990	0	0
1099999. Total - All Other Government Bonds					0	0	0
1799999. Total - U.S. States, Territories and Possessions Bonds					0	0	0
2499999. Total - U.S. Political Subdivisions Bonds					0	0	0
3199999. Total - U.S. Special Revenues Bonds					0	0	0
3899999. Total - Industrial and Miscellaneous (Unaffiliated) Bonds					0	0	0
4899999. Total - Hybrid Securities					0	0	0
5599999. Total - Parent, Subsidiaries and Affiliates Bonds					0	0	0
7799999. Total - Issuer Obligations					31,991,990	0	0
7899999. Total - Residential Mortgage-Backed Securities					0	0	0
7999999. Total - Commercial Mortgage-Backed Securities					0	0	0
8099999. Total - Other Loan-Backed and Structured Securities					0	0	0
8399999. Total Bonds					31,991,990	0	0
8699999 - Total Cash Equivalents					31,991,990	0	0