



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2017
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)					
OFFICERS						
President & CEO	Bruce Dale Broussard		Sr. VP & CFO	Brian Andrew Kane		
VP & Corporate Secretary	Joan Olliges Lenahan		VP & Chief Actuary	Kenny Waitem Kan		
OTHER						
Stephen Michael Arnhold, Vice President	Alan James Bailey, VP & Treasurer		Elizabeth Diane Bierbower, Pres, Group Segment			
Renee Jacqueline Buckingham, VP & Division Leader-Northern Division	Jonathan Albert Canine, VP & Appointed Actuary		John Gregory Catron, VP & Chief Compliance Officer			
Douglas Allen Edwards, Vice President	Brian Phillip LeClaire, Ph.D., Sr VP & Chief Information 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 II, Seg. VP, Retail East & Provider Experience			
Donald Hank Robinson, Vice President-Tax	Joseph Christopher Ventura, Vice President and 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			
DIRECTORS OR TRUSTEES						
Bruce Dale Broussard	Brian Andrew Kane		Timothy Alan Wheatley #			

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

Joseph Christopher Ventura #
VP & Corporate Secretary (Elected 7/1/2017)

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this
day of August, 2017

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

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	110,786,907	0	110,786,907	127,548,941
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 (\$ (308,871), cash equivalents (\$ 9,998,556) and short-term investments (\$ 13,258,375))	22,948,060	0	22,948,060	18,339,035
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	0	0	0	250,000
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)	134,039,446	0	134,039,446	146,442,455
13. Title plants less \$ 0 charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	961,968	0	961,968	1,070,589
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	1,650,263	348,006	1,302,257	1,349,172
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 (\$ 0) and contracts subject to redetermination (\$ 10,560,907)	10,560,907	0	10,560,907	9,381,504
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	1,676,811	0	1,676,811	1,683,489
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	127
17. Amounts receivable relating to uninsured plans	3,643,524	0	3,643,524	2,844,123
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	2,983,321
18.2 Net deferred tax asset	4,994,456	894,412	4,100,044	4,100,044
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ 0)	1,456,834	1,456,834	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	0	0	0	2,823,895
24. Health care (\$ 2,867,315) and other amounts receivable	2,916,615	1,040	2,915,575	7,682,683
25. Aggregate write-ins for other than invested assets	1,309,980	1,171,783	138,197	111,370
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	163,210,804	3,872,075	159,338,729	180,472,772
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	163,210,804	3,872,075	159,338,729	180,472,772
DETAILS OF WRITE-INS				
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 Expenses	550,756	550,756	0	0
2502. Deposits	417,275	417,275	0	0
2503. Prepaid Commissions	203,752	203,752	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	138,197	0	138,197	111,370
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,309,980	1,171,783	138,197	111,370

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ 0 reinsurance ceded)	17,473,904	913,433	18,387,337	59,733,634
2. Accrued medical incentive pool and bonus amounts	497,958	0	497,958	526,428
3. Unpaid claims adjustment expenses	142,510	0	142,510	541,497
4. Aggregate health policy reserves, including the liability of \$ 11,003 for medical loss ratio rebate per the Public Health Service Act	7,373,856	0	7,373,856	5,542,424
5. Aggregate life policy reserves	0	0	0	0
6. Property/casualty unearned premium reserve	0	0	0	0
7. Aggregate health claim reserves	66,000	0	66,000	66,000
8. Premiums received in advance	4,743,304	0	4,743,304	4,891,007
9. General expenses due or accrued	3,002,497	0	3,002,497	5,172,416
10.1 Current federal and foreign income tax payable and interest thereon (including \$ (12,666) on realized gains (losses))	2,943,440	0	2,943,440	0
10.2 Net deferred tax liability	0	0	0	0
11. Ceded reinsurance premiums payable46	0	.46	.144,714
12. Amounts withheld or retained for the account of others57	0	.57	.57
13. Remittances and items not allocated	225,702	0	225,702	222,933
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	1,873,725	0	1,873,725	0
16. Derivatives	0	0	0	0
17. Payable for securities	0	0	0	0
18. Payable for securities lending	0	0	0	0
19. Funds held under reinsurance treaties (with \$ 0 authorized reinsurers, \$ 0 unauthorized reinsurers and \$ 0 certified reinsurers)	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ 0) companies	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0	0	0	0
22. Liability for amounts held under uninsured plans	2,049,667	0	2,049,667	1,107,418
23. Aggregate write-ins for other liabilities (including \$ 67,334 current)	71,115	0	71,115	0
24. Total liabilities (Lines 1 to 23)	40,463,781	913,433	41,377,214	77,948,528
25. Aggregate write-ins for special surplus funds	XXX	XXX	2,430,322	0
26. Common capital stock	XXX	XXX	1,000	1,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	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	(22,071,700)	(35,078,649)
32. Less treasury stock, at cost: 32.1 0 shares common (value included in Line 26 \$ 0)	XXX	XXX	0	0
32.2 0 shares preferred (value included in Line 27 \$ 0)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	117,961,515	102,524,244
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	159,338,729	180,472,772
DETAILS OF WRITE-INS				
2301. Unclaimed Property	71,115	0	71,115	0
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)	71,115	0	71,115	0
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year	XXX	XXX	2,430,322	0
2502.	XXX	XXX		
2503.	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	2,430,322	0
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	306,538	614,985	1,242,547
2. Net premium income (including \$ 0 non-health premium income).....	XXX	115,770,977	369,809,686	740,164,084
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	(11,003)	(1,070,892)	(11,341,191)
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	115,759,974	368,738,794	728,822,893
Hospital and Medical:				
9. Hospital/medical benefits	3,722,425	59,139,163	251,139,324	509,461,318
10. Other professional services	0	(269,901)	8,619,344	18,222,666
11. Outside referrals	0	0	0	0
12. Emergency room and out-of-area	273,106	5,564,554	13,125,742	27,694,228
13. Prescription drugs	0	16,241,874	38,875,799	76,194,190
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts	0	222,763	340,735	581,516
16. Subtotal (Lines 9 to 15)	3,995,531	80,898,453	312,100,944	632,153,918
Less:				
17. Net reinsurance recoveries	0	468,691	(38,544)	428,730
18. Total hospital and medical (Lines 16 minus 17)	3,995,531	80,429,762	312,139,488	631,725,188
19. Non-health claims (net)	0	0	0	0
20. Claims adjustment expenses, including \$ 3,961,291 cost containment expenses	0	4,594,092	13,780,019	28,444,693
21. General administrative expenses	0	14,877,729	45,004,520	82,244,541
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only)	0	0	(1,221,651)	(19,845,000)
23. Total underwriting deductions (Lines 18 through 22).....	3,995,531	99,901,583	369,702,376	722,569,422
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	15,858,391	(963,582)	6,253,471
25. Net investment income earned	0	1,229,276	1,239,845	2,364,247
26. Net realized capital gains (losses) less capital gains tax of \$ 23,108	0	42,915	301,584	650,282
27. Net investment gains (losses) (Lines 25 plus 26)	0	1,272,191	1,541,429	3,014,529
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	5	(37,183)	(43,246)
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	17,130,587	540,664	9,224,754
31. Federal and foreign income taxes incurred	XXX	3,977,742	3,504,414	806,236
32. Net income (loss) (Lines 30 minus 31)	XXX	13,152,845	(2,963,750)	8,418,518
DETAILS OF WRITE-INS				
0601.....	XXX			
0602.....	XXX			
0603.....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above).....	XXX	0	0	0
0701.....	XXX			
0702.....	XXX			
0703.....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above).....	XXX	0	0	0
1401.....				
1402.....				
1403.....				
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above).....	0	0	0	0
2901. Miscellaneous Income	0	5	6	7
2902. Loss on Disposal	0	0	(37,189)	(43,253)
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	5	(37,183)	(43,246)

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	102,524,244	77,269,766	77,269,766
34. Net income or (loss) from Line 32	13,152,845	(2,963,750)	8,418,518
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	(14,400,743)
39. Change in nonadmitted assets	2,285,231	5,745,025	26,069,703
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock	0	0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in	0	0	0
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital	0	0	0
46. Dividends to stockholders	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus	(805)	4,425,349	5,167,000
48. Net change in capital & surplus (Lines 34 to 47)	15,437,271	7,206,624	25,254,478
49. Capital and surplus end of reporting period (Line 33 plus 48)	117,961,515	84,476,390	102,524,244
DETAILS OF WRITE-INS			
4701. 2016 Risk Corridor Impact on Premium Deficiency Reserve	0	4,425,349	5,167,000
4702. Prior Period Impact of Claim Dispute	(805)	0	0
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)	(805)	4,425,349	5,167,000

STATEMENT AS OF JUNE 30, 2017 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
Cash from Operations			
1. Premiums collected net of reinsurance	116,219,041	352,580,986	737,094,244
2. Net investment income	2,218,636	1,787,879	3,727,975
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	118,437,677	354,368,865	740,822,219
5. Benefit and loss related payments	115,000,885	302,405,354	621,760,375
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	21,519,812	44,342,742	104,853,365
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$81,919 tax on capital gains (losses)	(1,926,344)	(748,455)	71,338
10. Total (Lines 5 through 9)	134,594,353	345,999,641	726,685,078
11. Net cash from operations (Line 4 minus Line 10)	(16,156,676)	8,369,224	14,137,141
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	16,259,354	19,678,978	65,788,678
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	4,084	32,286	56,157
12.7 Miscellaneous proceeds	270,091	4,620,677	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	16,533,529	24,331,941	65,844,835
13. Cost of investments acquired (long-term only):			
13.1 Bonds	336,210	53,506,503	98,291,180
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	250,000
13.7 Total investments acquired (Lines 13.1 to 13.6)	336,210	53,506,503	98,541,180
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)	16,197,319	(29,174,562)	(32,696,345)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock	0	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied)	4,568,382	(2,612,821)	592,180
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	4,568,382	(2,612,821)	592,180
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	4,609,025	(23,418,159)	(17,967,024)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year	18,339,035	36,306,059	36,306,059
19.2 End of period (Line 18 plus Line 19.1)	22,948,060	12,887,900	18,339,035

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

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STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year	105,184	5,772	49,444	0	0	0	1,018	48,950	0	0
2. First Quarter	51,331	1,655	49,097	0	0	0	579	0	0	0
3. Second Quarter	50,507	1,472	48,490	0	0	0	545	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	306,538	9,638	293,629	0	0	0	3,271	0	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician	155,703	7,727	145,054	0	0	0	2,922	0	0	0
8. Non-Physician	79,813	6,562	71,437	0	0	0	1,814	0	0	0
9. Total	235,516	14,289	216,491	0	0	0	4,736	0	0	0
10. Hospital Patient Days Incurred	6,809	677	5,959	0	0	0	173	0	0	0
11. Number of Inpatient Admissions	1,293	94	1,176	0	0	0	23	0	0	0
12. Health Premiums Written (a)	115,770,995	3,444,836	109,123,482	0	0	0	1,967,945	1,234,732	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	115,759,993	3,444,836	109,112,480	0	0	0	1,967,945	1,234,732	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	115,587,430	4,335,161	83,100,821	0	0	0	1,598,412	26,553,036	0	0
18. Amount Incurred for Provision of Health Care Services	80,898,453	3,012,864	81,275,400	0	0	0	1,652,683	(5,042,494)	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,234,732

STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

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

Aging Analysis of Unpaid Claim

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STATEMENT AS OF JUNE 30, 2017 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
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	12,716,183	74,138,656	1,034,718	14,830,263	13,750,901	18,285,107
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	401,926	1,196,486	8,746	118,126	410,672	284,322
6. Title XVIII - Medicare	26,301,802	0	2,461,486	0	28,763,288	41,230,205
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)	39,419,911	75,335,142	3,504,949	14,948,388	42,924,861	59,799,634
10. Healthcare receivables (a)	8,802	2,859,553	0	0	8,802	9,666,597
11. Other non-health	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts	0	251,234	0	497,958	0	526,428
13. Totals (Lines 9-10+11+12)	39,411,110	72,726,822	3,504,949	15,446,346	42,916,059	50,659,465

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

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NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

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:

	SSAP #	F/S Page	F/S Line #	2017	2016
Net Income					
1. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 13,152,845	\$ 8,418,518
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
4. NAIC SAP	xxx	xxx	xxx	\$ <u>13,152,845</u>	\$ <u>8,418,518</u>
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 117,961,515	\$ 102,524,244
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ <u>117,961,515</u>	\$ <u>102,524,244</u>

On July 2, 2015, Humana entered into an Agreement and Plan of Merger, which is referred to herein as the Merger Agreement, with Aetna Inc. and certain wholly owned subsidiaries of Aetna Inc., (Aetna), which sets forth the terms and conditions under which Humana agreed to merge with, and become a wholly owned subsidiary of Aetna.

The Merger was subject to customary closing conditions, including, among other things, the expiration or termination of the applicable waiting period under the Hart-Scott-Rodino Antitrust Improvements Act of 1976, as amended, the receipt of necessary approvals under state insurance and healthcare laws and regulations pursuant to certain licenses of certain Humana subsidiaries, and the absence of legal restraints and prohibitions on the consummation of the Merger.

On December 22, 2016, in order to extend the "End Date" (as defined in the Merger Agreement), Aetna and Humana each agreed to waive until 11:59 p.m. (Eastern time) on February 15, 2017 its right to terminate the Merger Agreement due to a failure of the Mergers to have been completed on or before December 31, 2016.

On July 21, 2016, the U.S. Department of Justice (DOJ) and the attorneys general of certain U.S. jurisdictions filed a civil antitrust complaint in the U.S. District Court for the District of Columbia against Humana and Aetna, alleging that the Merger would violate Section 7 of the Clayton Antitrust Act and seeking a permanent injunction to prevent the Merger from being completed. On January 23, 2017, the Court ruled in favor of the DOJ and granted a permanent injunction of the proposed transaction. On February 14, 2017, Humana and Aetna agreed to mutually terminate the Merger Agreement, as Humana's Board determined that an appeal of the Court's ruling would not be in the best interest of its stockholders. Under terms of the Merger Agreement, Humana received a breakup fee of \$1 billion on February 16, 2017.

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.

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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.

(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. 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.

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(15) Not Applicable.

D. Going Concern

Effective December 31, 2016, the Company adopted revisions to SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). The revisions require management of the Company to evaluate whether there is substantial doubt about the Company's ability to continue as a going concern and provide certain disclosures if substantial doubt exists. Management of the Company has completed its evaluation of the Company and determined that there is no substantial doubt about its ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

In April of 2017, the Company determined it was reasonably possible that two ongoing provider dispute related to plan years 2016 and 2017 would result in a liability. The estimated disputed claim amount for plan year 2016 is \$1,276, which is offset by a tax effect of \$472. Consistent with SSAP No. 3, *Accounting Changes and Corrections of Errors* (SSAP No. 3), the net impact of the claims dispute for year 2016 was recorded as an adjustment to surplus on line 47 of the statement of revenue and expenses capital and surplus account rollforward, with an offsetting adjustment to hospital/medical benefits expense claims unpaid and current and federal and foreign income tax expense.

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Prepayment assumptions for mortgage-backed/loan-backed and structured securities were obtained from industry market sources.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2017.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2017:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$ (374,350)
2. Twelve Months or Longer	\$ (600)

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

1. Less than Twelve Months	\$ 23,482,413
2. Twelve Months or Longer	\$ 2,999,400

(5) Unrealized losses are 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

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NOTES TO THE FINANCIAL STATEMENTS

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.

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.

H. Restricted Assets

(1) Restricted Assets (Including Pledged)

Restricted Asset Category	1 Total Gross (Admitted & Nonadmitted) Restricted from Current Year	2 Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	3 Increase/ (Decrease) (1 minus 2)	4 Total Current Year Nonadmitted Restricted	5 Total Current Year Admitted Restricted (1 minus 4)	6 Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets	7 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	759,429	764,543	(5,114)	-	759,429	0.47%	0.48%
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	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 759,429	\$ 764,543	\$ (5,114)	-	\$ 759,429	0.47%	0.48%

- (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.

- (4) Collateral Received and Reflected as Assets Within the Reporting Entity's Financial Statements

Not Applicable.

I. Working Capital Finance Investments

Not Applicable.

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NOTES TO THE FINANCIAL STATEMENTS

J. Offsetting and Netting of Assets and Liabilities

Not Applicable.

K. Structured Notes

Not Applicable.

L. 5* Securities

Not Applicable.

M. Short Sales

Not Applicable.

N. Prepayment Penalty and Acceleration Fees

Not Applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 percent of its admitted assets.

B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

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

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

B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2016.

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, 2016 and 2015 were \$52,741,585 and \$32,962,847, respectively. As a part of this agreement, the Company 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 June 30, 2017.

At June 30, 2017, the Company reported \$1,873,725 due to 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.

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NOTES TO THE FINANCIAL STATEMENTS

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, 2016.

H. Postemployment Benefits and Compensated Absences

Not Applicable.

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

Not Applicable.

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

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

(2) The Company has no preferred stock outstanding.

(3-5) Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Ohio Department of Insurance statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Ohio Department of Insurance is the greater of 10% of total surplus or net income from the prior year. Ordinary dividends are limited to available and accumulated surplus funds from the prior year. Based on these restrictions, no dividend is available without prior approval.

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 June 30, 2017.

(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 estimated health insurance industry fee that will be payable on September 30, 2018.

(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.

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NOTES TO THE FINANCIAL STATEMENTS

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 recorded a loss contingency of \$2,722 for two provider disputes related to the payment of non-participating claims in accordance with SSAP No. 5R, *Liabilities, Contingencies and Impairment of Assets* (No. 5R) during the half of 2017. As noted in Footnote 2 Accounting Changes and Corrections of Errors, the disputed claims related to 2016 has been reported as an adjustment to surplus within line 47 of the statement of revenue and expenses capital and surplus account rollforward. The loss contingency was settled during the second quarter of 2017.

The Company is not aware of any other material contingent liabilities as of June 30, 2017.

15. Leases

No material change since year-end December 31, 2016.

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

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

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

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

(1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.

(2) As of June 30, 2017, the Company has recorded a receivable from CMS of \$3,643,524 related to the cost share and reinsurance components of administered Medicare 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.

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- (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 June 30, 2017.

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, 2016 and June 30, 2017.

(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, 2016 and June 30, 2017.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2017.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

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

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	\$ 133,113,418	\$ 134,043,838	\$ 22,800,151	\$ 110,313,267	\$ -	\$ -

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.

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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 August 10, 2017 for the Statutory Statement issued on August 10, 2017.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes () No (X)

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

Yes () No (X)

Section 2 – Ceded Reinsurance Report – Part A

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

Yes () No (X)

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Yes () No (X)

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes () No (X)

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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 June 30, 2017 that are subject to retrospective rating features was \$115,759,974, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

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

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ -	\$ 205,498	\$ -	\$ -	\$ 205,498
Medical loss ratio rebates paid	-	239,056	-	-	239,056
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	\$ -
Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ -	\$ 11,003	\$ -	\$ -	\$ 11,003
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	-	11,003	-	-	11,003
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	\$ 11,003

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 (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	\$	624,928
Liabilities		
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$	41,754
3. Premium adjustments payable due to ACA Risk Adjustment	\$	5,936,505
Operations (Revenue & Expenses)		
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$	(2,154,674)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$	11,533

b. Transitional ACA Reinsurance Program

Assets		
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$	1,676,811
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$	-
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	\$	294,710
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$	-
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$	-
Operations (Revenues & Expenses)		
7. Ceded reinsurance premiums due to ACA Reinsurance	\$	-
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$	468,691
9. ACA Reinsurance contributions – not reported as ceded premiums	\$	-

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	\$	51,529
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$	-

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(3) 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	1,067,687		-	1,067,687		(1,067,687)		A.		-
2. Premium adjustments (payables)		(4,224,591)				(4,224,591)		486,221	B.	(3,738,370)
3. Subtotal ACA Permanent Risk Adjustment Program	1,067,687	(4,224,591)	-	-	1,067,687	(4,224,591)	(1,067,687)	486,221		(3,738,370)
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid	1,683,489		587,821		1,095,668		581,143		C.	1,676,811
2. Amounts recoverable for claims unpaid (contra liability)	112,451		-		112,451		(112,451)		D.	-
3. Amounts receivable relating to uninsured plans	-		-		-		-			-
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium		(1,328,835)		(1,034,125)		(294,710)				(294,710)
5. Ceded reinsurance premiums payable		(144,714)		(144,714)		-				-
6. Liability for amounts held under uninsured plans	-		-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program	1,795,940	(1,473,549)	587,821	(1,178,839)	1,208,119	(294,710)	468,692			1,676,811 (294,710)
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium	-		51,529		(51,529)		51,529		E.	-
2. Reserve for rate credits or policy experience rating refunds	-		-		-		-			-
3. Subtotal ACA Risk Corridors Program	-	-	51,529	-	(51,529)	-	51,529	-		-
d. Total for ACA Risk Sharing Provisions	2,863,627	(5,698,140)	639,350	(1,178,839)	2,224,277	(4,519,301)	(547,466)	486,221		1,676,811 (4,033,080)

Explanations of adjustments

A. Adjustments recorded to the 2016 accrual estimates for new market data received in 2017.

B. Adjustments recorded to the 2016 accrual estimates for new market data received in 2017.

C. Adjustments recorded to update the 2016 accrual to align with the CMS payment report.

D. Adjustment recorded as the IBNR for 2016 ran out through March 31, 2017 as the end of the reinsurance submission was occurring.

E. Adjustment recorded for payment received in 2017.

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(4) Roll-Forward of Risk Corridors Asset and Liability Balances by Program Benefit Year

Risk Corridors Program Year	Accrued During the Prior Year on Business Written Before Dec 31 of the Prior Year	Received or Paid as of the Current Year on Business Written Before Dec 31 of the Prior Year	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. 2014										
1. Accrued retrospective premium	-		51,529		(51,529)			51,529		A.
2. Reserve for rate credits or policy experience rating refunds										
b. 2015										
1. Accrued retrospective premium	-									
2. Reserve for rate credits or policy experience rating refunds										
c. 2016										
1. Accrued retrospective premium	-									
2. Reserve for rate credits or policy experience rating refunds										
d. Total for Risk Corridors	-	-	51,529	-	(51,529)	-	51,529	-	-	-

Explanations of adjustments

A. Adjustment recorded for payment received in 2017.

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	1 Estimated Amount to be Filed or Final Amount Filed with CMS	2 Non-Accrued Amounts for Impairment or Other Reasons	3 Amounts received from CMS	4 Assets Balance (Gross of Non-admissions) (1-2-3)	5 Non-admitted Amount	6 Net Admitted Asset (4-5)
a. 2014	\$ 9,268,399	\$ 7,837,933	\$ 1,430,466	\$ -	\$ -	\$ -
b. 2015	959,816	959,816	-	-	-	-
c. 2016	724,522	724,522	-	-	-	-
d. Total (a+b+c)	\$ 10,952,737	\$ 9,522,271	\$ 1,430,466	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2016 were \$60,341,132. As of June 30, 2017, \$47,352,788 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$3,532,017 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$9,456,326 favorable prior-year development since December 31, 2016. 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 in 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.

STATEMENT AS OF June 30, 2017 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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
12/31/2017	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2017	-	-	-	-	-
6/30/2017	2,864,791	2,864,791	-	-	-
3/31/2017	3,828,727	3,828,727	3,828,309	-	-
12/31/2016	7,469,825	7,469,825	7,459,293	10,533	-
9/30/2016	6,814,330	6,814,330	6,813,091	-	1,240
6/30/2016	6,456,006	6,456,006	6,450,215	-	5,169
3/31/2016	6,129,260	6,129,260	6,125,030	-	4,230
12/31/2015	5,279,891	5,279,891	5,279,891	59,846	10,544
9/30/2015	5,980,791	5,980,791	5,885,302	60,602	34,887
6/30/2015	5,347,204	5,347,204	5,337,539	-	9,664
3/31/2015	4,549,880	4,549,880	4,548,438	-	1,442

B. Risk Sharing Receivables

No material change since year-end December 31, 2016.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

Not Applicable.

31. Anticipated Salvage and Subrogation

Not Applicable.

STATEMENT AS OF JUNE 30, 2017 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.

No

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. 12/31/2015

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). 05/25/2017

6.4 By what department or departments?

Ohio Department of Insurance

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

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

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

7.2 If yes, give full information:

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

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

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

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

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

STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.
GENERAL INTERROGATORIES

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

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

9.2 Has the code of ethics for senior managers been amended? Yes [] No []
 9.21 If the response to 9.2 is Yes, provide information related to amendment(s).
 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 []
 9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [] No []
 10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

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

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

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [] No []
 14.2 If yes, please complete the following:

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

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

STATEMENT AS OF JUNE 30, 2017 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 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts"; "...handle securities"]

1 Name of Firm or Individual	2 Affiliation
BLACKROCK FINANCIAL MANAGEMENT, INC	U..... I.....
W. Mark Preston	

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets? Yes [] No []

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's assets? Yes [] No []

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

1 Central Registration Depository Number	2 Name of Firm or Individual	3 Legal Entity Identifier (LEI)	4 Registered With	5 Investment Management Agreement (IMA) Filed
107105	BLACKROCK FINANCIAL MANAGEMENT, INC	549300LVXY1VJK13M84	the SEC	DS.....

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	72.9 %
1.2 A&H cost containment percent	3.4 %
1.3 A&H expense percent excluding cost containment expenses	13.4 %
2.1 Do you act as a custodian for health savings accounts?	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date	\$.....0
2.3 Do you act as an administrator for health savings accounts?	Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date	\$.....0

STATEMENT AS OF JUNE 30, 2017 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	(8,133)	0	0	0	(8,133)	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	112,568,318	1,242,865	0	1,967,945	0	115,779,127	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	112,568,318	1,234,732	0	1,967,945	0	115,770,995	0
60. Reporting Entity Contributions for Employee Benefit Plans		XXX	0	0	0	0	0	0	0
61. Totals (Direct Business)	(a)	3	112,568,318	1,234,732	0	1,967,945	0	115,770,995	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
58999. Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)			XXX	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.

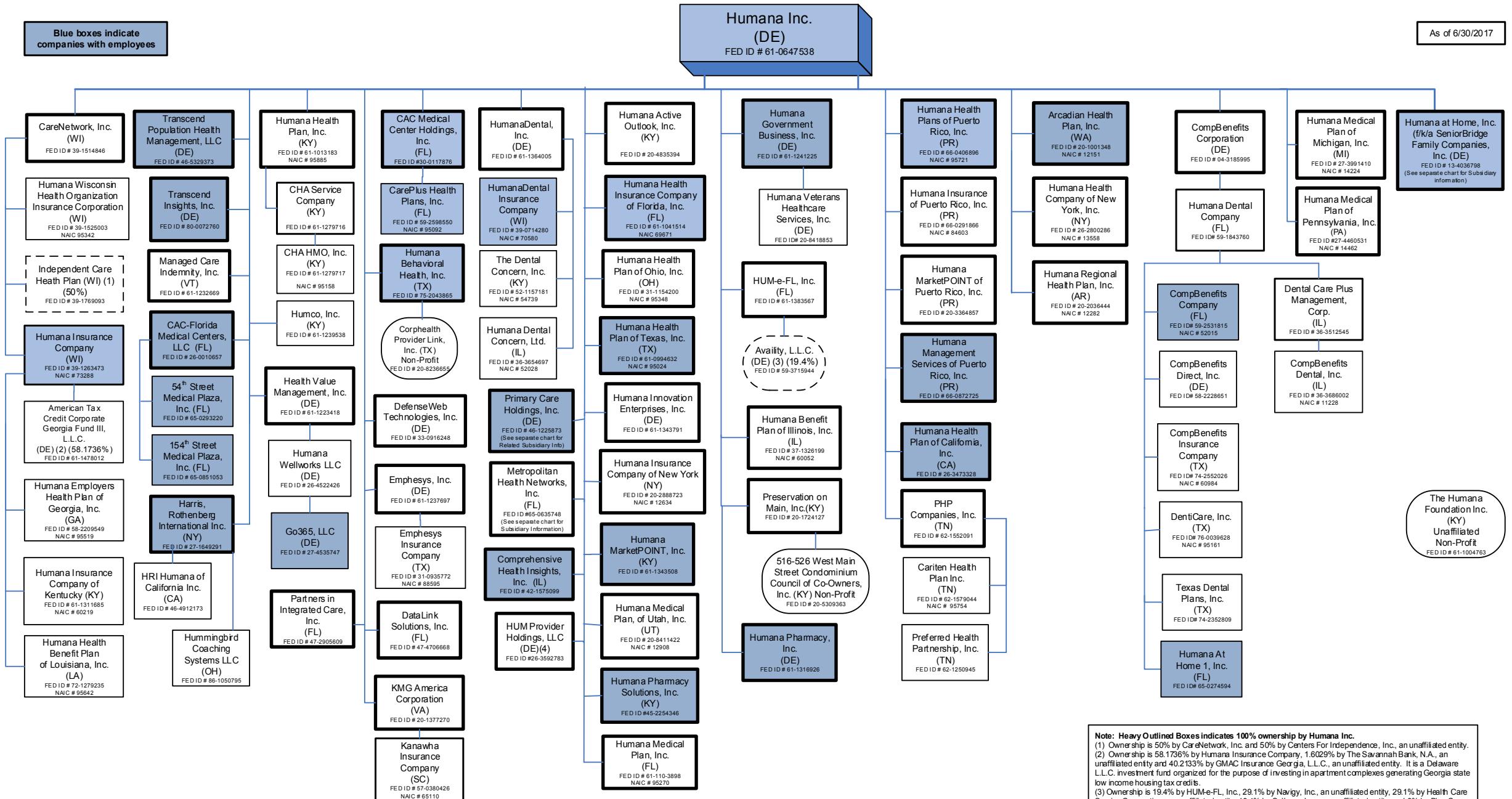
(a) Insert the number of L responses except for Canada and Other Alien.

0.00

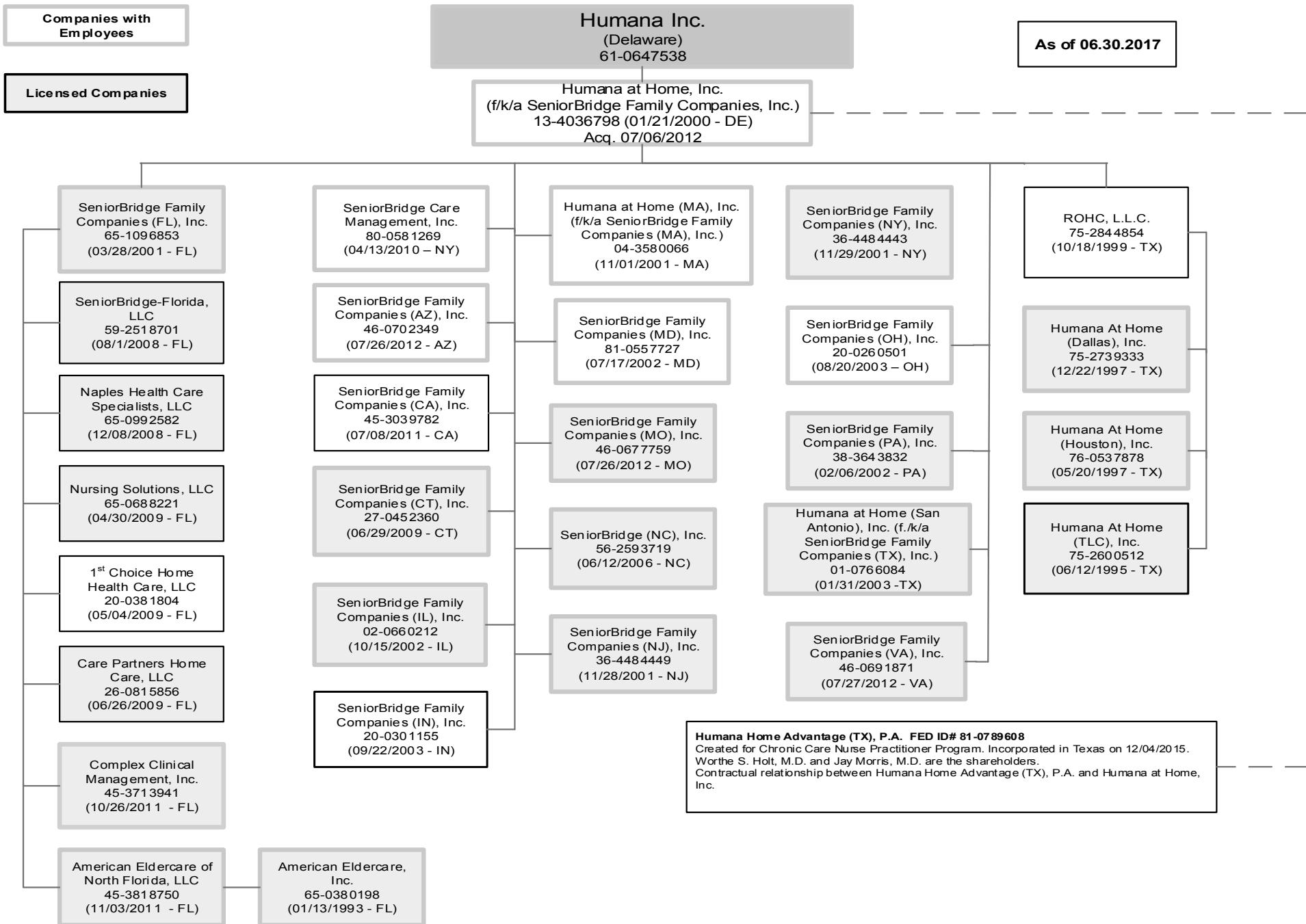
STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

Blue boxes indicate companies with employees

As of 6/30/2017

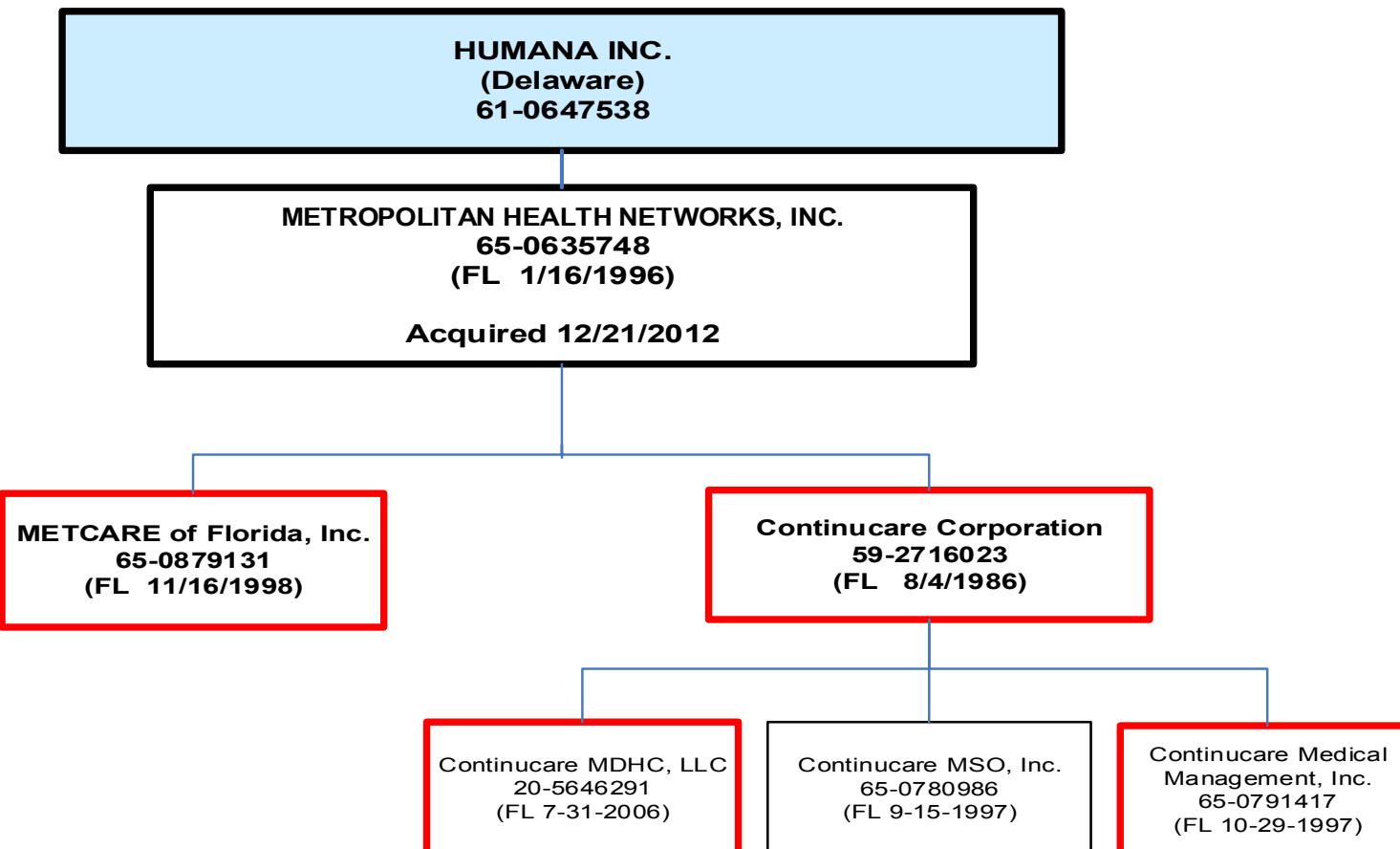


STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.



As of 06-30-2017

15.2



Employees

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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0119	Humana Inc.	00000	65-0851053			154th Street Medical Plaza, Inc.		FL	N/A	CAC-Florida Medical Centers, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-0381804			1st Choice Home Health Care, LLC		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-5309363			515-526 W MainSt Condo Council of Co-Owners		KY	N/A	Preservation on Main, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0293220			54th Street Medical Plaza, Inc.		FL	N/A	CAC-Florida Medical Centers, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	45-3818750			American Eldercare of North Florida, LLC		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0380198			American Eldercare, Inc.		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	12151	20-1001348			Arcadian Health Plan, Inc.		WA	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	59-3715944			Availity, L.L.C.		DE	OTH	See Footnote 1	Board of Directors	0.00	Humana Inc.		.1
..0119	Humana Inc.	00000	30-0117876			CAC Medical Center Holdings, Inc.		FL	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	26-0010657			CAC-Florida Medical Centers, LLC		FL	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	26-0815856			Care Partners Home Care, LLC		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	39-1514846			CareNetwork, Inc.		WI	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95092	59-2598550			CarePlus Health Plans, Inc.		FL	IA	CAC Medical Center Holdings, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95754	62-1579044			Cariten Health Plan Inc.		TN	IA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95158	61-1279717			CHA HMO, Inc.		KY	IA	CHA Service Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1279716			CHA Service Company		KY	N/A	Humana Health Plan, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	52015	59-2531815			CompBenefits Company		FL	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	04-3185995			CompBenefits Corporation		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	11228	36-3686002			CompBenefits Dental, Inc.		IL	IA	Dental Care Plus Management Corporation	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	58-2228851			CompBenefits Direct, Inc.		DE	N/A	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	60984	74-2552026			CompBenefits Insurance Company		TX	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	45-3713941			Complex Clinical Management, Inc.		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	42-1575099			Comprehensive Health Insights, Inc.		IL	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	59-2716023			ContinuCare Corporation		FL	N/A	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-5646291			ContinuCare MDHC, LLC		FL	N/A	ContinuCare Corporation	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0791417			ContinuCare Medical Management, Inc.		FL	N/A	ContinuCare Corporation	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0780986			ContinuCare MSO, Inc.		FL	N/A	ContinuCare Corporation	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-8236655			CorHealth Provider Link, Inc.		TX	N/A	CorHealth, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	75-2043865			Humana Behavioral Health, Inc.		TX	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	33-0916248			DefenseWeb Technologies, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	36-3512545			Dental Care Plus Management Corp.		IL	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95161	76-0039628			DentiCare, Inc.		TX	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	88595	31-0935772			Emphesys Insurance Company		TX	IA	Emphesys, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1237697			Emphesys, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	27-1649291			Harris, Rothenberg International Inc.		NY	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1223418			Health Value Management, Inc.		DE	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	46-4912173			HRI Humana of California Inc.		CA	N/A	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	26-3592783			HUM Provider Holdings, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-4835394			Humana Active Outlook, Inc.		KY	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	75-2739333			Humana At Home (Dallas), Inc.		TX	N/A	ROHC, L.L.C.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	76-0537878			Humana At Home (Houston), Inc.		TX	N/A	ROHC, L.L.C.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	04-3580066			Humana at Home (MA), Inc.		MA	N/A	Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0274594			Humana At Home 1, Inc.		FL	N/A	Humana Dental Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	13-4036798			Humana at Home, Inc.		DE	N/A	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	N/A	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	N/A	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

STATEMENT AS OF JUNE 30, 2017 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	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
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			Go365, 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	86-1050795			Hummingbird Coaching Systems LLC		OH	NIA	Harris, Rothenberg International 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
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

STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
.0119	Humana Inc.	.00000	01-0766084			Humana At Home (San Antonio), Inc.		.TX.	.N/A.	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-0691871			SeniorBridge Family Companies (VA), Inc.		.VA.	.N/A.	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2518701			SeniorBridge-Florida, LLC		.FL.	.N/A.	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	74-2352809			Texas Dental Plans, Inc.		.TX.	.N/A.	Humana Dental Company	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.54739	52-1157181			The Dental Concern, Inc.		.KY.	.IA.	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2600512			Humana at Home (TLC), Inc.		.TX.	.N/A.	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	80-0072760			Transcend Insights, Inc.		.DE.	.N/A.	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	46-5329373			Transcend Population Health Management, LLC		.DE.	.N/A.	Humana Inc.	Ownership	100.000	Humana Inc.		0
.0119	Humana Inc.	.00000	66-0872725			Humana Management Services of Puerto Rico, Inc.		.PR.	.N/A.	Humana Inc.	Ownership	100.000	Humana Inc.		

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%.

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]



STATEMENT AS OF JUNE 30, 2017 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	138,197	0	138,197	111,370
2597. Summary of remaining write-ins for Line 25 from overflow page	138,197	0	138,197	111,370

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 in investment and commitment fees		
9. Total foreign exchange change in book value/recorded investment including 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	304,479
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	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	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	127,548,941	95,835,117
2. Cost of bonds and stocks acquired	336,210	98,291,180
3. Accrual of discount	5,175	8,718
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	41,849	944,277
6. Deduct consideration for bonds and stocks disposed of	16,259,354	65,788,678
7. Deduct amortization of premium	885,914	1,741,673
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)	110,786,907	127,548,941
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	110,786,907	127,548,941

STATEMENT AS OF JUNE 30, 2017 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
BONDS								
1. NAIC 1 (a)	117,948,333	78,880,213	66,274,532	(429,195)	117,948,333	130,124,819	0	139,950,761
2. NAIC 2 (a)	4,927,807	0	997,914	(10,874)	4,927,807	3,919,019	0	7,323,452
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	122,876,140	78,880,213	67,272,446	(440,069)	122,876,140	134,043,838	0	147,274,213
PREFERRED STOCK								
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	122,876,140	78,880,213	67,272,446	(440,069)	122,876,140	134,043,838	0	147,274,213

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$ 23,256,931 ; NAIC 2 \$ 0 ; NAIC 3 \$ 0 NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

SI02

STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year-to-Date	5 Paid for Accrued Interest Year-to-Date
9199999 Totals	13,258,375	XXX	13,271,284	68,223	778

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	7,729,356	5,933,695
2. Cost of short-term investments acquired	122,793,633	821,387,336
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	0	(342)
6. Deduct consideration received on disposals	117,243,053	819,552,381
7. Deduct amortization of premium	21,561	38,952
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)	13,258,375	7,729,356
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	13,258,375	7,729,356

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards
NONE

Schedule DB - Part B - Verification - Futures Contracts
NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open
NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open
NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of
Derivatives
NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	11,995,917	19,997,967
2. Cost of cash equivalents acquired	15,996,213	622,266,869
3. Accrual of discount	2,342	14,383
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals	4,084	56,500
6. Deduct consideration received on disposals	18,000,000	630,339,802
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)	9,998,556	11,995,917
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	9,998,556	11,995,917

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

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired
N O N E

STATEMENT AS OF JUNE 30, 2017 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 Temporarily Impairment Recognized	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	15 Total Foreign Exchange Change in Book/ Adjusted Carrying Value							
.56052A-VE-0	MAINE ST MUNI		06/01/2017	MATURITY		.85,000	.85,000	.91,530	.86,568	0	-(1,568)	0	-(1,568)	0	.85,000	0	0	0	.2,124	06/01/2017	1FE
.79771T-KM-8	SAN FRANCISCO CALIF CITY CNTY APTT		06/15/2017	MATURITY		.105,000	.105,000	.112,808	.107,162	0	-(2,162)	0	-(2,162)	0	.105,000	0	0	0	.2,625	06/15/2017	1FE
17999999. Subtotal - Bonds - U.S. States, Territories and Possessions					190,000	190,000	204,338	193,730	0	(3,730)	0	(3,730)	0	190,000	0	0	0	4,749	XXX	XXX	
.259327-K9-4	DOUGLAS CNTY SCH D1ST	MUNI	06/15/2017	MATURITY		.90,000	.90,000	.95,432	.91,395	0	-(1,392)	0	-(1,392)	0	.90,000	0	0	0	.1,800	06/15/2017	1FE
.3128MB-RT-3	FGOLD 30YR GI ANY	FHLMC	06/01/2017	MBS PAYDOWN		4,137	4,137	4,443	4,157	0	-(20)	0	-(20)	0	.4,137	0	0	0	.70	06/01/2041	1
.3128MJ-V2-0	FGOLD 30YR GI ANY	FNMA	06/01/2017	MBS PAYDOWN		11,489	11,489	12,291	11,530	0	(41)	0	(41)	0	.11,489	0	0	0	.188	10/01/2046	1
.3128MJ-V8-7	FGOLD 30YR GI ANY	FNMA	06/01/2017	MBS PAYDOWN		12,542	12,542	13,423	12,577	0	(35)	0	(35)	0	.12,542	0	0	0	.213	11/01/2046	1
.3132GK-ZQ-2	FGOLD 30 YR	FHLMC	06/01/2017	MBS PAYDOWN		3,062	3,062	3,289	3,073	0	(11)	0	(11)	0	.3,062	0	0	0	.52	11/01/2041	1
.3132GU-KH-6	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		21,427	21,427	22,660	21,492	0	(64)	0	(64)	0	.21,427	0	0	0	.309	06/01/2042	1
.3132WG-GL-5	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		.237	.237	.253	.237	0	0	0	0	0	.237	0	0	0	.4	09/01/2046	1
.3132WG-TS-6	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		.11,729	.11,729	.12,554	.11,761	0	(31)	0	(31)	0	.11,729	0	0	0	.181	09/01/2046	1
.3132WH-EE-1	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		.71,194	.71,194	.71,177	.71,194	0	0	0	0	0	.71,194	0	0	0	.1,004	10/01/2046	1
.3132WH-GW-9	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		.296	.296	.317	.296	0	0	0	0	0	.296	0	0	0	.5	09/01/2046	1
.31335A-ZF-8	FEDERAL HOME LOAN MTGE CO	FHLMC	06/01/2017	MBS PAYDOWN		.42,260	.42,260	.42,250	.42,260	0	0	0	0	0	.42,260	0	0	0	.483	10/01/2048	1
.31335H-HL-0	FG C90235 - 20 YEAR		06/01/2017	MBS PAYDOWN		.816	.816	.820	.816	0	0	0	0	0	.816	0	0	0	.22	10/01/2018	1
.31371K-NX-5	FED NTL MTG ASSO	FNMA	04/27/2017	MBS PAYDOWN		.304	.304	.315	.305	0	(1)	0	(1)	0	.304	0	0	0	.6	05/01/2017	1
.3137BP-DW-6	FEDERAL HOME LOAN MTGE CO	ABS FTST	06/01/2017	MBS PAYDOWN		.34,500	.34,500	.36,114	.34,558	0	(59)	0	(59)	0	.34,500	0	0	0	.433	07/01/2045	1
.3137BP-JX-8	FEDERAL HOME LOAN MTGE CO	ABS FTST	06/01/2017	MBS PAYDOWN		.63,543	.63,543	.63,502	.63,701	0	(157)	0	(157)	0	.63,543	0	0	0	.797	11/01/2045	1
.3137BS-ZE-6	STRU AM-9241:PA	CMO	06/01/2017	MBS PAYDOWN		.11,944	.11,944	.12,791	.11,975	0	(32)	0	(32)	0	.11,944	0	0	0	.175	03/01/2046	1
.3138AU-RL-3	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.5,406	.5,406	.5,698	.5,434	0	(28)	0	(28)	0	.5,406	0	0	0	.81	10/01/2026	1
.3138EJ-ZR-2	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.9,268	.9,268	.9,302	.9,302	0	(34)	0	(34)	0	.9,268	0	0	0	.135	10/01/2042	1
.3138EK-G7-3	FANNIE MAE	FNMA	06/01/2017	MBS PAYDOWN		.2,990	.2,990	.3,188	.3,002	0	(12)	0	(12)	0	.2,990	0	0	0	.45	08/01/2042	1
.3138EK-GU-3	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.10,520	.10,520	.11,434	.10,630	0	(109)	0	(109)	0	.10,520	0	0	0	.165	03/01/2042	1
.3138EL-B3-6	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.726	.726	.775	.730	0	(3)	0	(3)	0	.726	0	0	0	.11	06/01/2043	1
.3138EM-FX-4	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.8,568	.8,568	.9,139	.8,592	0	(24)	0	(24)	0	.8,568	0	0	0	.120	12/01/2043	1
.3138EP-S4-7	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.9,630	.9,630	.10,273	.9,668	0	(37)	0	(37)	0	.9,630	0	0	0	.161	07/01/2045	1
.3138EP-WL-4	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.12,519	.12,519	.13,423	.12,603	0	(84)	0	(84)	0	.12,519	0	0	0	.222	12/01/2042	1
.3138EQ-HY-1	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.12,902	.12,902	.13,761	.12,958	0	(57)	0	(57)	0	.12,902	0	0	0	.229	10/01/2045	1
.3138EO-ZF-2	FNMA 30 YR POOL	FNMA	06/01/2017	MBS PAYDOWN		.27,230	.27,230	.29,680	.27,340	0	(110)	0	(110)	0	.27,230	0	0	0	.457	02/01/2046	1
.3138ER-LX-6	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.685	.685	.689	.685	0	0	0	0	0	.685	0	0	0	.7	11/01/2031	1
.3138ET-TP-7	FNMA 30 YR POOL	FNMA	06/01/2017	MBS PAYDOWN		.32,662	.32,662	.35,836	.32,825	0	(163)	0	(163)	0	.32,662	0	0	0	.567	07/01/2046	1
.3138ET-VV-2	FED NTL MTG ASSO	FNMA	06/01/2017	MBS PAYDOWN		.11,118	.11,118	.11,901	.11,161	0	(43)	0	(43)	0	.11,118	0	0	0	.167	05/01/2044	1
.3138LW-CV-3	FED NTL MTG ASSO 30YR		06/01/2017	MBS PAYDOWN		.7,651	.7,651	.8,158	.7,677	0	(25)	0	(25)	0	.7,651	0	0	0	.118	06/01/2042	1
.3138LW-TP-6	FED NTL MTG ASSO 30YR		06/01/2017	MBS PAYDOWN		.10,650	.10,650	.11,260	.10,677	0	(27)	0	(27)	0	.10,650	0	0	0	.134	06/01/2042	1
.3138MO-SE-1	FED NTL MTG ASSO FNMA 30YR		06/01/2017	MBS PAYDOWN		.5,907	.5,907	.5,929	.5,921	0	(15)	0	(15)	0	.5,907	0	0	0	.86	07/01/2042	1
.3138WV-4Q-2	FED NTL MTG ASSO 30YR		06/01/2017	MBS PAYDOWN		.46,899	.46,899	.48,551	.46,958	0	(59)	0	(59)	0	.46,899	0	0	0	.590	03/01/2043	1
.3138WV-KG-2	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.1,402	.1,402	.1,408	.1,402	0	0	0	0	0	.1,402	0	0	0	.18	08/01/2043	1
.3138WD-6X-4	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.1,426	.1,426	.1,427	.1,429	0	(3)	0	(3)	0	.1,426	0	0	0	.15	02/01/2030	1
.3138WE-AJ-8	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.6,356	.6,356	.6,667	.6,381	0	(25)	0	(25)	0	.6,356	0	0	0	.80	10/01/2030	1
.3138WE-AM-1	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.9,332	.9,332	.9,370	.9,370	0	(38)	0	(38)	0	.9,332	0	0	0	.119	02/01/2030	1
.3138WH-NT-5	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.30,593	.30,593	.32,902	.30,719	0	(125)	0	(125)	0	.30,593	0	0	0	.533	07/01/2046	1
.3138WJ-EQ-2	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.40,440	.40,440	.40,440	.40,452	0	(12)	0	(12)	0	.40,440	0	0	0	.428	11/01/2031	1
.3138YF-E3-4	FED NTL MTG ASSO FNMA		06/01/2017	MBS PAYDOWN		.14,989	.14,989	.15,736	.15,041	0	(53)	0	(

STATEMENT AS OF JUNE 30, 2017 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								
.798136-PL-5	SAN JOSE CALIF APPT REV	MUNI	04/11/2017	CALLED SECURITY at 100.556	251,388	250,000	259,345	251,240	0	149	0	149	0	251,388	0	0	0	0	6,250	03/01/2037	1FE	
31999999. Subtotal - Bonds - U.S. Special Revenues					1,761,487	1,760,098	1,865,768	1,778,569	0	(17,080)	0	(17,080)	0	1,761,487	0	0	0	0	36,750	XXX	XXX	
.05946X-BV-4	BANK OF AMERICA FDG CO 2003-1		06/20/2017	VARIOUS	185	185	189	188	0	(3)	0	(3)	0	185	0	0	0	0	5	05/20/2033	1FM	
.247361-ZH-4	DELTA AIR LINES INC	CORPORATE	05/23/2017	CALLED SECURITY at 100.000	48,965	48,965	48,965	48,965	0	0	0	0	0	48,965	0	0	0	0	1,212	11/23/2019	1FE	
.46632H-AG-6	JPICC 07-LD12	CMBS	06/30/2017	VARIOUS	55,634	55,634	63,357	56,733	0	(1,100)	0	(1,100)	0	55,634	0	0	0	0	1,367	02/01/2051	1FM	
.46643A-BL-6	JPIBB_14-C23	CMBS	04/20/2017	J.P. MORGAN	1,720,169	1,690,000	1,683,323	1,683,534	0	28	0	28	0	1,683,563	0	36,606	30,518	09/01/2047	1FM			
.747262-AW-3	QVC INC	CORPORATE	05/01/2017	MORGAN STANLEY	915,300	1,000,000	997,840	997,913	0	1	0	1	0	997,914	0	(82,614)	(82,614)	39,210	08/15/2034	2FE		
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					2,740,253	2,794,784	2,793,674	2,787,333	0	(1,074)	0	(1,074)	0	2,786,261	0	(46,008)	(46,008)	72,312	XXX	XXX		
8399997. Total - Bonds - Part 4					4,691,740	4,744,882	4,863,780	4,759,632	0	(21,884)	0	(21,884)	0	4,737,748	0	(46,008)	(46,008)	113,811	XXX	XXX		
8399998. Total - Bonds - Part 5					XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8399999. Total - Bonds					4,691,740	4,744,882	4,863,780	4,759,632	0	(21,884)	0	(21,884)	0	4,737,748	0	(46,008)	(46,008)	113,811	XXX	XXX		
8999997. Total - Preferred Stocks - Part 4					0	XXX	0	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	XXX	
8999999. Total - Preferred Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5					XXX	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	0	XXX	XXX
9899999. Total - Preferred and Common Stocks					0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals					4,691,740	XXX	4,863,780	4,759,632	0	(21,884)	0	(21,884)	0	4,737,748	0	(46,008)	(46,008)	113,811	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
NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open
NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made
NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By
NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To
NONE

Schedule DL - Part 1 - Reinvested Collateral Assets Owned
NONE

Schedule DL - Part 2 - Reinvested Collateral Assets Owned
NONE

STATEMENT AS OF JUNE 30, 2017 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	
US BANK	St. Louis	0.000	.0	0	1,624,842	3,211,937	221,779	XXX
US BANK	St. Louis	0.000	.0	0	(422,756)	(572,510)	(482,834)	XXX
WELLS FARGO	Atlanta, GA	0.000	0	0	(90,126)	(85,817)	(84,207)	XXX
CITIBANK	New Castle, DE	0.000	0	0	55,506	85,917	24,066	XXX
JP MORGAN CHASE	New York, NY	0.000	.0	0	.9,965	14,791	12,325	XXX
0199998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	XXX
0199999. Totals - Open Depositories		XXX	XXX	0	0	1,177,431	2,654,317	(308,871) XXX
0299998. Deposits in ... 0	depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	XXX
0299999. Totals - Suspended Depositories		XXX	XXX	0	0	0	0	XXX
0399999. Total Cash on Deposit		XXX	XXX	0	0	1,177,431	2,654,317	(308,871) XXX
0499999. Cash in Company's Office		XXX	XXX	XXX	0	0	0	XXX
0599999. Total - Cash		XXX	XXX	0	0	1,177,431	2,654,317	(308,871) XXX

STATEMENT AS OF JUNE 30, 2017 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter