



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

## **EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals.....	8,957	2,121	1,842	56,786	56,786	12,920
Group Subscribers:						
ESCO TECHNOLOGIES LLC .....	34,651	0	0	0	0	34,651
GREAT VET LLC .....	35,636	0	0	0	0	35,636
ONESIGHT .....	32,023	0	0	0	0	32,023
SAWBROOK STEEL .....	26,004	18	0	0	0	26,022
WAYNE/SCOTT FETZER COMP .....	18,226	0	0	0	0	18,226
0299997. Group subscriber subtotal	146,540	18	0	0	0	146,558
0299998. Premiums due and unpaid not individually listed	25,478	4,047	1,039	21,335	21,335	30,564
0299999. Total group	172,018	4,065	1,039	21,335	21,335	177,122
0399999. Premiums due and unpaid from Medicare entities	706,115	0	0	0	0	706,115
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	887,090	6,186	2,881	78,121	78,121	896,157

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**EXHIBIT 3 - HEALTH CARE RECEIVABLES**

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	2,705,587	0	0	18,080	18,080	2,705,587
0199999. Total Pharmaceutical Rebate Receivables	2,705,587	0	0	18,080	18,080	2,705,587
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	3,436	0	0	0	0	3,436
0299999. Total Claim Overpayment Receivables	3,436	0	0	0	0	3,436
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	340,673	340,673	0
0599999. Total Risk Sharing Receivables	0	0	0	340,673	340,673	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	2,709,023	0	0	358,753	358,753	2,709,023

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	7,469,825	6,216,959	0	2,723,667	7,469,825	7,469,825
2. Claim overpayment receivables .....	3,976	0	0	3,436	3,976	3,976
3. Loans and advances to providers .....	0	0	0	0	0	0
4. Capitation arrangement receivables .....	0	0	0	0	0	0
5. Risk sharing receivables .....	2,192,796	0	0	340,673	2,192,796	2,192,796
6. Other health care receivables .....	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	9,666,597	6,216,959	0	3,067,776	9,666,597	9,666,597

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

**EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)****Aging Analysis of Unpaid Claims**

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	67,286	5,128	1,315	324	2,982	77,035
0399999. Aggregate accounts not individually listed-covered	1,813,749	138,240	35,437	8,743	80,392	2,076,561
0499999. Subtotals	1,881,035	143,368	36,752	9,067	83,374	2,153,596
0599999. Unreported claims and other claim reserves						15,528,326
0699999. Total amounts withheld						0
0799999. Total claims unpaid						17,681,922
0899999 Accrued medical incentive pool and bonus amounts						529,792

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES**

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Humana Inc.	12,559,363	0	0	0	0	12,559,363	0
0199999. Individually listed receivables	12,559,363	0	0	0	0	12,559,363	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	12,559,363	0	0	0	0	12,559,363	0

## **EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES**

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS**

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	151,114	0.1	51,137	100.0	0	151,114
2. Intermediaries .....	0	0.0	0	0.0	0	0
3. All other providers .....	0	0.0	0	0.0	0	0
4. Total capitation payments .....	151,114	0.1	51,137	100.0	0	151,114
<b>Other Payments:</b>						
5. Fee-for-service .....	38,694,526	.18.0	XXX	XXX	0	38,694,526
6. Contractual fee payments .....	176,362,631	81.9	XXX	XXX	0	176,362,631
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries .....	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX	0	0
11. All other payments .....	0	0.0	XXX	XXX	0	0
12. Total other payments .....	215,057,157	99.9	XXX	XXX	0	215,057,157
13. TOTAL (Line 4 plus Line 12)	215,208,271	100%	XXX	XXX	0	215,208,271

**EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES**

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
99999999 Totals				XXX	XXX

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED**

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	2,272,483	0	2,270,787	1,696	1,696	0
2. Medical furniture, equipment and fixtures .....	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies .....	0	0	0	0	0	0
4. Durable medical equipment .....	0	0	0	0	0	0
5. Other property and equipment	2,770	0	0	2,770	2,770	0
6. Total	2,275,253	0	2,270,787	4,466	4,466	0



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF		Indiana		DURING THE YEAR		2017		NAIC Company Code	
	1 Total	2 Individual	3 Group	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
<b>Total Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>Total Member Ambulatory Encounters for Year:</b>										
7 Physician .....										
8. Non-Physician .....										
9. Total .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....										
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....										
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

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

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Kentucky		DURING THE YEAR				2017	NAIC Company Code	95348
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
1. Prior Year .....		8,751	0	0	0	0	0	0	8,751	0	0
2. First Quarter .....		0	0	0	0	0	0	0	0	0	0
3. Second Quarter .....		0	0	0	0	0	0	0	0	0	0
4. Third Quarter .....		0	0	0	0	0	0	0	0	0	0
5. Current Year .....		0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months .....		(199)	0	0	0	0	0	0	0	(199)	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician .....		0	0	0	0	0	0	0	0	0	0
8. Non-Physician .....		0	0	0	0	0	0	0	0	0	0
9. Total .....		0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred .....		0	0	0	0	0	0	0	0	0	0
11. Number of Inpatient Admissions .....		0	0	0	0	0	0	0	0	0	0
12. Health Premiums Written (b) .....		(361,607)	0	0	0	0	0	0	(361,607)	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 .....		(361,607)	0	0	0	0	0	0	(361,607)	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 .....		5,803,060	0	0	0	0	0	0	5,803,060	0	0
18. Amount Incurred for Provision of Health Care Services .....		(155,176)	0	0	0	0	0	0	(155,176)	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....(361,607)

30.KY



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								NAIC Company Code	95348
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
<b>Total Members at end of:</b>													
1. Prior Year		96,433	5,772	49,444	0	0	0	1,018	40,199	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		50,884	1,333	49,037	0	0	0	514	0	0	0		
5. Current Year		51,137	1,203	49,427	0	0	0	507	0	0	0		
6. Current Year Member Months		612,854	17,435	589,341	0	0	0	6,226	(148)	0	0		
<b>Total Member Ambulatory Encounters for Year:</b>													
7 Physician		318,644	13,182	299,929	0	0	0	5,533	0	0	0		
8. Non-Physician		144,490	8,874	132,746	0	0	0	2,870	0	0	0		
9. Total		463,134	22,056	432,675	0	0	0	8,403	0	0	0		
10. Hospital Patient Days Incurred		13,191	1,104	11,797	0	0	0	290	0	0	0		
11. Number of Inpatient Admissions		2,542	148	2,354	0	0	0	40	0	0	0		
12. Health Premiums Written (b)		231,139,973	7,251,197	219,428,052	0	0	0	3,729,680	731,044	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		231,139,973	7,251,197	219,428,052	0	0	0	3,729,680	731,044	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		209,405,211	8,216,708	176,488,913	0	0	0	2,901,925	21,797,665	0	0		
18. Amount Incurred for Provision of Health Care Services		179,979,468	6,737,699	175,542,362	0	0	0	2,963,315	(5,263,908)	0	0		

(a) For health business: number of persons insured under PPO managed care products 48,243 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 731,044



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)**

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				2017	NAIC Company Code	95348
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>Total Members at end of:</b>											
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		50,884	1,333	49,037	0	0	0	514	0	0	0
5. Current Year		51,137	1,203	49,427	0	0	0	507	0	0	0
6. Current Year Member Months		612,655	17,435	589,341	0	0	0	6,226	(347)	0	0
<b>Total Member Ambulatory Encounters for Year:</b>											
7 Physician		318,644	13,182	299,929	0	0	0	5,533	0	0	0
8. Non-Physician		144,490	8,874	132,746	0	0	0	2,870	0	0	0
9. Total		463,134	22,056	432,675	0	0	0	8,403	0	0	0
10. Hospital Patient Days Incurred		13,191	1,104	11,797	0	0	0	290	0	0	0
11. Number of Inpatient Admissions		2,542	148	2,354	0	0	0	40	0	0	0
12. Health Premiums Written (b)		230,778,366	7,251,197	219,428,052	0	0	0	3,729,680	369,437	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		230,778,366	7,251,197	219,428,052	0	0	0	3,729,680	369,437	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		215,208,271	8,216,708	176,488,913	0	0	0	2,901,925	27,600,725	0	0
18. Amount Incurred for Provision of Health Care Services		179,824,292	6,737,699	175,542,362	0	0	0	2,963,315	(5,419,084)	0	0

(a) For health business: number of persons insured under PPO managed care products 48,243 and number of persons insured under indemnity only products 0 .

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 369,437

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**SCHEDULE S - PART 1 - SECTION 2**

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

# None

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**SCHEDULE S - PART 2**

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
1099999. Total Life and Annuity - Non-Affiliates					0	0
1199999. Total Life and Annuity					0	0
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
00000 ... AA-9990032 ... 01/01/2014 ... US DEPARTMENT OF HEALTH AND HUMAN SERVICES				DC	274,541	0
1999999. Accident and Health - U.S. Non-Affiliates					274,541	0
2199999. Total Accident and Health - Non-Affiliates					274,541	0
2299999. Total Accident and Health					274,541	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					274,541	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
99999999 Totals - Life, Annuity and Accident and Health					274,541	0

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
37273 ..39-1338397 ..10/01/2015 ..AXIS INSURANCE COMPANY ..IL ..SSL/A/I ..CMM ..							.66	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							66	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							66	0	0	0	0	0	0
1199999. Total General Account Authorized							66	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							66	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							66	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							66	0	0	0	0	0	0

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

**SCHEDULE S - PART 6**

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	.0	371	662	842	241
2. Title XVIII - Medicare .....	.0	0	0	0	0
3. Title XIX - Medicaid .....	.0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	.0	0	0	0	0
5. Total hospital and medical expenses .....	465	429	4,335	10,517	(33)
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....	.0	0	0	0	0
7. Claims payable .....	.0	112	761	2,234	0
8. Reinsurance recoverable on paid losses .....	275	1,683	5,196	8,283	0
9. Experience rating refunds due or unpaid .....	.0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	.0	0	0	0	0
11. Unauthorized reinsurance offset .....	.0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	.0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....	.0	0	0	0	0
14. Letters of credit (L) .....	.0	0	0	0	0
15. Trust agreements (T) .....	.0	0	0	0	0
16. Other (O) .....	.0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....	.0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	.0	0	0	0	0
19. Letters of credit (L) .....	.0	0	0	0	0
20. Trust agreements (T) .....	.0	0	0	0	0
21. Other (O) .....	0	0	0	0	0

**SCHEDULE S - PART 7**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	126,620,179	0	126,620,179
2. Accident and health premiums due and unpaid (Line 15) .....	11,859,453	0	11,859,453
3. Amounts recoverable from reinsurers (Line 16.1) .....	274,541	(274,541)	0
4. Net credit for ceded reinsurance .....	XXX	274,541	274,541
5. All other admitted assets (Balance) .....	22,165,234	0	22,165,234
6. Total assets (Line 28)	160,919,407	0	160,919,407
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	17,681,922	0	17,681,922
8. Accrued medical incentive pool and bonus payments (Line 2) .....	529,792	0	529,792
9. Premiums received in advance (Line 8) .....	6,833,466	0	6,833,466
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) .....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....	0	0	0
14. All other liabilities (Balance) .....	22,688,588	0	22,688,588
15. Total liabilities (Line 24)	47,733,768	0	47,733,768
16. Total capital and surplus (Line 33) .....	113,185,639	XXX	113,185,639
17. Total liabilities, capital and surplus (Line 34)	160,919,407	0	160,919,407
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	0		
19. Accrued medical incentive pool .....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	274,541		
22. Other ceded reinsurance recoverables .....	0		
23. Total ceded reinsurance recoverables .....	274,541		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers .....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
29. Other ceded reinsurance payables/offsets .....	0		
30. Total ceded reinsurance payables/offsets .....	0		
31. Total net credit for ceded reinsurance	274,541		

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

Allocated by States and Territories

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

NONE

## ANNUAL STATEMENT FOR THE YEAR 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	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is 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	American Eldercare of North Florida, LLC	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	75-2043665			Humana Behavioral Health, Inc.		TX	IA	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	N/A	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	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	46-4912173			Humana EAP and Work-Life Services of California, Inc.		CA	IA	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.	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
..0119	Humana Inc.	95024	61-0994632			Humana Health Plan of Texas, Inc.		TX	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0

## ANNUAL STATEMENT FOR THE YEAR 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	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..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	See Footnote 2	Other	0.00	See Footnote 2		2
..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-eFL, 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 3	Other	50.00	Humana Inc.		3
..0119	Humana Inc.	65110	57-0380426			Kanawa 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
..0119	Humana Inc.	00000	01-0766084			Humana At Home (San Antonio), Inc.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0

## ANNUAL STATEMENT FOR THE YEAR 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 Domi-ciliary Loca-tion	10 Relation-ship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Owner-ship Provide Percen-tage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Re-quired? (Y/N)	16 *
.0119	Humana Inc.	.00000	46-0691871			SeniorBridge Family Companies (VA), Inc.	VA	NIA		Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2518701			SeniorBridge-Florida, LLC	FL	NIA		SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	74-2352809			Texas Dental Plans, Inc.	TX	NIA		Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.	KY	IA		HumanaDental, Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2600512			Humana at Home (TLC), Inc.	TX	NIA		ROHC, L.L.C.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	80-0072760			Transcend Insights, Inc.	DE	NIA		Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	46-5329373			Transcend Population Health Management, LLC	DE	NIA		Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	66-0872725			Humana Management Services of Puerto Rico, Inc.	PR	NIA		Humana Inc.	Ownership	100.00	Humana Inc.		0

Asterisk	Explanation
1	Availity, L.L.C., a Delaware limited liability company (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. The following companies have Common Unit ownership in the Company: HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 29.1% ownership interest, Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and a Member, has 3% ownership interest.
2	Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily.
3	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%.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(282,834)	0		0	(282,834)	0
00000	20-0381804	1st Choice Home Health Care, LLC	0	0	0	0	189	0		0	189	0
00000	20-5309363	515-526 W MainSt Condo Council of Co- Owners	0	0	0	0	0	0		0	0	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	(1,358,432)	0		0	(1,358,432)	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	3,703,597	0		0	3,703,597	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	41,031,480	0		0	41,031,480	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	50,000,000	0	0	(69,404,678)	0		0	(19,404,678)	0
00000	59-3715944	Availility, L.L.C.	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	(148,668)	0		0	(148,668)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(17,638,809)	0		0	(17,638,809)	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	388	0		0	388	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(616,863)	0		0	(616,863)	0
95092	59-2598550	CarePlus Health Plans, Inc.	96,780,000	0	0	0	(57,029,881)	0		0	39,750,119	0
95754	62-1579044	Cariten Health Plan Inc.	43,650,000	0	0	0	(162,315,393)	0		0	(118,665,393)	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(15,451,559)	0		0	(15,451,559)	0
00000	61-1279716	CHA Service Company	0	0	0	0	15	0		0	15	0
52015	59-2531815	CompBenefits Company	5,000,000	0	0	0	(20,398,997)	0		0	(15,398,997)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	1,094,032	0		0	1,094,032	0
11228	36-3686002	CompBenefits Dental, Inc.	1,000,000	0	0	0	(3,101,323)	0		0	(2,101,323)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,816)	0		0	(14,816)	0
60984	74-2552026	CompBenefits Insurance Company	5,000,000	0	0	0	(13,724,780)	0		0	(8,724,780)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	845,535	0		0	845,535	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	1,268,692	0		0	1,268,692	0
00000	59-2716023	Continucare Corporation	0	0	0	0	12,540,516	0		0	12,540,516	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(318,435)	0		0	(318,435)	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	(9,042,005)	0		0	(9,042,005)	0
00000	65-0780986	Continucare MSO, Inc.	0	0	0	0	(1,311,208)	0		0	(1,311,208)	0
00000	33-0916248	Defenselab Technologies, Inc.	0	0	0	0	(30,758)	0		0	(30,758)	0
00000	36-3512545	Dental Care Plus Management Corp.	0	0	0	0	37,766	0		0	37,766	0
95161	76-0039628	DentiCare, Inc.	2,000,000	0	0	0	(8,564,298)	0		0	(6,564,298)	0
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	(1,645)	0		0	(1,645)	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	239	0		0	239	0
00000	27-4535747	Go365, LLC	0	0	0	0	(10,577,032)	0		0	(10,577,032)	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(21,166,707)	0		0	(21,166,707)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	20,622	0		0	20,622	0
00000	46-4912173	HRI Humana of California Inc.	0	0	0	0	73,203	0		0	73,203	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	(3,133,073)	0		0	(3,133,073)	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	1,501	0		0	1,501	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(594,383)	0		0	(594,383)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(938,494)	0		0	(938,494)	0
00000	04-3580066	Humana at Home (MA), Inc.	0	0	0	0	(1,197,327)	0		0	(1,197,327)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	(8,225,420)	0		0	(8,225,420)	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	54	0		0	54	0

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.00000	65-0274594	Humana at Home 1, Inc.	0	0	.0	0	(82,613,664)	0		.0	(82,613,664)	0
.00000	13-4036798	Humana at Home, Inc.	0	0	.0	0	(862,230)	0		.0	(862,230)	0
.00000	75-2043865	Humana Behavioral Health, Inc.	12,220,000	0	.0	0	(13,511,264)	0		.0	(1,291,264)	0
.60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	0	.0	0	(104,594,192)	0		.0	(104,594,192)	0
.00000	59-1843760	Humana Dental Company	0	0	.0	0	4,153,046	0		.0	4,153,046	0
.95519	58-2209549	Humana Employers Health Plan of GA, Inc.	55,710,000	0	.0	0	(104,936,626)	0		.0	(49,226,626)	0
.00000	61-1241225	Humana Government Business, Inc.	0	0	.0	0	(76,487,687)	0		.0	(76,487,687)	0
.95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	25,000,000	0	.0	0	(233,031,341)	0		.0	(208,031,341)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	20,000,000	.0	0	(12,876,800)	0		.0	7,123,200	0
.69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	0	75,000,000	.0	0	85,039,813	0		.0	160,039,813	0
.00000	26-3473328	Humana Health Plan of California, Inc.	22,000,000	0	.0	0	2,096,052	0		.0	24,096,052	0
.95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	.0	0	(11,488,440)	0		.0	(11,488,440)	0
.95024	61-0994632	Humana Health Plan of Texas, Inc.	125,000,000	0	.0	0	(2,836,584)	0		.0	122,163,416	0
.95885	61-1013183	Humana Health Plan, Inc.	0	0	.0	0	(72,761,203)	0		.0	(72,761,203)	0
.00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	.0	0	16,484,697	0		.0	16,484,697	0
.00000	61-0647538	Humana Inc.	(1,372,150,000)	(160,000,000)	.0	0	3,114,511,523	0		.0	1,582,361,523	0
.00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	.0	0	19,726	0		.0	19,726	0
.73288	39-1263473	Humana Insurance Company	844,290,000	0	.0	0	(237,525,108)	(13,387,510)		.0	593,377,382	29,795,022
.60219	61-1311685	Humana Insurance Company of Kentucky	0	0	.0	0	(12,614,922)	13,387,510		.0	.772,588	(29,795,022)
.12634	20-2888723	Humana Insurance Company of New York	0	0	.0	0	(30,590,874)	0		.0	(30,590,874)	0
.00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	.0	0	(16,484,174)	0		.0	(16,484,174)	0
.00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	.0	0	0	0		.0	0	0
.00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	.0	0	0	0		.0	0	0
.00000	61-1343508	Humana Marketpoint, Inc.	0	0	.0	0	502,810,994	0		.0	502,810,994	0
.00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	.0	0	(8,998,859)	0		.0	(8,998,859)	0
.14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	0	0	.0	0	(11,067,333)	0		.0	(11,067,333)	0
.12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	.0	0	(5,822,650)	0		.0	(5,822,650)	0
.95270	61-1103898	Humana Medical Plan, Inc.	100,000,000	0	.0	0	(878,051,857)	0		.0	(778,051,857)	0
.00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	.0	0	(146,612,971)	0		.0	(146,612,971)	0
.00000	61-1316926	Humana Pharmacy, Inc.	0	0	.0	0	(362,942,147)	0		.0	(362,942,147)	0
.12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	.0	0	(4,417,925)	0		.0	(4,417,925)	0
.00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	.0	0	(1,889,745)	0		.0	(1,889,745)	0
.00000	26-4522426	Humana WellWorks LLC	0	0	.0	0	325	0		.0	325	0
.95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	15,000,000	.0	0	(130,424,827)	0		.0	(115,424,827)	0
.70580	39-0714280	HumanaDental Insurance Company	25,000,000	0	.0	0	(37,596,503)	0		.0	(12,596,503)	0
.00000	61-1364005	HumanaDental, Inc.	0	0	.0	0	568,851	0		.0	568,851	0
.00000	61-1239538	Humco, Inc.	0	0	.0	0	1,154	0		.0	1,154	0
.00000	61-1383567	HUM-e-FL, Inc.	0	0	.0	0	(9,615,118)	0		.0	(9,615,118)	0
.00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	.0	0	2,148,634	0		.0	2,148,634	0
.00000	39-1769093	Independent Care Health Plan	0	0	.0	0	0	0		.0	0	0
.65110	57-0380426	Kanawha Insurance Company	0	0	.0	0	(31,683,046)	0		.0	(31,683,046)	0
.00000	20-1377270	KMG America Corporation	0	0	.0	0	1,029	0		.0	1,029	0

## ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-123269	Managed Care Indemnity, Inc.	6,000,000	0	0	0	(4,256,194)	0	0	0	1,743,806	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(10,510,809)	0	0	0	(10,510,809)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	346,652	0	0	0	346,652	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0	0	0	189	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0	0	0	189	0
00000	62-1552091	PHF Companies, Inc.	0	0	0	0	(2,048)	0	0	0	(2,048)	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	20	0	0	0	20	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	1,783,161	0	0	0	1,783,161	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	667,061	0	0	0	667,061	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(495,261)	0	0	0	(495,261)	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(5,921,520)	0	0	0	(5,921,520)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	(550,409)	0	0	0	(550,409)	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(3,410,991)	0	0	0	(3,410,991)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	(600,611)	0	0	0	(600,611)	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	(1,369,739)	0	0	0	(1,369,739)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	3,515,708	0	0	0	3,515,708	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	(6,858,025)	0	0	0	(6,858,025)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(610,377)	0	0	0	(610,377)	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	(595,885)	0	0	0	(595,885)	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(2,381,972)	0	0	0	(2,381,972)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	(2,405,536)	0	0	0	(2,405,536)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	1,719,801	0	0	0	1,719,801	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,893,165)	0	0	0	(3,893,165)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	(1,407,611)	0	0	0	(1,407,611)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(5,489,723)	0	0	0	(5,489,723)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0	0	0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	3,500,000	0	0	0	(99,914)	0	0	0	(99,914)	0
54739	52-1157181	The Dental Concern, Inc.	0	0	0	0	(6,395,893)	0	0	0	(2,895,893)	0
00000	80-0072760	Transcend Insights, Inc.	0	0	0	0	22,246,988	0	0	0	22,246,988	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	7,447,960	0	0	0	7,447,960	0
9999999 Control Totals			0	0	0	0	0	0	0	XXX	0	0

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

Responses

**MARCH FILING**

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

**APRIL FILING**

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

**JUNE FILING**

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

**AUGUST FILING**

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

**MARCH FILING**

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

**APRIL FILING**

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	.....	NO
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	YES
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	YES

**AUGUST FILING**

24. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	YES
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## Explanations:

11. This type of business is not written.
12. This type of business is not written.
13. This type of business is not written.
14. This type of business is not written.
15. This type of business is not written.
16. This type of business is not written.
17. No relief will be requested.
18. No relief will be requested.
19. No relief will be requested.
20. This type of business is not written.
21. This type of business is not written.

## Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]



12. Life Supplement [Document Identifier 205]



13. SIS Stockholder Information Supplement [Document Identifier 420]



14. Participating Opinion for Exhibit 5 [Document Identifier 371]



15. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



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



17. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



18. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Health Plan of Ohio Inc.

## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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



21. Life Supplement [Document Identifier 211]



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