



HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017  
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan of Ohio, Inc.

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

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

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

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

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

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

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

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

Primary Location of Books and Records500 West Main StreetLouisville , KY, US 40202513-784-5320  
(Street and Number)(City or Town, State, Country and Zip Code)(Area Code) (Telephone Number)

Internet Website Addresswww.humana.com

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

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

OFFICERS

President & CEOBruce Dale BroussardSr. VP & CFOBrian Andrew Kane

VP & Corporate SecretaryJoseph Christopher Ventura #VP & Chief ActuaryMarie Vanessa Olson #

OTHER

Alan James Bailey, VP & Treasurer	Elizabeth Diane Bierbower, Pres, Group Segment	Renee Jacqueline Buckingham, VP & Division Leader-Northern Division
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	Susan Lynn Mateja #, Appointed Actuary	Mark Matthew Matzke, Seg. VP & Pres., Small Business and Large Group
Steven Edward McCulley, SVP, Medicare Operations	William Mark Preston, VP-Investment Management	Richard Donald Remmers, VP, Group Segment
George Renaudin II, Seg. VP, Retail East & Provider Experience	Donald Hank Robinson, Vice President-Tax	Timothy Alan Wheatley, President, Retail Segment
Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, VP & Chief Accounting Officer	

DIRECTORS OR TRUSTEES

Bruce Dale Broussard

Brian Andrew Kane

Timothy Alan Wheatley #

State ofKentuckySS:

County ofJefferson

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

Bruce Dale BroussardJoseph Christopher Ventura #Alan James Bailey  
President & CEOPresident & CEOPresident & CEO

Subscribed and sworn to before me this23rdday ofFebruary, 2018

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

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

Michele Sizemore  
Notary Public  
January 3, 2019

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

[illegible]

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

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)**

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

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	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	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
Other Payments:						
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

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

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	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	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10		
		2	3									
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:												
1. Prior Year												
2. First Quarter												
3. Second Quarter												
4. Third Quarter												
5. Current Year												
6. Current Year Member Months												
Total Member Ambulatory Encounters for Year:												
7. Physician												
8. Non-Physician												
9. Total												
10. Hospital Patient Days Incurred												
11. Number of Inpatient Admissions												
12. Health Premiums Written (b)												
13. Life Premiums Direct												
14. Property/Casualty Premiums Written												
15. Health Premiums Earned												
16. Property/Casualty Premiums Earned												
17. Amount Paid for Provision of Health Care Services												
18. Amount Incurred for Provision of Health Care Services												

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



ANNUAL STATEMENT FOR THE YEAR 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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Kentucky		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95348	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	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	(199)	0	0	
Total Member Ambulatory Encounters for Year:												
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)



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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Ohio		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95348	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year .....	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	
Total Member Ambulatory Encounters for Year:												
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

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
0119		Grand Total		2017							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95348	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1. Prior Year	105,184	5,772	49,444	0	0	0	1,018	48,950	0	0	0	
2. First Quarter	51,331	1,655	49,097	0	0	0	579	0	0	0	0	
3. Second Quarter	50,507	1,472	48,490	0	0	0	545	0	0	0	0	
4. Third Quarter	50,884	1,333	49,037	0	0	0	514	0	0	0	0	
5. Current Year	51,137	1,203	49,427	0	0	0	507	0	0	0	0	
6. Current Year Member Months	612,655	17,435	589,341	0	0	0	6,226	(347)	0	0	0	
Total Member Ambulatory Encounters for Year:												
7. Physician	318,644	13,182	299,929	0	0	0	5,533	0	0	0	0	
8. Non-Physician	144,490	8,874	132,746	0	0	0	2,870	0	0	0	0	
9. Total	463,134	22,056	432,675	0	0	0	8,403	0	0	0	0	
10. Hospital Patient Days Incurred	13,191	1,104	11,797	0	0	0	290	0	0	0	0	
11. Number of Inpatient Admissions	2,542	148	2,354	0	0	0	40	0	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	0	
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	0	0	
15. Health Premiums Earned	230,778,366	7,251,197	219,428,052	0	0	0	3,729,680	369,437	0	0	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	215,208,271	8,216,708	176,488,913	0	0	0	2,901,925	27,600,725	0	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	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

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

## SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 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
A. OPERATIONS ITEMS					
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. BALANCE SHEET ITEMS					
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
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	0	0	0	0	0
14. Letters of credit (L) .....	0	0	0	0	0
15. Trust agreements (T) .....	0	0	0	0	0
16. Other (O) .....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	0	0	0	0	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	2	3	4	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Totals
1.	Alabama .....	AL				
2.	Alaska .....	AK				
3.	Arizona .....	AZ				
4.	Arkansas .....	AR				
5.	California .....	CA				
6.	Colorado .....	CO				
7.	Connecticut .....	CT				
8.	Delaware .....	DE				
9.	District of Columbia .....	DC				
10.	Florida .....	FL				
11.	Georgia .....	GA				
12.	Hawaii .....	HI				
13.	Idaho .....	ID				
14.	Illinois .....	IL				
15.	Indiana .....	IN				
16.	Iowa .....	IA				
17.	Kansas .....	KS				
18.	Kentucky .....	KY				
19.	Louisiana .....	LA				
20.	Maine .....	ME				
21.	Maryland .....	MD				
22.	Massachusetts .....	MA				
23.	Michigan .....	MI				
24.	Minnesota .....	MN				
25.	Mississippi .....	MS				
26.	Missouri .....	MO				
27.	Montana .....	MT				
28.	Nebraska .....	NE				
29.	Nevada .....	NV				
30.	New Hampshire .....	NH				
31.	New Jersey .....	NJ				
32.	New Mexico .....	NM				
33.	New York .....	NY				
34.	North Carolina .....	NC				
35.	North Dakota .....	ND				
36.	Ohio .....	OH				
37.	Oklahoma .....	OK				
38.	Oregon .....	OR				
39.	Pennsylvania .....	PA				
40.	Rhode Island .....	RI				
41.	South Carolina .....	SC				
42.	South Dakota .....	SD				
43.	Tennessee .....	TN				
44.	Texas .....	TX				
45.	Utah .....	UT				
46.	Vermont .....	VT				
47.	Virginia .....	VA				
48.	Washington .....	WA				
49.	West Virginia .....	WV				
50.	Wisconsin .....	WI				
51.	Wyoming .....	WY				
52.	American Samoa .....	AS				
53.	Guam .....	GU				
54.	Puerto Rico .....	PR				
55.	U.S. Virgin Islands .....	VI				
56.	Northern Mariana Islands .....	MP				
57.	Canada .....	CAN				
58.	Aggregate Other Alien .....	OT				
59.	Total					

NONE

ANNUAL STATEMENT FOR THE YEAR 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 Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Perce-ntage	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	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0380198				American Eldercare, Inc.	FL	NIA	American Eldercare of North Florida, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 1	Board of Directors	0.000	Humana Inc.		.1
.0119	Humana Inc.	.00000	30-0117876				CAC Medical Center Holdings, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CAC Medical Center Holdings, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	CHA Service Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1279716				CHA Service Company	KY	NIA	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2043865				Humana Behavioral Health, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				Empheys Insurance Company	TX	IA	Empheysys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				Empheysys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-4912173				Humana EAP and Work-Life Services of California, Inc.	CA	IA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3592783				HUM Provider Holdings, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-4835394				Humana Active Outlook, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2739333				Humana At Home (Dallas), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	76-0537878				Humana At Home (Houston), Inc.	TX	NIA	ROHC, L.L.C.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	04-3580066				Humana at Home (IA), Inc.	MA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0274594				Humana At Home 1, Inc.	FL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	13-4036798				Humana at Home, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60052	37-1326199				Humana Benefit Plan of Illinois, Inc.	IL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-3473328				Humana Health Plan of California, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	PE	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0

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 Location	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	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-0647538			NYSE	Humana Inc.	DE	UDP	See Footnote 2	Other	0.000	See Footnote 2		.2
.0119	Humana Inc.	.00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc.	PR	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc.	PA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12908	20-8411422				Humana Medical Plan of Utah, Inc.	UT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-2254346				Humana Pharmacy Solutions, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.12282	20-2036444				Humana Regional Health Plan, Inc.	AR	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8418853				Humana Veterans Healthcare Services, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-4535747				Go365, LLC	DE	NIA	HumanaWellworks LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1239538				Humco, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 3	Other	50.000	Humana Inc.		.3
.0119	Humana Inc.	.65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-1225873				Primary Care Holdings, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	75-2844854				ROHC, L.L.C.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	01-0766084				Humana At Home (San Antonio), Inc.	TX	NIA	Humana at Home, Inc.	Ownership	100.000	Humana Inc.		.0

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 .....	46-0691871 ...	.....	.....	.....	SeniorBridge Family Companies (VA), Inc. ....	..VA.....	..NIA.....	Humana at Home, Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	59-2518701 ...	.....	.....	.....	SeniorBridge-Florida, LLC .....	..FL.....	..NIA.....	SeniorBridge Family Companies (FL), Inc. ..	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	74-2352809 ...	.....	.....	.....	Texas Dental Plans, Inc. ....	..TX.....	..NIA.....	Humana Dental Company .....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..54739 .....	52-1157181 ...	.....	.....	.....	The Dental Concern, Inc. ....	..KY.....	..IA.....	HumanaDental, Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	75-2600512 ...	.....	.....	.....	Humana at Home (TLC), Inc. ....	..TX.....	..NIA.....	ROHC, L.L.C. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	80-0072760 ...	.....	.....	.....	Transcend Insights, Inc. ....	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	46-5329373 ...	.....	.....	.....	Transcend Population Health Management, LLC ..	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 .....	66-0872725 ...	.....	.....	.....	Humana Management Services of Puerto Rico, Inc. ....	..PR.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	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	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	(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	Availity, 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	DefenseWeb 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	Empesys Insurance Company	0	0	0	0	(1,645)	0		0	(1,645)	0
00000	61-1237697	Empesys, 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

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0274594	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	(772,761,203)	0		0	(772,761,203)	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

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1232669	Managed Care Indemnity, Inc.	6,000,000	0	0	0	(4,256,194)	0		0	1,743,806	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	(10,510,809)	0		0	(10,510,809)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	346,652	0		0	346,652	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	(2,048)	0		0	(2,048)	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	20	0		0	20	0
00000	20-1724127	Preservation on Main, Inc.	0	0	0	0	1,783,161	0		0	1,783,161	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	667,061	0		0	667,061	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(495,261)	0		0	(495,261)	0
00000	56-2593719	SeniorBridge (NC), Inc.	0	0	0	0	(5,921,520)	0		0	(5,921,520)	0
00000	80-0581269	SeniorBridge Care Management, Inc.	0	0	0	0	(550,409)	0		0	(550,409)	0
00000	46-0702349	SeniorBridge Family Companies (AZ), Inc.	0	0	0	0	(3,410,991)	0		0	(3,410,991)	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	(600,611)	0		0	(600,611)	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	(1,369,739)	0		0	(1,369,739)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	3,515,708	0		0	3,515,708	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	(6,858,025)	0		0	(6,858,025)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(610,377)	0		0	(610,377)	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	(595,885)	0		0	(595,885)	0
00000	46-0677759	SeniorBridge Family Companies (MO), Inc.	0	0	0	0	(2,381,972)	0		0	(2,381,972)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	(2,405,536)	0		0	(2,405,536)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	1,719,801	0		0	1,719,801	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(3,893,165)	0		0	(3,893,165)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	(1,407,611)	0		0	(1,407,611)	0
00000	46-0691871	SeniorBridge Family Companies (VA), Inc.	0	0	0	0	(5,489,723)	0		0	(5,489,723)	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(99,914)	0		0	(99,914)	0
54739	52-1157181	The Dental Concern, Inc.	3,500,000	0	0	0	(6,395,893)	0		0	(2,895,893)	0
00000	80-0072760	Transcend Insights, Inc.	0	0	0	0	22,246,988	0		0	22,246,988	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	7,447,960	0		0	7,447,960	0
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

AUGUST FILING	
10.	Will 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	
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	
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]

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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