



HEALTH QUARTERLY STATEMENT

AS OF JUNE 30, 2019  
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 Office111 Merchant StreetCincinnati, OH, US 45246  
(Street and Number)(City or Town, State, Country and Zip Code)

Main Administrative Office111 Merchant StreetCincinnati, OH, US 45246513-784-5320  
(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 & CEO	Bruce Dale Broussard	Chief Financial Officer	Brian Andrew Kane
SVP, Deputy General Counsel & Corp Sec	Christopher Brooks Newman #	SVP, Chief Actuary	Vanessa Marie Olson

OTHER

Alan James Bailey, VP & Treasurer	Andrew Joseph Besendorf III #, Appointed Actuary	Courtney Danielle Durall #, Sr Legal Professional & Asst Corp Sec
Douglas Allen Edwards, Vice President	Christopher Howal Hunter, Segment President, Group Business	Brian Phillip LeClaire, Ph.D., Chief Information Officer
Mark Matthew Matzke, SVP, Employer Group and Specialty	Steven Edward McCulley, SVP, Medicare	Sean Joseph O'Reilly, VP, Chief Compliance Officer
William Mark Preston, VP, Investments	Richard Donald Remmers, SVP, Employer Group Sales	George Renaudin II, SVP, Medicare East & Provider
Donald Hank Robinson, SVP, Tax	Joseph Matthew Ruschell #, Asst Gen Counsel & Asst Corp Sec	Richard Andrew Vollmer Jr., SVP, Medicare Divisional Leader
Timothy Alan Wheatley, Segment President, Retail	Ralph Martin Wilson, Vice President	Cynthia Hillebrand Zipperle, SVP, Chief Accounting Officer & Controller

DIRECTORS OR TRUSTEES

Bruce Dale Broussard	Brian Andrew Kane	Timothy Alan Wheatley
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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 Broussard  
President & CEO

Christopher Brooks Newman #  
SVP, Deputy Gen Counsel & Corp Sec

Alan James Bailey  
VP & Treasurer

Subscribed and sworn to before me this9th day ofAugust, 2019

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.....

Julia Wentworth  
Notary Public  
January 10, 2021

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	30,941,068	0	30,941,068	57,487,643
2. Stocks:				
2.1 Preferred stocks .....	0	0	0	0
2.2 Common stocks .....	0	0	0	0
3. Mortgage loans on real estate:				
3.1 First liens .....	0	0	0	0
3.2 Other than first liens.....	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ .....0 encumbrances) .....	0	0	0	0
4.2 Properties held for the production of income (less \$ .....0 encumbrances) .....	0	0	0	0
4.3 Properties held for sale (less \$ .....0 encumbrances) .....	0	0	0	0
5. Cash (\$ .....2,049,268 ), cash equivalents (\$ .....32,703,848 ) and short-term investments (\$ .....0 ) .....	34,753,116	0	34,753,116	6,839,406
6. Contract loans (including \$ .....0 premium notes) .....	0	0	0	0
7. Derivatives .....	0	0	0	0
8. Other invested assets .....	304,479	0	304,479	304,479
9. Receivables for securities .....	0	0	0	0
10. Securities lending reinvested collateral assets .....	0	0	0	0
11. Aggregate write-ins for invested assets .....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11) .....	65,998,663	0	65,998,663	64,631,528
13. Title plants less \$ .....0 charged off (for Title insurers only) .....	0	0	0	0
14. Investment income due and accrued .....	172,025	0	172,025	347,656
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection .....	480,194	66,717	413,476	988,509
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ .....0 earned but unbilled premiums) .....	0	0	0	0
15.3 Accrued retrospective premiums (\$ .....111,787 ) and contracts subject to redetermination (\$ .....294,018 ) .....	405,805	0	405,805	9,935,978
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers .....	0	0	0	0
16.2 Funds held by or deposited with reinsured companies .....	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts .....	0	0	0	0
17. Amounts receivable relating to uninsured plans .....	71,432	0	71,432	3,556,670
18.1 Current federal and foreign income tax recoverable and interest thereon .....	278,841	0	278,841	1,295,061
18.2 Net deferred tax asset .....	174,441	2,562	171,879	171,879
19. Guaranty funds receivable or on deposit .....	0	0	0	0
20. Electronic data processing equipment and software .....	0	0	0	0
21. Furniture and equipment, including health care delivery assets (\$ .....0 ) .....	499,871	499,871	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates .....	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates .....	4,783,730	0	4,783,730	8,029,321
24. Health care (\$ .....4,959,213 ) and other amounts receivable .....	5,095,377	82,146	5,013,231	2,495,660
25. Aggregate write-ins for other than invested assets .....	1,337,874	1,160,498	177,376	106,471
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25) .....	79,298,254	1,811,795	77,486,459	91,558,733
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0	0
28. Total (Lines 26 and 27)	79,298,254	1,811,795	77,486,459	91,558,733
DETAILS OF WRITE-INS				
1101. ....	0	0	0	0
1102. ....				
1103. ....				
1198. Summary of remaining write-ins for Line 11 from overflow page .....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501. Prepaid Commissions .....	772,406	772,406	0	0
2502. Deposits .....	377,035	377,035	0	0
2503. Federal Contingency Reserves .....	177,376	0	177,376	106,471
2598. Summary of remaining write-ins for Line 25 from overflow page .....	11,057	11,057	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	1,337,874	1,160,498	177,376	106,471

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ .....0 reinsurance ceded) .....	19,987,491	301,252	20,288,743	16,397,383
2. Accrued medical incentive pool and bonus amounts .....	193,327	0	193,327	0
3. Unpaid claims adjustment expenses .....	145,801	0	145,801	117,238
4. Aggregate health policy reserves, including the liability of \$ .....0 for medical loss ratio rebate per the Public Health Service Act .....	6,766,321	0	6,766,321	3,566,326
5. Aggregate life policy reserves .....	0	0	0	0
6. Property/casualty unearned premium reserve .....	0	0	0	0
7. Aggregate health claim reserves .....	273,000	0	273,000	273,000
8. Premiums received in advance .....	4,535,540	0	4,535,540	4,628,168
9. General expenses due or accrued .....	2,381,107	0	2,381,107	2,719,664
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....0 on realized gains (losses)) .....	0	0	0	0
10.2 Net deferred tax liability .....	0	0	0	0
11. Ceded reinsurance premiums payable .....	0	0	0	0
12. Amounts withheld or retained for the account of others.....	0	0	0	0
13. Remittances and items not allocated .....	194,230	0	194,230	111,579
14. Borrowed money (including \$ .....0 current) and interest thereon \$ .....0 (including \$ .....0 current) .....	0	0	0	0
15. Amounts due to parent, subsidiaries and affiliates .....	0	0	0	0
16. Derivatives .....	0	0	0	0
17. Payable for securities .....	0	0	0	0
18. Payable for securities lending .....	0	0	0	0
19. Funds held under reinsurance treaties (with \$ .....0 authorized reinsurers, \$ .....0 unauthorized reinsurers and \$ .....0 certified reinsurers).....	0	0	0	0
20. Reinsurance in unauthorized and certified (\$ .....0 ) companies .....	0	0	0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates .....	0	0	0	0
22. Liability for amounts held under uninsured plans .....	397,074	0	397,074	1,835,893
23. Aggregate write-ins for other liabilities (including \$ .....79,182 current) .....	132,992	0	132,992	123,359
24. Total liabilities (Lines 1 to 23) .....	35,006,884	301,252	35,308,136	29,772,610
25. Aggregate write-ins for special surplus funds .....	XXX	XXX	2,182,805	0
26. Common capital stock .....	XXX	XXX	1,000	1,000
27. Preferred capital stock .....	XXX	XXX	0	0
28. Gross paid in and contributed surplus .....	XXX	XXX	65,101,893	82,601,893
29. Surplus notes .....	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
31. Unassigned funds (surplus) .....	XXX	XXX	(25,107,375)	(20,816,770)
32. Less treasury stock, at cost:				
32.1 .....0 shares common (value included in Line 26 \$ .....0 ) .....	XXX	XXX	0	0
32.2 .....0 shares preferred (value included in Line 27 \$ .....0 ) .....	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32) .....	XXX	XXX	42,178,323	61,786,123
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	77,486,459	91,558,733
DETAILS OF WRITE-INS				
2301. Unclaimed Property .....	105,652	0	105,652	97,336
2302. Premium Payable .....	26,023	0	26,023	26,023
2303. Miscellaneous Liability .....	1,317	0	1,317	0
2398. Summary of remaining write-ins for Line 23 from overflow page .....	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	132,992	0	132,992	123,359
2501. Special Surplus – Projected HCRL Assessment for the Upcoming Year .....	XXX	XXX	2,182,805	0
2502. ....	XXX	XXX		
2503. ....	XXX	XXX		
2598. Summary of remaining write-ins for Line 25 from overflow page .....	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	2,182,805	0
3001. ....	XXX	XXX	0	0
3002. ....	XXX	XXX		
3003. ....	XXX	XXX		
3098. Summary of remaining write-ins for Line 30 from overflow page .....	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098)(Line 30 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	234,570	302,113	574,700
2. Net premium income ( including \$ .....0 non-health premium income).....	XXX	110,195,733	116,337,446	225,262,228
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	0	(30)	0
4. Fee-for-service (net of \$ .....0 medical expenses).....	XXX	0	0	0
5. Risk revenue .....	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	110,195,733	116,337,416	225,262,228
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....	1,183,157	77,296,546	69,032,807	138,247,350
10. Other professional services .....	0	269,483	23,845	42,501
11. Outside referrals .....	0	0	0	0
12. Emergency room and out-of-area .....	207,537	2,933,771	4,571,762	8,877,535
13. Prescription drugs .....	0	15,058,281	17,369,532	36,721,177
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....	0	196,291	(94,870)	336,624
16. Subtotal (Lines 9 to 15) .....	1,390,694	95,754,372	90,903,076	184,225,187
<b>Less:</b>				
17. Net reinsurance recoveries .....	0	14,545	361	361
18. Total hospital and medical (Lines 16 minus 17) .....	1,390,694	95,739,827	90,902,715	184,224,826
19. Non-health claims (net) .....	0	0	0	0
20. Claims adjustment expenses, including \$ .....2,999,224 cost containment expenses .....	0	3,586,614	4,040,758	7,731,988
21. General administrative expenses .....	0	12,895,342	18,574,318	31,985,614
22. Increase in reserves for life and accident and health contracts (including \$ .....0 increase in reserves for life only) .....	0	0	0	(1,795,000)
23. Total underwriting deductions (Lines 18 through 22).....	1,390,694	112,221,782	113,517,791	222,147,428
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	(2,026,049)	2,819,625	3,114,800
25. Net investment income earned .....	0	861,603	1,205,539	1,998,768
26. Net realized capital gains (losses) less capital gains tax of \$ .....(70,191) .....	0	(264,051)	(533,229)	(590,045)
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	597,552	672,310	1,408,723
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ .....0 ) (amount charged off \$ .....0 )].....	0	0	0	0
29. Aggregate write-ins for other income or expenses .....	0	(10,874)	(1,455)	(1,473)
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	(1,439,372)	3,490,480	4,522,050
31. Federal and foreign income taxes incurred .....	XXX	129,357	392,981	(874,606)
32. Net income (loss) (Lines 30 minus 31) .....	XXX	(1,568,729)	3,097,499	5,396,656
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX	0	0	0
0602. ....	XXX	0	0	0
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. Gain (Loss) on Disposal .....	0	(10,874)	(1,473)	(1,473)
2902. Miscellaneous Income .....	0	0	18	0
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	(10,874)	(1,455)	(1,473)



STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	61,786,123	113,185,639	113,185,639
34. Net income or (loss) from Line 32 .....	(1,568,729)	3,097,499	5,396,656
35. Change in valuation basis of aggregate policy and claim reserves .....	0	0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....0	0	0	0
37. Change in net unrealized foreign exchange capital gain or (loss) .....	0	0	0
38. Change in net deferred income tax .....	0	0	(2,689,432)
39. Change in nonadmitted assets .....	(539,071)	(67,152)	893,259
40. Change in unauthorized and certified reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....	0	0	0
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....	0	0	0
45. Surplus adjustments:			
45.1 Paid in .....	(17,500,000)	(55,000,000)	(55,000,000)
45.2 Transferred to capital (Stock Dividend) .....	0	0	0
45.3 Transferred from capital .....	0	0	0
46. Dividends to stockholders .....	0	0	0
47. Aggregate write-ins for gains or (losses) in surplus .....	0	0	0
48. Net change in capital & surplus (Lines 34 to 47) .....	(19,607,800)	(51,969,653)	(51,399,516)
49. Capital and surplus end of reporting period (Line 33 plus 48)	42,178,323	61,215,986	61,786,123
DETAILS OF WRITE-INS			
4701. ....			
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	123,379,315	116,469,357	222,037,367
2. Net investment income .....	1,205,487	2,397,143	3,692,565
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	124,584,802	118,866,500	225,729,932
5. Benefit and loss related payments .....	93,777,365	89,529,675	185,668,312
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions .....	14,747,126	22,547,647	48,092,665
8. Dividends paid to policyholders .....	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ .....(85,216) tax on capital gains (losses) .....	(957,054)	2,860,376	1,917,450
10. Total (Lines 5 through 9) .....	107,567,437	114,937,698	235,678,427
11. Net cash from operations (Line 4 minus Line 10) .....	17,017,365	3,928,802	(9,948,495)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	26,609,032	68,862,996	75,545,059
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	8,066	8,066
12.7 Miscellaneous proceeds .....	0	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	26,609,032	68,871,062	75,553,125
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	564,952	19,644,502	19,898,302
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	500,000	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	564,952	20,144,502	19,898,302
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	26,044,080	48,726,560	55,654,823
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	(17,500,000)	(55,000,000)	(55,000,000)
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	2,352,265	(4,352,918)	4,796,337
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(15,147,735)	(59,352,918)	(50,203,663)
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	27,913,710	(6,697,556)	(4,497,335)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	6,839,406	11,336,740	11,336,740
19.2 End of period (Line 18 plus Line 19.1) .....	34,753,116	4,639,184	6,839,406

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

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	44,017	0	43,705	0	0	0	312	0	0	0
2. First Quarter .....	39,194	0	34,834	0	0	0	311	4,049	0	0
3. Second Quarter .....	38,061	0	33,366	0	0	0	317	4,378	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	234,570	0	208,199	0	0	0	1,848	24,523	0	0
Total Member Ambulatory Encounters for Period:										
7. Physician .....	165,483	0	117,011	0	0	0	1,702	46,770	0	0
8. Non-Physician .....	68,281	0	44,806	0	0	0	981	22,494	0	0
9. Total	233,764	0	161,817	0	0	0	2,683	69,264	0	0
10. Hospital Patient Days Incurred	9,348	0	4,629	0	0	0	111	4,608	0	0
11. Number of Inpatient Admissions	1,365	0	717	0	0	0	8	640	0	0
12. Health Premiums Written (a) .....	110,195,733	0	82,109,999	0	0	0	1,235,976	26,849,758	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 .....	110,195,733	0	82,109,999	0	0	0	1,235,976	26,849,758	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.....	93,838,400	124,556	72,364,634	0	0	0	1,470,361	19,878,849	0	0
18. Amount Incurred for Provision of Health Care Services	95,754,372	93,592	70,889,724	0	0	0	1,456,366	23,314,690	0	0

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 26,849,758

STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

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

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	16,385,413	56,089,232	2,025,057	13,760,683	18,410,470	16,233,205
2. Medicare Supplement .....	0	0	0	0	0	0
3. Dental Only .....	0	0	0	0	0	0
4. Vision Only .....	0	0	0	0	0	0
5. Federal Employees Health Benefits Plan .....	132,017	1,338,344	30,418	217,585	162,435	208,370
6. Title XVIII - Medicare .....	425,112	19,450,773	494	4,527,506	425,606	228,808
7. Title XIX - Medicaid .....	0	0	0	0	0	0
8. Other health .....	0	0	0	0	0	0
9. Health subtotal (Lines 1 to 8) .....	16,942,542	76,878,349	2,055,969	18,505,774	18,998,511	16,670,383
10. Healthcare receivables (a) .....	13,392	5,027,967	0	0	13,392	2,872,644
11. Other non-health .....	0	0	0	0	0	0
12. Medical incentive pools and bonus amounts .....	0	2,964	0	193,327	0	0
13. Totals (Lines 9-10+11+12)	16,929,150	71,853,346	2,055,969	18,699,101	18,985,119	13,797,739

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

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

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

The Ohio Department of Insurance (the Department) recognizes only statutory accounting practices prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners’ (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Ohio. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations from the Codification currently exist.

A reconciliation of the Company’s net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio is shown below:

	SSAP #	F/S Page	F/S Line #	2019	2018
Net (Loss)/Income					
1. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ (1,568,729)	\$ 5,396,656
2. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
3. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
4. NAIC SAP	xxx	xxx	xxx	\$ (1,568,729)	\$ 5,396,656
Surplus					
5. Humana Health Plan of Ohio, Inc. Ohio basis	xxx	xxx	xxx	\$ 42,178,323	\$ 61,786,123
6. State Prescribed Practices that is an increase/(decrease) NAIC SAP				-	-
7. State Permitted Practices that is an increase/(decrease) NAIC SAP				-	-
8. NAIC SAP	xxx	xxx	xxx	\$ 42,178,323	\$ 61,786,123

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members’ prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2-4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value. Common stocks are carried at fair value.

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

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

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

- (5) Not Applicable.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security’s impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment’s fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10-11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company’s benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company has not modified its capitalization policy from the prior period.

Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.

The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.

- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.
- (14) Not Applicable.
- (15) Not Applicable.

D. Going Concern

Management of the Company has evaluated the Company’s ability to continue as a going concern under SSAP No. 1, *Accounting Policies, Risks & Uncertainties, and Other Disclosures* (SSAP No. 1). Based on this evaluation, Management has determined that there is no substantial doubt about the Company’s ability to continue as a going concern.

2. Accounting Changes and Corrections of Errors

Not Applicable.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

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

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2019.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2019:

(a) The aggregate amount of unrealized losses:

1. Less than Twelve Months	\$	-
2. Twelve Months or Longer	\$	(3,922)

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

1. Less than Twelve Months	\$	-
2. Twelve Months or Longer	\$	635,337

(5) Unrealized losses are primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

E. Dollar Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-7) Not Applicable.

F. Repurchase Agreements Transactions Accounted for as Secured Borrowing



STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

G. Reverse Repurchase Agreements Transactions Accounted for as Secured Borrowing

Not Applicable.

H. Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

I. Reverse Repurchase Agreements Transactions Accounted for as a Sale

Not Applicable.

J. Real Estate

Not Applicable.

K. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

L. Restricted Assets

(1) Restricted Assets (Including Pledged)

	1	2	3	4	5	6	7
	Total Gross (Admitted & Nonadmitted) Restricted from Current Year	Total Gross (Admitted & Nonadmitted) Restricted from Prior Year	Increase/ (Decrease) (1 minus 2)	Total Current Year Nonadmitted Restricted	Total Current Year Admitted Restricted (1 minus 4)	Percentage Gross (Admitted & Nonadmitted) Restricted to Total Assets (a)	Percentage Admitted Restricted to Total Admitted Assets (b)
Restricted Asset Category							
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	-%	-%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-
c. Subject to repurchase agreements	-	-	-	-	-	-	-
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-
g. Placed under option contracts	-	-	-	-	-	-	-
h. Letter stock or securities restricted to sale – excluding FHLB capital stock	-	-	-	-	-	-	-
i. FHLB capital stock	-	-	-	-	-	-	-
j. On deposit with states	1,008,499	1,007,011	1,488	-	1,008,499	1.26%	1.28%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-
l. Pledged collateral to FHLB (including assets backing funding agreements)	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-
n. Other restricted assets	-	-	-	-	-	-	-
o. Total Restricted Assets	\$ 1,008,499	\$ 1,007,011	\$ 1,488	-	\$ 1,008,499	1.26%	1.28%

(2) Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

(3) Detail of Other Restricted Assets Categories (Contracts that Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate)

Not Applicable.

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

Not Applicable.

**STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

M. Working Capital Finance Investments

Not Applicable.

N. Offsetting and Netting of Assets and Liabilities

Not Applicable.

O. Structured Notes

Not Applicable.

P. 5GI\* Securities

Not Applicable.

Q. Short Sales

Not Applicable.

R. Prepayment Penalty and Acceleration Fees

No material change since year-end December 31, 2018.

6. Joint Ventures, Partnerships and Limited Liability Companies

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

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

7. Investment Income

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

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

B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2018.

10. Information Concerning Parent, Subsidiaries and Affiliates

A.-F. The Company has several management contracts with Humana Inc. and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2018 and 2017 were \$19,474,461 and \$11,488,440, respectively. As a part of this agreement, Humana Inc. makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana Inc. not be able to fulfill its obligations.

Total returns of capital of \$17,500,000 were paid to Humana Inc. on June 28, 2019. The Ohio Department of Insurance was notified prior to the payment of these returns of capital.

At June 30, 2019, the Company reported \$4,783,730 due from Humana Inc. Amounts due to or from parent are generally settled within 90 days.

G. All outstanding shares of the Company are owned by the Parent Company.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

- M. All SCA Investments  
  
Not Applicable.
  - N. Investment in Insurance SCA  
  
Not Applicable.
  - O. SCA Loss Tracking  
  
Not Applicable.
11. Debt
- A. Debt Including Capital Notes  
  
The Company has no debentures outstanding.  
  
The Company has no capital notes outstanding.  
  
The Company does not have any reverse repurchase agreements.
  - B. Federal Home Loan Bank (FHLB) Agreements  
  
The Company does not have any FHLB agreements.
12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans
- A.-D. Defined Benefit Plans  
  
Not Applicable.
  - E. Defined Contribution Plans  
  
Not Applicable.
  - F. Multiemployer Plans  
  
Not Applicable.
  - G. Consolidated/Holding Company Plans  
  
No material change since year-end December 31, 2018.
  - H. Postemployment Benefits and Compensated Absences  
  
Not Applicable.
  - I. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)  
  
Not Applicable.
13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations
- (1) The Company has \$0 par value common stock with 1,000 shares authorized and 200 shares issued and 200 outstanding. All shares are common stock shares.
  - (2) The Company has no preferred stock outstanding.
  - (3-5) Dividends and returns of capital to shareholders are noncumulative and are paid as determined by the Board of Directors. In accordance with the Department statutes, the maximum amount which can be paid by the Company to shareholders without prior approval by the Department is the greater of 10% of total surplus or net income from the prior year. All ordinary dividends are limited to available and accumulated surplus funds. Based on these restrictions, no dividend is available without prior approval.  
  
Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.  
  
Dividends or returns of capital to shareholders paid by the Company are listed below. Extraordinary amounts have been approved by the Department.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

	<u>Dividend or Return of Capital Amount</u>		<u>Date Paid</u>
	<u>Ordinary</u>	<u>Extraordinary</u>	
Return of Capital	\$ -	17,500,000	June 28, 2019
Total paid in 2019	\$ -	17,500,000	

- (6) There were no restrictions placed on the Company’s surplus, including for whom the surplus is being held.

(7) Not Applicable.

(8) Not Applicable.

(9) Changes in balances of special surplus funds from the prior year is due to the estimated health insurance industry fee that will be payable on September 30, 2020.

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

(11) Not Applicable.

(12) Not Applicable.

(13) Not Applicable.
14. Liabilities, Contingencies and Assessments

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. Joint and Several Liabilities

Not Applicable.

F. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company’s surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company’s surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of June 30, 2019.
15. Leases

No material change since year-end December 31, 2018.
16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off-Balance Sheet Risk or Concentrations of Credit Risk.
17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

**STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

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

A. ASO Plans

Not Applicable.

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of its Medicare or other similarly structured cost based reimbursement contracts.
- (2) As of June 30, 2019, the Company has recorded a receivable from CMS of \$71,432 related to the cost share and reinsurance components of administered Medicare products. The Company does not have any receivables greater than 10% of the Company's accounts receivable from uninsured accident and health plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare or other similarly structured cost based reimbursement contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues and receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

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

Not Applicable.

20. Fair Value Measurements

A. (1) The Company did not have any financial assets carried at fair value at June 30, 2019.

The Company reports transfers between Level 1 and Level 2 of the fair value hierarchy levels at the end of the reporting period. There were no transfers between Level 1 and Level 2 of the fair value hierarchy between December 31, 2018 and June 30, 2019.

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

Not Applicable.

(3) The Company reports transfers into or out of Level 3 of the fair value hierarchy levels at the end of the reporting period. There were no transfers into or out of Level 3 of the fair value hierarchy levels between December 31, 2018 and June 30, 2019.

(4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2019.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	Level 1	Level 2	Level 3	Net Asset Value (NAV)	Not Practicable (Carrying Value)
Bonds and cash equivalents	\$ 63,921,224	\$ 63,644,916	\$ 32,703,848	\$ 31,217,376	\$ -	\$ -	\$ -

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

C. Other Disclosures and Unusual Items

Not Applicable.

D. Business Interruption Insurance Recoveries

Not Applicable.

E. State Transferable and Non-transferable Tax Credits

Not Applicable.

F. Subprime Mortgage Related Risk Exposure

(1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

(2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

(3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs – No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

(4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

G. Retained Assets

Not Applicable.

H. Insurance Linked Securities

Not Applicable.

**STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.**

**NOTES TO THE FINANCIAL STATEMENTS**

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 12, 2019 for the Statutory Statement issued on August 12, 2019.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

Section 2 – Ceded Reinsurance Report – Part A

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

Yes ( ) No ( X )

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

Yes ( ) No ( X )

Section 3 – Ceded Reinsurance Report – Part B

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

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

Yes ( ) No ( X )

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

D. Certified Reinsurer Rating Downgraded or Status Subject to Revocation

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

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

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

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

- C. The amount of net premiums written by the Company at June 30, 2019 that are subject to retrospective rating features was \$110,195,733, or 100.00% of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Not Applicable.

E. Risk Sharing Provisions of the Affordable Care Act

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

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities, and Revenue for the Current Year

a. Permanent ACA Risk Adjustment Program	
Assets	
1. Premium adjustments receivable due to ACA Risk Adjustment (including high risk pool payments)	\$ 77,464
Liabilities	
2. Risk adjustment user fees payable for ACA Risk Adjustment	\$ 25,277
3. Premium adjustments payable due to ACA Risk Adjustment (including high risk pool premium)	\$ 5,219,353
Operations (Revenue & Expenses)	
4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk Adjustment	\$ (4,106,957)
5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)	\$ 7,342
b. Transitional ACA Reinsurance Program	
Assets	
1. Amounts recoverable for claims paid due to ACA Reinsurance	\$ -
2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)	\$ -
3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance	\$ -
Liabilities	
4. Liabilities for contributions payable due to ACA Reinsurance – not reported as ceded premium	\$ -
5. Ceded reinsurance premiums payable due to ACA Reinsurance	\$ -
6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance	\$ -
Operations (Revenues & Expenses)	
7. Ceded reinsurance premiums due to ACA Reinsurance	\$ -
8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments	\$ 14,545
9. ACA Reinsurance contributions – not reported as ceded premiums	\$ -
c. Temporary ACA Risk Corridors Program	
Assets	
1. Accrued retrospective premium due to ACA Risk Corridors	\$ -
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	\$ -
Operations (Revenue & Expenses)	
3. Effect of ACA Risk Corridors on net premium income	\$ -
4. Effect of ACA Risk Corridors on change in reserves for rate credits	\$ -



STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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

Accrued During the Prior Year on Business Written Before December 31 of the Prior Year		Received or Paid as of the Current Year on Business Written Before December 31 of the Prior Year		Differences		Adjustments			Unsettled Balances as of the Reporting Date	
				Prior Year Accrued Less Payments (Col 1-3)	Prior Year Accrued Less Payments (Col 2-4)	To Prior Year Balances	To Prior Year Balances		Cumulative Balance from Prior Years (Col 1-3+7)	Cumulative Balance from Prior Years (Col 2-4+8)
1	2	3	4	5	6	7	8		9	10
Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Receivable	(Payable)	Ref	Receivable	(Payable)
a. Permanent ACA Risk Adjustment Program										
1. Premium adjustments receivable (including high risk pool payments)										
-		-		-		-			-	
2. Premium adjustments (payables) (including high risk pool premium)										
	(1,034,932)		-		(1,034,932)		(4,184,421)	A.		(5,219,353)
3. Subtotal ACA Permanent Risk Adjustment Program										
-	(1,034,932)	-	-	-	(1,034,932)	-	(4,184,421)		-	(5,219,353)
b. Transitional ACA Reinsurance Program										
1. Amounts recoverable for claims paid										
-		(14,545)		14,545		(14,545)		B.	-	
2. Amounts recoverable for claims unpaid (contra liability)										
-		-		-		-			-	
3. Amounts receivable relating to uninsured plans										
-		-		-		-			-	
4. Liabilities for contributions payable due to ACA Reinsurance- not reported as ceded premium										
	-		-		-		-			-
5. Ceded reinsurance premiums payable										
	-		-		-		-			-
6. Liability for amounts held under uninsured plans										
	-		-		-		-			-
7. Subtotal ACA Transitional Reinsurance Program										
-	-	(14,545)	-	14,545	-	(14,545)	-		-	-
c. Temporary ACA Risk Corridors Program										
1. Accrued retrospective premium										
-		-		-		-			-	
2. Reserve for rate credits or policy experience rating refunds										
	-		-		-		-			-
3. Subtotal ACA Risk Corridors Program										
-	-	-	-	-	-	-	-	-	-	-
d. Total for ACA Risk Sharing Provisions										
-	(1,034,932)	(14,545)	-	14,545	(1,034,932)	(14,545)	(4,184,421)		-	(5,219,353)

Explanations of adjustments

- A. Adjustments related to updates received from CMS associated with 2018 benefit year and the latest data from Wakely Consulting.
- B. Adjustments related to payments received from CMS associated with 2016 benefit year.

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

Not Applicable.

STATEMENT AS OF June 30, 2019 OF Humana Health Plan of Ohio, Inc.

NOTES TO THE FINANCIAL STATEMENTS

(5) ACA Risk Corridors Receivable as of Reporting Date

Risk Corridors Program Year	Estimated Amount to be Filed or Final Amount Filed with CMS	Non-Accrued Amounts for Impairment or Other Reasons	Amounts received from CMS	Assets Balance (Gross of Non-admissions) (1-2-3)	Non-admitted Amount	Net Admitted Asset (4-5)
a. 2014	\$ 9,268,399	\$ 7,716,363	\$ 1,552,036	\$ -	\$ -	\$ -
b. 2015	959,816	959,816	-	-	-	-
c. 2016	724,522	724,522	-	-	-	-
d. Total (a+b+c)	\$ 10,952,737	\$ 9,400,701	\$ 1,552,036	\$ -	\$ -	\$ -

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2018 were \$16,787,621. As of June 30, 2019, \$19,392,547 has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$2,070,548 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$4,675,474 unfavorable prior-year development since December 31, 2018. The increase is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The amounts presented in this footnote exclude any impact related to Pharmacy Rebates and other Healthcare Receivable activity. Impact of such receivables can be seen in Footnote 28. The Company did not experience any material prior year claim development on retrospectively rated policies.

26. Intercompany Pooling Arrangements

Not Applicable.

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
12/31/2019	\$ -	\$ -	\$ -	\$ -	\$ -
9/30/2019	-	-	-	-	-
6/30/2019	5,041,359	5,041,359	-	-	-
3/31/2019	3,533,690	3,533,690	3,474,242	-	-
12/31/2018	2,446,746	2,446,746	2,373,085	50,963	-
9/30/2018	3,119,103	3,119,103	3,089,869	29,234	-
6/30/2018	3,973,311	3,973,311	3,927,986	45,325	-
3/31/2018	3,457,196	3,457,196	3,457,196	-	-
12/31/2017	2,723,667	2,723,667	2,544,224	171,387	8,056
9/30/2017	2,990,623	2,990,623	2,986,227	-	4,396
6/30/2017	2,864,791	2,864,791	2,851,107	-	13,684
3/31/2017	3,828,727	3,828,727	3,828,309	-	418

B. Risk Sharing Receivables

Not Applicable.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1.

Liability carried for premium deficiency reserves

\$ 70,000
2.

Date of the most recent evaluation of this liability

December 31, 2018
3.

Was anticipated investment income utilized in the calculation?

Yes ( ) No ( X )

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 2.56%.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? .....

Yes [ ☐ ] No [ ☒ ]
- 1.2

If yes, has the report been filed with the domiciliary state? .....

Yes [ ☐ ] No [ ☐ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? .....

Yes [ ☐ ] No [ ☒ ]
- 2.2

If yes, date of change: .....
- 3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? .....

If yes, complete Schedule Y, Parts 1 and 1A.

Yes [ ☒ ] No [ ☐ ]
- 3.2

Have there been any substantial changes in the organizational chart since the prior quarter end? .....

Yes [ ☐ ] No [ ☒ ]
- 3.3

If the response to 3.2 is yes, provide a brief description of those changes.
- 3.4

Is the reporting entity publicly traded or a member of a publicly traded group? .....

Yes [ ☒ ] No [ ☐ ]
- 3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. ....

0000049071
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? .....

If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes [ ☐ ] No [ ☒ ]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1	2	3
Name of Entity	NAIC Company Code	State of Domicile
NA .....		
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? .....

If yes, attach an explanation.

Yes [ ☐ ] No [ ☒ ] N/A [ ☐ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made. ....

12/31/2015
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. ....

12/31/2015
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). ....

05/25/2017
- 6.4

By what department or departments?  
Ohio Department of Insurance
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? .....

Yes [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with? .....

Yes [ ☒ ] No [ ☐ ] N/A [ ☐ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? .....

Yes [ ☐ ] No [ ☒ ]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? .....

Yes [ ☐ ] No [ ☒ ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms? .....

Yes [ ☐ ] No [ ☒ ]
- 8.4

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

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

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.11

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.21

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.31

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

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....

\$ 4,783,730

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$ 304,479
13.

Amount of real estate and mortgages held in short-term investments: .....

\$ 0
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$ 0  | \$ 0   |
| 14.22 Preferred Stock .....   | \$ 0  | \$ 0   |
| 14.23 Common Stock .....  | \$ 0  | \$ 0   |
| 14.24 Short-Term Investments .....  | \$ 0  | \$ 0   |
| 14.25 Mortgage Loans on Real Estate .....   | \$ 0  | \$ 0   |
| 14.26 All Other .....   | \$ 0  | \$ 0   |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$ 0  | \$ 0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$ 0  | \$ 0   |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

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

Yes [ ] No [ ]
16.

For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2. ....

\$ 0
- 16.2

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 .....

\$ 0
- 16.3

Total payable for securities lending reported on the liability page. ....

\$ 0

GENERAL INTERROGATORIES

17. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes [ X ] No [ ]
- 17.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase .....	4 Metro Tech Center, 16th Floor, Mail Code: NY1-C512, Brooklyn, NY 11245, Attn: Barbara J. Walsh .....

- 17.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [ X ]
- 17.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

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

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

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

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

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

1	2	3	4	5
Central Registration Depository Number	Name of Firm or Individual	Legal Entity Identifier (LEI)	Registered With	Investment Management Agreement (IMA) Filed
107105 .....	BLACKROCK FINANCIAL MANAGEMENT, INC .....	549300LVXY1VJKE13M84 .....	The SEC .....	DS.....

- 18.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Investment Analysis Office been followed? Yes [ X ] No [ ]
- 18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.  
b. Issuer or obligor is current on all contracted interest and principal payments.  
c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]
20. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.  
b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.  
c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.  
d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [ X ]

GENERAL INTERROGATORIES

PART 2 - HEALTH

1.

Operating Percentages:

1.1 A&H loss percent

89.6 %

1.2 A&H cost containment percent

2.7 %

1.3 A&H expense percent excluding cost containment expenses

12.2 %

2.1

Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]

2.2

If yes, please provide the amount of custodial funds held as of the reporting date

\$.0

2.3

Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]

2.4

If yes, please provide the balance of the funds administered as of the reporting date

\$.0

3.

Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states?

Yes [ X ] No [ ]

3.1

If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?

Yes [ ] No [ ]

STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

[illegible]

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

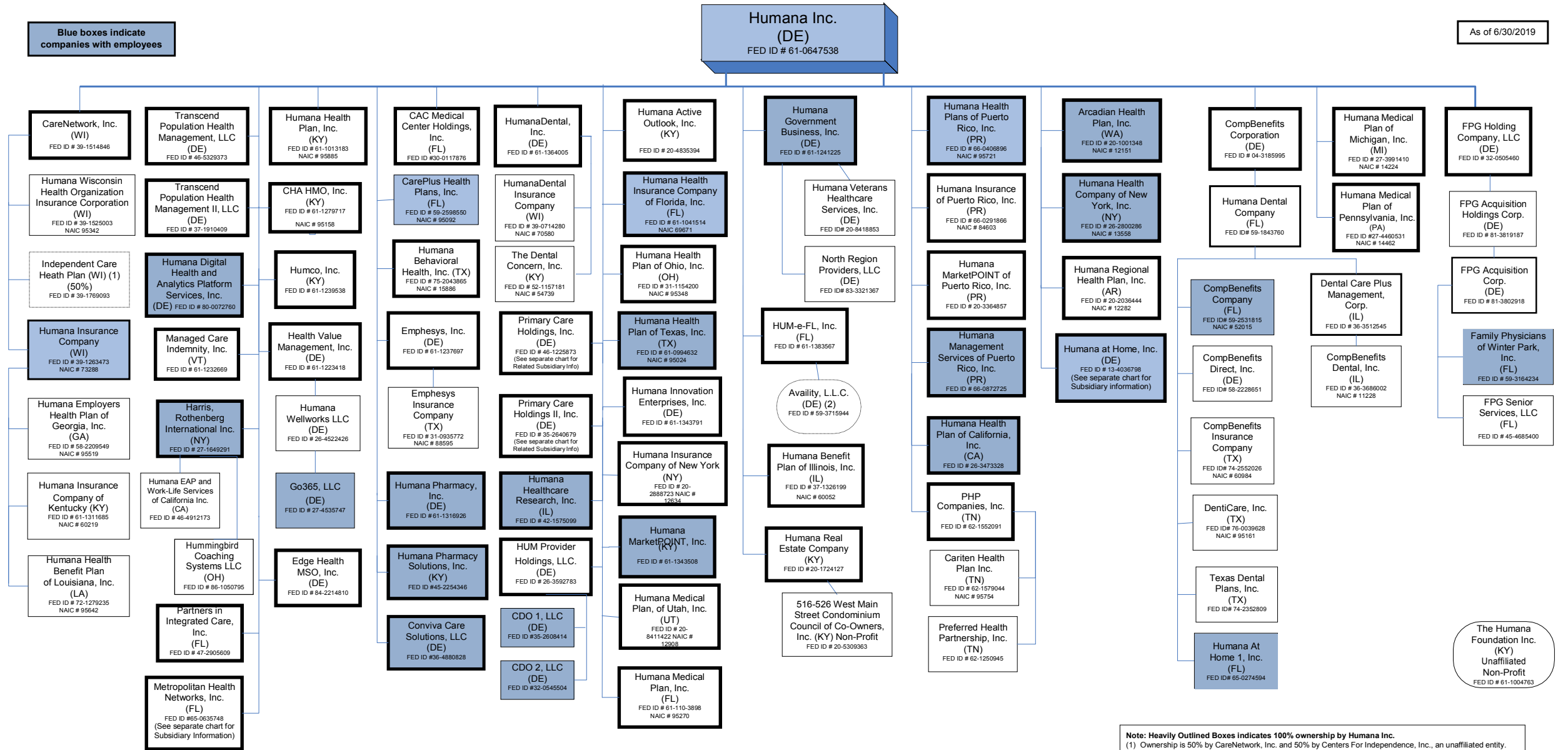
		1	Direct Business Only							
		Active Status (a)	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
States, etc.										
1.	Alabama.....AL	N	0	0	0	0	0	0	0	0
2.	Alaska.....AK	N	0	0	0	0	0	0	0	0
3.	Arizona.....AZ	N	0	0	0	0	0	0	0	0
4.	Arkansas.....AR	N	0	0	0	0	0	0	0	0
5.	California.....CA	N	0	0	0	0	0	0	0	0
6.	Colorado.....CO	N	0	0	0	0	0	0	0	0
7.	Connecticut.....CT	N	0	0	0	0	0	0	0	0
8.	Delaware.....DE	N	0	0	0	0	0	0	0	0
9.	District of Columbia.....DC	N	0	0	0	0	0	0	0	0
10.	Florida.....FL	N	0	0	0	0	0	0	0	0
11.	Georgia.....GA	N	0	0	0	0	0	0	0	0
12.	Hawaii.....HI	N	0	0	0	0	0	0	0	0
13.	Idaho.....ID	N	0	0	0	0	0	0	0	0
14.	Illinois.....IL	N	0	0	0	0	0	0	0	0
15.	Indiana.....IN	L	0	0	0	0	0	0	0	0
16.	Iowa.....IA	N	0	0	0	0	0	0	0	0
17.	Kansas.....KS	N	0	0	0	0	0	0	0	0
18.	Kentucky.....KY	L	0	24,134,507	0	0	0	0	24,134,507	0
19.	Louisiana.....LA	N	0	0	0	0	0	0	0	0
20.	Maine.....ME	N	0	0	0	0	0	0	0	0
21.	Maryland.....MD	N	0	0	0	0	0	0	0	0
22.	Massachusetts.....MA	N	0	0	0	0	0	0	0	0
23.	Michigan.....MI	N	0	0	0	0	0	0	0	0
24.	Minnesota.....MN	N	0	0	0	0	0	0	0	0
25.	Mississippi.....MS	N	0	0	0	0	0	0	0	0
26.	Missouri.....MO	N	0	0	0	0	0	0	0	0
27.	Montana.....MT	N	0	0	0	0	0	0	0	0
28.	Nebraska.....NE	N	0	0	0	0	0	0	0	0
29.	Nevada.....NV	N	0	0	0	0	0	0	0	0
30.	New Hampshire.....NH	N	0	0	0	0	0	0	0	0
31.	New Jersey.....NJ	N	0	0	0	0	0	0	0	0
32.	New Mexico.....NM	N	0	0	0	0	0	0	0	0
33.	New York.....NY	N	0	0	0	0	0	0	0	0
34.	North Carolina.....NC	N	0	0	0	0	0	0	0	0
35.	North Dakota.....ND	N	0	0	0	0	0	0	0	0
36.	Ohio.....OH	L	82,109,999	2,715,251	0	1,235,976	0	0	86,061,226	0
37.	Oklahoma.....OK	N	0	0	0	0	0	0	0	0
38.	Oregon.....OR	N	0	0	0	0	0	0	0	0
39.	Pennsylvania.....PA	N	0	0	0	0	0	0	0	0
40.	Rhode Island.....RI	N	0	0	0	0	0	0	0	0
41.	South Carolina.....SC	N	0	0	0	0	0	0	0	0
42.	South Dakota.....SD	N	0	0	0	0	0	0	0	0
43.	Tennessee.....TN	N	0	0	0	0	0	0	0	0
44.	Texas.....TX	N	0	0	0	0	0	0	0	0
45.	Utah.....UT	N	0	0	0	0	0	0	0	0
46.	Vermont.....VT	N	0	0	0	0	0	0	0	0
47.	Virginia.....VA	N	0	0	0	0	0	0	0	0
48.	Washington.....WA	N	0	0	0	0	0	0	0	0
49.	West Virginia.....WV	N	0	0	0	0	0	0	0	0
50.	Wisconsin.....WI	N	0	0	0	0	0	0	0	0
51.	Wyoming.....WY	N	0	0	0	0	0	0	0	0
52.	American Samoa.....AS	N	0	0	0	0	0	0	0	0
53.	Guam.....GU	N	0	0	0	0	0	0	0	0
54.	Puerto Rico.....PR	N	0	0	0	0	0	0	0	0
55.	U.S. Virgin Islands.....VI	N	0	0	0	0	0	0	0	0
56.	Northern Mariana Islands.....MP	N	0	0	0	0	0	0	0	0
57.	Canada.....CAN	N	0	0	0	0	0	0	0	0
58.	Aggregate Other Aliens.....OT	XXX	0	0	0	0	0	0	0	0
59.	Subtotal	XXX	82,109,999	26,849,758	0	1,235,976	0	0	110,195,733	0
60.	Reporting Entity Contributions for Employee Benefit Plans	XXX	0	0	0	0	0	0	0	0
61.	Totals (Direct Business)	XXX	82,109,999	26,849,758	0	1,235,976	0	0	110,195,733	0
DETAILS OF WRITE-INS										
58001.		XXX								
58002.		XXX								
58003.		XXX								
58998.	Summary of remaining write-ins for Line 58 from overflow page	XXX	0	0	0	0	0	0	0	0
58999.	Totals (Lines 58001 through 58003 plus 58998)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(a) Active Status Counts:  
L - Licensed or Chartered - Licensed Insurance carrier or domiciled RRG.....3 R - Registered - Non-domiciled RRGs.....0  
E - Eligible - Reporting entities eligible or approved to write surplus lines in the state.....0 Q - Qualified - Qualified or accredited reinsurer.....0  
N - None of the above - Not allowed to write business in the state.....54



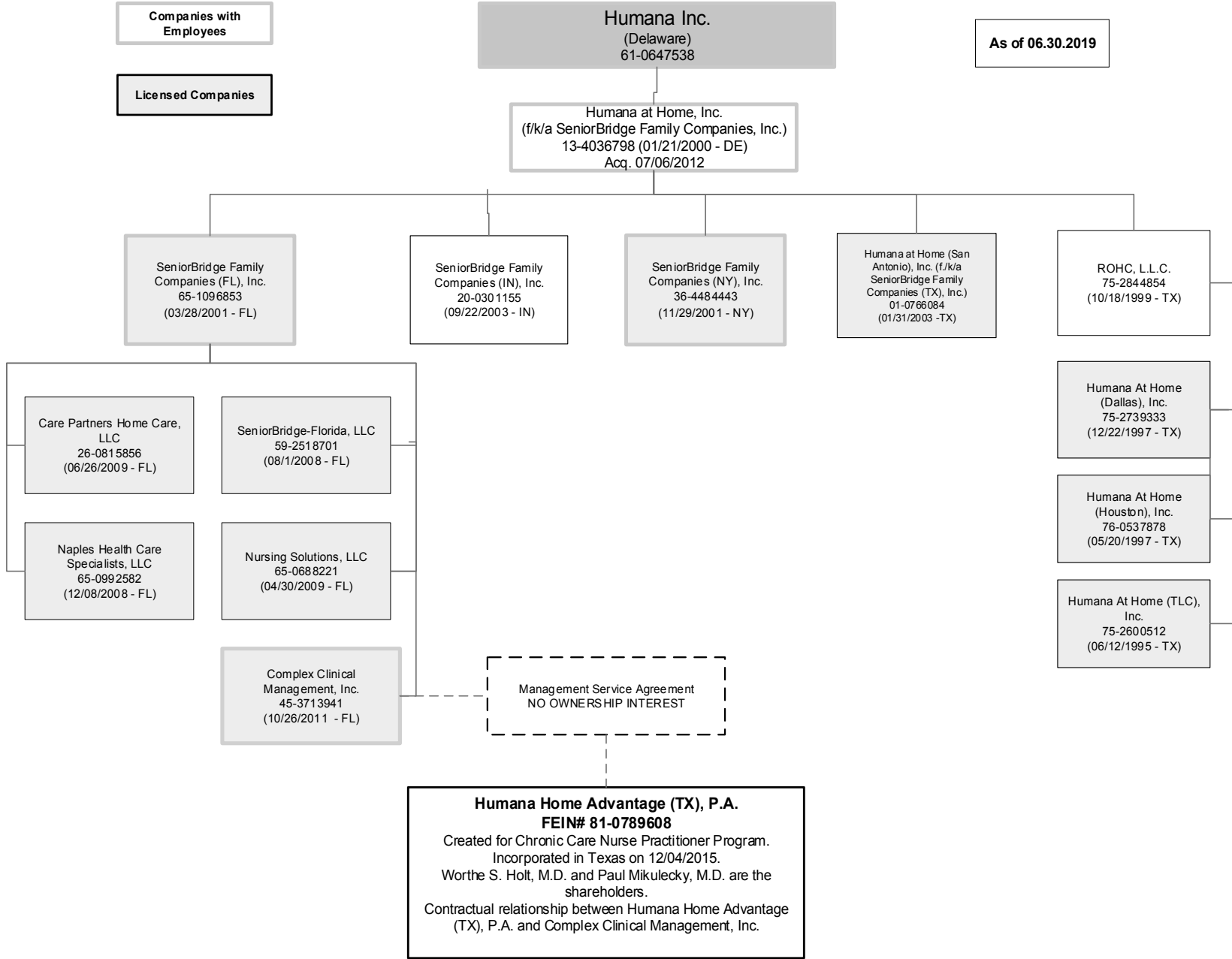
STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

15

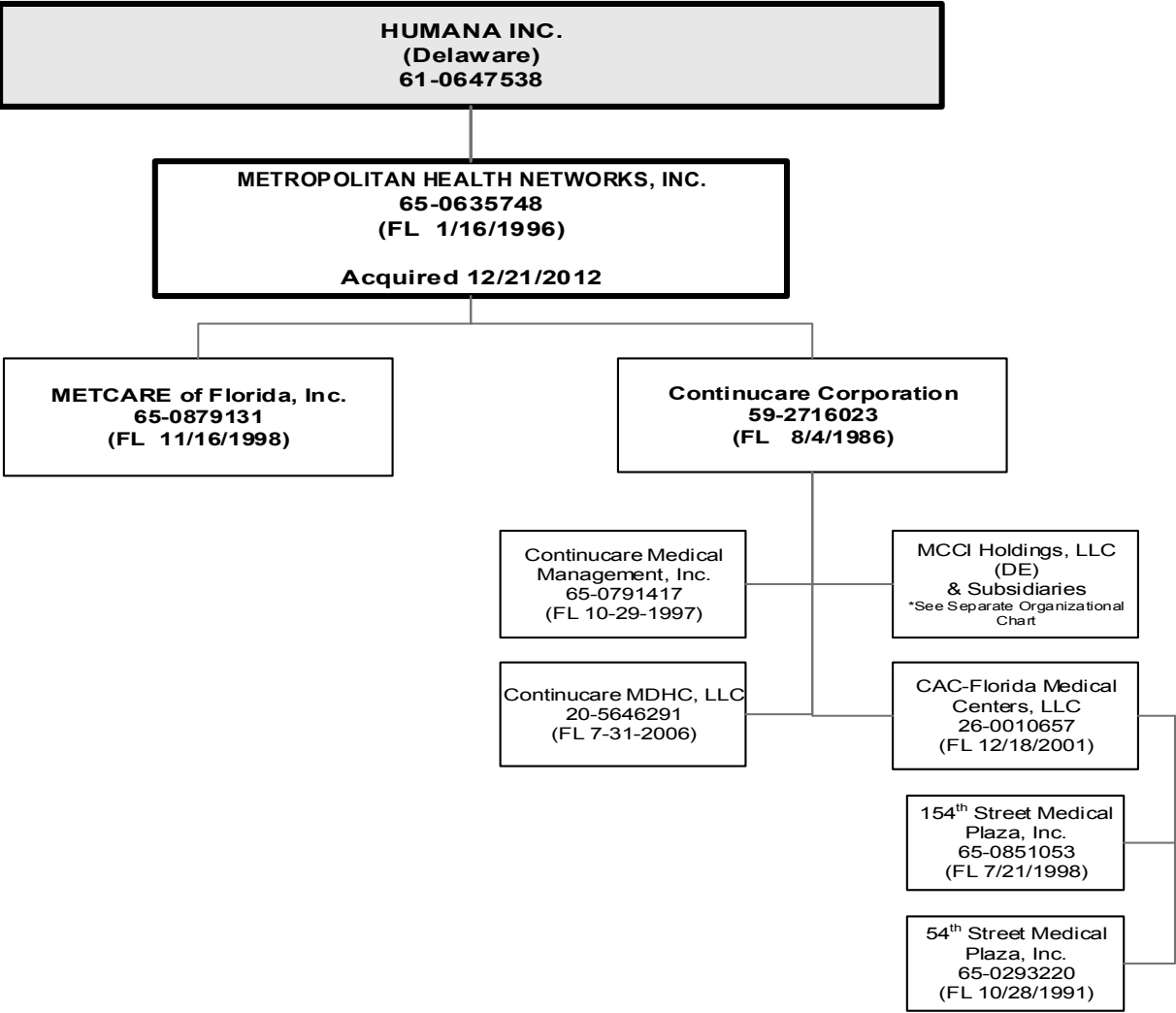


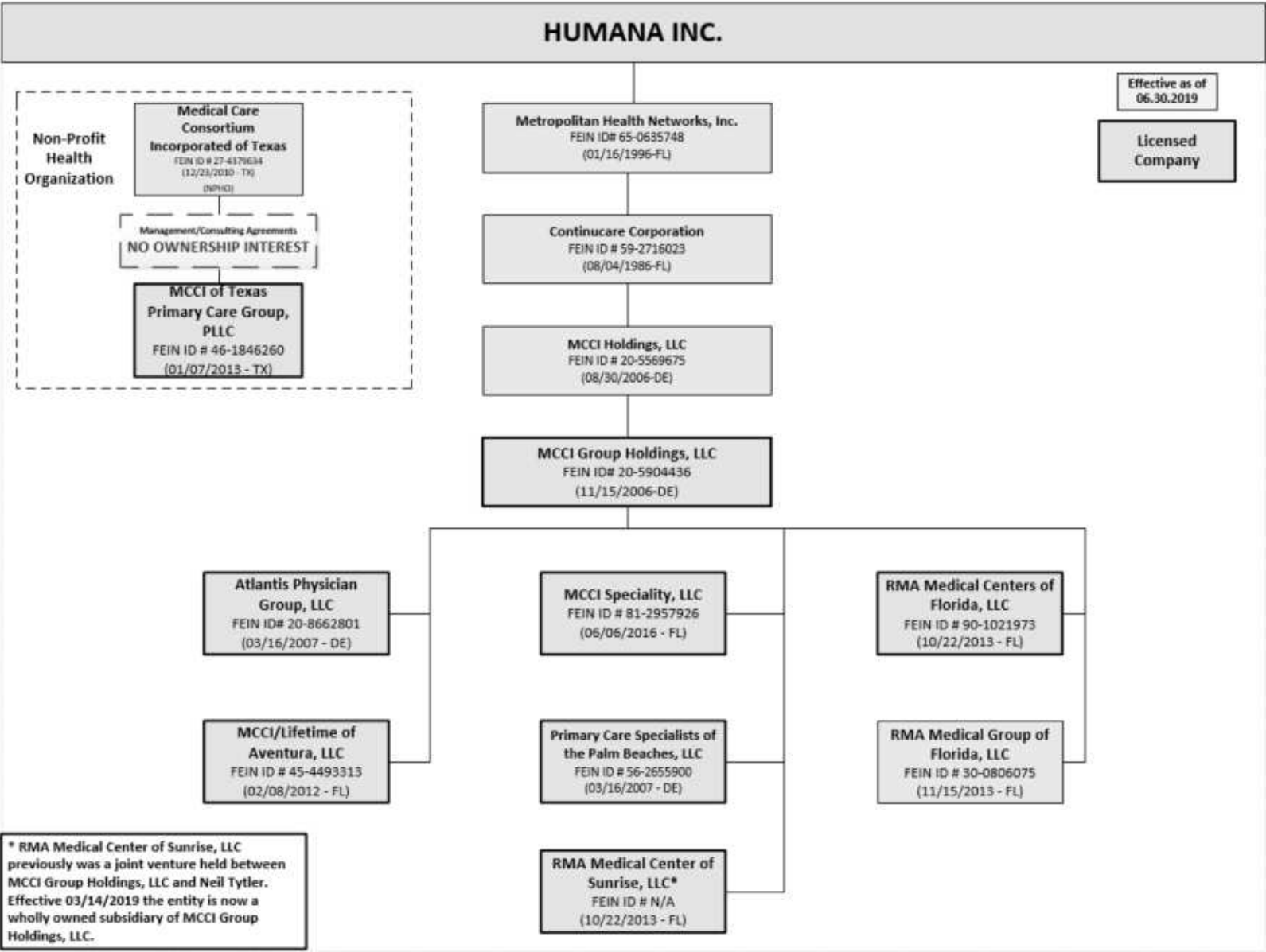
**Note: Heavily Outlined Boxes indicates 100% ownership by Humana Inc.**  
(1) Ownership is 50% by CareNetwork, Inc. and 50% by Centers For Independence, Inc., an unaffiliated entity.  
(2) Fully diluted ownership which includes Common and Preferred Units is as follows: HUM-e-FL, Inc. – 16.587%; Navigy, Inc. (an unaffiliated entity)-23.843%; Health Care Service Corporation (an unaffiliated entity)- 23.843%; Selicore, Inc. (an unaffiliated entity)-14.474%; MII Services, Inc. (an unaffiliated entity)-2.239%; and AV Investor, L.L.C. (an unaffiliated entity)-19.013%.  
NOTE: See Joint Venture organizational chart for information on the company's ownership in several joint ventures.

STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.



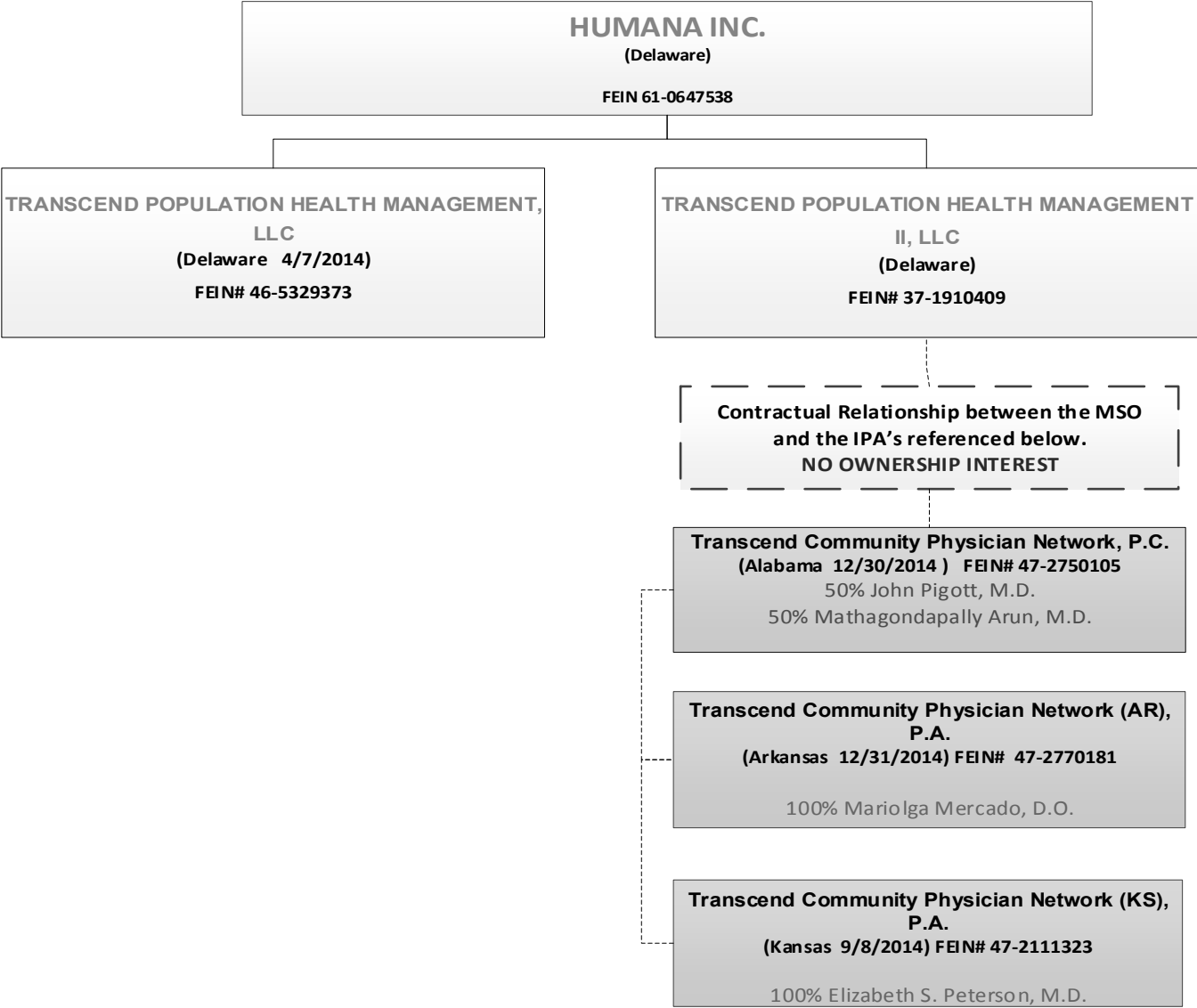
As of 06/30/2019



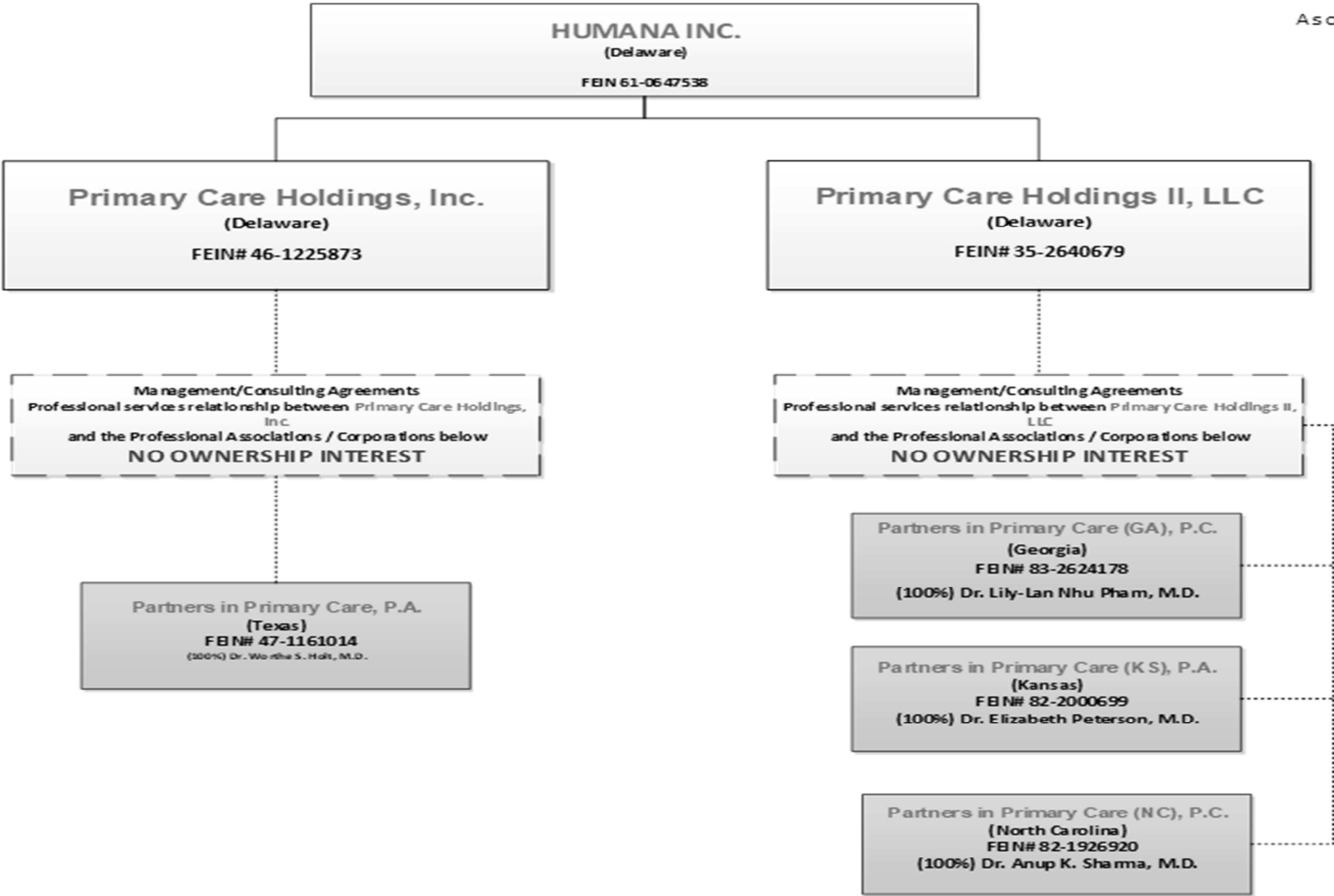


STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

As of 06.30.2019



As of 06/30/2019



**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 Per-centage	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	20-5309363				515-526 W MainSt Condo Council of Co-Owners	KY	NIA	Humana Real Estate Company	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.	.12151	20-1001348				Arcadian Health Plan, Inc. LLC	WA	IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-8662801				Atlantis Physician Group, LLC	DE	NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.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	Humana 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.	.00000	35-2608414				CDO 1, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0545504				CDO 2, LLC	DE	NIA	HJM Provider Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95158	61-1279717				CHA HMO, Inc.	KY	IA	Humana 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, Corp.	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				Humana Healthcare Research, 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.	.15886	75-2043865				Humana Behavioral Health, Inc.	TX	IA	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				DentlCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.88595	31-0935772				EmpheSys Insurance Company	TX	IA	EmpheSys, Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-1237697				EmpheSys, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	59-3164234				Family Physicians of Winter Park, Inc.	FL	NIA	FPG Acquisition Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3802918				FPG Acquisition Corp.	DE	NIA	FPG Acquisition Holdings Corp.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-3819187				FPG Acquisition Holdings Corp.	DE	NIA	FPG Holding Company, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	32-0505460				FPG Holding Company, LLC	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4685400				FPG Senior Services, LLC	FL	NIA	FPG Acquisition Corp.	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				HJM 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	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	RE	Humana 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 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 Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.95024	61-0994632				Humana Health Plan of Texas, Inc.	.TX	.IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95885	61-1013183				Humana Health Plan, Inc.	.KY	.IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	.PR	.IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	61-0647538		0000049071	NYSE	Humana Inc.	.DE	.UDP	See Footnote 1	Other	0.000	See Footnote 1		.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 2	Other	50.000	Humana Inc.		.3
.0119	Humana Inc.	.00000	61-1232669				Managed Care Indemnity, Inc.	.VT	.IA	Humana Inc.	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5569675				MCCI Holdings, LLC	.DE	.NIA	Continuicare Corporation	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	20-5904436				MCCI Group Holdings, LLC	.DE	.NIA	MCCI Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	45-4493313				MCCI/Lifetime of Aventura, LLC	.FL	.NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	81-2957926				MCCI Specialty, LLC	.FL	.NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
							Medical Care Consortium Incorporated of Texas								
.0119	Humana Inc.	.00000	27-4379634					.TX	.NIA	MCCI Group Holdings, LLC	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				Humana Real Estate Company	.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
							Primary Care Specialist of the Palm Beaches, LLC								
.0119	Humana Inc.	.00000	56-2655900					.DE	.NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000					RMA Medical Center of Sunrise, LLC	.FL	.NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	90-1021973				RMA Medical Centers of Florida, LLC	.FL	.NIA	MCCI Group Holdings, LLC	Ownership	100.000	Humana Inc.		.0
.0119	Humana Inc.	.00000	30-0806075				RMA Medical Group of Florida, LLC	.FL	.NIA	MCCI Group Holdings, LLC	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	65-1096853				SeniorBridge Family Companies (FL), Inc.	.FL	.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	36-4484443				SeniorBridge Family Companies (NY), Inc.	.NY	.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
.0119	Humana Inc.	.00000	59-2518701				SeniorBridge-Florida, LLC	.FL	.NIA	SeniorBridge Family Companies (FL), 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 ....	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 ...	.....	.....	.....	Humana Digital Health and Analytics Platform Services, 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 .....
..0119 ...	Humana Inc. ....	..00000 ....	83-3321367 ...	.....	.....	.....	North Region Providers, LLC .....	..DE.....	..NIA.....	Humana Government Business, Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 ....	35-2640679 ...	.....	.....	.....	Primary Care Holdings II, LLC .....	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....
..0119 ...	Humana Inc. ....	..00000 ....	37-1910409 ...	.....	.....	.....	Transcend Population Health Management II, LLC .....	..DE.....	..NIA.....	Humana Inc. ....	Ownership.....	100.000 ...	Humana Inc. ....	.....	..0 .....

Asterisk	Explanation
0000001 .....	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. ....
0000002 .....	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For Independence, Inc. owns the other 50%. ....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1. This type of business is not written.

Bar Code:

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



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 25

		Current Statement Date			4
		1	2	3	
		Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Prior Year Net Admitted Assets
2504.	Prepaid Expenses .....	11,057	11,057	0	0
2597.	Summary of remaining write-ins for Line 25 from overflow page	11,057	11,057	0	0

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10) .....		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage investment and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment including accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14) .....		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	304,479	304,479
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....	0	0
2.2 Additional investment made after acquisition .....	0	0
3. Capitalized deferred interest and other .....	0	0
4. Accrual of discount .....	0	0
5. Unrealized valuation increase (decrease) .....	0	0
6. Total gain (loss) on disposals .....	0	0
7. Deduct amounts received on disposals .....	0	0
8. Deduct amortization of premium and depreciation .....	0	0
9. Total foreign exchange change in book/adjusted carrying value .....	0	0
10. Deduct current year's other than temporary impairment recognized .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....	304,479	304,479
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	304,479	304,479

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	57,487,643	114,978,960
2. Cost of bonds and stocks acquired .....	564,952	19,898,302
3. Accrual of discount .....	(183)	9,408
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	(334,301)	(754,959)
6. Deduct consideration for bonds and stocks disposed of .....	26,609,032	75,545,059
7. Deduct amortization of premium .....	168,011	1,099,009
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees .....	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10) .....	30,941,068	57,487,643
12. Deduct total nonadmitted amounts .....	0	0
13. Statement value at end of current period (Line 11 minus Line 12) .....	30,941,068	57,487,643

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

NAIC Designation	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. NAIC 1 (a) .....	70,013,800	443,966,051	455,399,847	(4,841,175)	70,013,800	53,738,828	0	57,711,834
2. NAIC 2 (a) .....	979,412	43,189,785	43,000,000	15,116	979,412	1,184,313	0	1,141,335
3. NAIC 3 (a) .....	0	0	0	0	0	0	0	0
4. NAIC 4 (a) .....	0	0	0	0	0	0	0	0
5. NAIC 5 (a) .....	0	0	0	0	0	0	0	0
6. NAIC 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	70,993,212	487,155,836	498,399,847	(4,826,059)	70,993,212	54,923,141	0	58,853,169
PREFERRED STOCK								
8. NAIC 1 .....	0	0	0	0	0	0	0	0
9. NAIC 2 .....	0	0	0	0	0	0	0	0
10. NAIC 3 .....	0	0	0	0	0	0	0	0
11. NAIC 4 .....	0	0	0	0	0	0	0	0
12. NAIC 5 .....	0	0	0	0	0	0	0	0
13. NAIC 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	70,993,212	487,155,836	498,399,847	(4,826,059)	70,993,212	54,923,141	0	58,853,169

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

NAIC 1 \$ .....23,982,074 ; NAIC 2 \$ .....0 ; NAIC 3 \$ .....0 NAIC 4 \$ .....0 ; NAIC 5 \$ .....0 ; NAIC 6 \$ .....0

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals					

NONE

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	0	2,019,879
2. Cost of short-term investments acquired .....	0	0
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	8,066
6. Deduct consideration received on disposals .....	0	2,003,724
7. Deduct amortization of premium .....	0	24,221
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	0	0
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards

**N O N E**

Schedule DB - Part B - Verification - Futures Contracts

**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open

**N O N E**

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open

**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives

**N O N E**

SCHEDULE E - PART 2 - VERIFICATION

(Cash Equivalents)

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	6,467,173	7,495,354
2. Cost of cash equivalents acquired .....	931,579,896	562,696,501
3. Accrual of discount .....	247,306	26,315
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	905,590,526	563,750,997
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	32,703,848	6,467,173
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	32,703,848	6,467,173



Schedule A - Part 2 - Real Estate Acquired and Additions Made

**N O N E**

Schedule A - Part 3 - Real Estate Disposed

**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made

**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid

**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made

**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid

**N O N E**

STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

## SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation and Administrative Symbol/Market Indicator (a)
912828-XT-2	UNITED STATES TREASURY		06/25/2019	CITIGROUP GLOBAL MARKETS INC.		101,227	100,000	142	1
0599999	Subtotal - Bonds - U.S. Governments					101,227	100,000	142	XXX
00206R-GL-0	AT&T INC		06/14/2019	MORGAN STANLEY CO		208,516	200,000	2,802	2FE
3899999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					208,516	200,000	2,802	XXX
8399997	Total - Bonds - Part 3					309,743	300,000	2,944	XXX
8399998	Total - Bonds - Part 5					XXX	XXX	XXX	XXX
8399999	Total - Bonds					309,743	300,000	2,944	XXX
8999997	Total - Preferred Stocks - Part 3					0	XXX	0	XXX
8999998	Total - Preferred Stocks - Part 5					XXX	XXX	XXX	XXX
8999999	Total - Preferred Stocks					0	XXX	0	XXX
9799997	Total - Common Stocks - Part 3					0	XXX	0	XXX
9799998	Total - Common Stocks - Part 5					XXX	XXX	XXX	XXX
9799999	Total - Common Stocks					0	XXX	0	XXX
9899999	Total - Preferred and Common Stocks					0	XXX	0	XXX
9999999	Totals					309,743	XXX	2,944	XXX

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

STATEMENT AS OF JUNE 30, 2019 OF THE Humana Health Plan of Ohio Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change In Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Ident- ification	Description	For- eign	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consid- eration	Par Value	Actual Cost	Prior Year Book/ Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amor- tization)/ Accretion	Current Year's Other Than Temporary Impairment Recog- nized	Total Change in Book/ Adjusted Carrying Value (11 + 12 - 13)	Total Foreign Exchange Change in Book /Adjusted Carrying Value	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/ Stock Dividends Received During Year	Stated Con- tractual Maturity Date	NAIC Desig- nation and Admini- strative Symbol /Market Indicator (a)
3128MJ-Y2-0	FH G08728 - RMBS		06/01/2019	Paydown		6,577	6,577	7,035	7,008	0	(431)	0	(431)	0	6,577	0	0	0	111	10/01/2046	1
3128MJ-Y8-7	FH G08734 - RMBS		06/01/2019	Paydown		9,292	9,292	9,945	9,907	0	(615)	0	(615)	0	9,292	0	0	0	160	11/01/2046	1
3132WG-TS-6	FH Q43260 - RMBS		06/01/2019	Paydown		1,081	1,081	1,157	1,153	0	(72)	0	(72)	0	1,081	0	0	0	18	09/01/2046	1
3132WH-EF-1	FH Q43732 - RMBS		06/01/2019	Paydown		55,101	55,101	55,088	55,088	0	12	0	12	0	55,101	0	0	0	760	10/01/2046	1
31335A-ZF-8	FH G60742 - RMBS		06/01/2019	Paydown		62,475	62,475	62,461	62,461	0	(69)	0	(69)	0	62,475	0	0	0	827	10/01/2046	1
3137BP-DH-6	FHR 45838 UP - CMO/RMBS		06/01/2019	Paydown		43,824	43,824	45,875	45,721	0	(1,897)	0	(1,897)	0	43,824	0	0	0	547	07/15/2045	1
3137BS-ZE-6	FHR 4631A GP - CMO/RMBS		06/01/2019	Paydown		23,798	23,798	25,486	25,320	0	(1,523)	0	(1,523)	0	23,798	0	0	0	360	03/15/2046	1
3138EJ-ZR-2	FN AL2551 - RMBS		06/01/2019	Paydown		7,826	7,826	8,341	8,302	0	(476)	0	(476)	0	7,826	0	0	0	116	10/01/2042	1
3138EP-S4-7	FN AL6838 - RMBS		06/01/2019	Paydown		7,823	7,823	8,345	8,296	0	(473)	0	(473)	0	7,823	0	0	0	131	04/01/2043	1
3138EP-WL-4	FN AL6950 - RMBS		06/01/2019	Paydown		6,908	6,908	7,407	7,362	0	(454)	0	(454)	0	6,908	0	0	0	111	12/01/2042	1
3138EQ-HY-1	FN AL7446 - RMBS		06/01/2019	Paydown		15,977	15,977	17,040	16,950	0	(973)	0	(973)	0	15,977	0	0	0	273	09/01/2045	1
3138EQ-ZF-2	FN AL7941 - RMBS		06/01/2019	Paydown		23,292	23,292	25,389	25,249	0	(1,956)	0	(1,956)	0	23,292	0	0	0	385	12/01/2045	1
3138ET-TP-1	FN AL8657 - RMBS		06/01/2019	Paydown		26,815	26,815	29,422	29,250	0	(2,435)	0	(2,435)	0	26,815	0	0	0	455	06/01/2046	1
3138LV-CV-3	FN A04583 - RMBS		06/01/2019	Paydown		7,392	7,392	7,881	7,843	0	(452)	0	(452)	0	7,392	0	0	0	106	06/01/2042	1
3138LV-TP-6	FN A05957 - RMBS		06/01/2019	Paydown		20,115	20,115	21,267	21,051	0	(935)	0	(935)	0	20,115	0	0	0	289	06/01/2042	1
3138MO-SE-1	FN A08616 - RMBS		06/01/2019	Paydown		4,895	4,895	5,219	5,194	0	(299)	0	(299)	0	4,895	0	0	0	82	07/01/2042	1
3138W1-4Q-7	FN AR4430 - RMBS		06/01/2019	Paydown		62,967	62,967	65,185	64,813	0	(1,846)	0	(1,846)	0	62,967	0	0	0	837	03/01/2043	1
3138WE-AJ-8	FN AS4508 - RMBS		06/01/2019	Paydown		8,838	8,838	9,271	9,166	0	(328)	0	(328)	0	8,838	0	0	0	107	02/01/2030	1
3140J7-K4-6	FN BM3014 - RMBS		06/01/2019	Paydown		4,836	4,836	5,003	4,997	0	(162)	0	(162)	0	4,836	0	0	0	69	02/01/2045	1
3199999. Subtotal - Bonds - U.S. Special Revenues						399,832	399,832	416,816	415,133	0	(15,384)	0	(15,384)	0	399,832	0	0	0	5,743	XXX	XXX
05946X-BV-4	BAFC 031 A1 - CMO/RMBS		06/01/2019	Paydown		16	16	16	16	0	0	0	0	0	16	0	0	0	0	05/20/2033	1FM
3899999. Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)						16	16	16	16	0	0	0	0	0	16	0	0	0	0	XXX	XXX
8399997. Total - Bonds - Part 4						399,847	399,847	416,832	415,149	0	(15,384)	0	(15,384)	0	399,847	0	0	0	5,744	XXX	XXX
8399998. Total - Bonds - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8399999. Total - Bonds						399,847	399,847	416,832	415,149	0	(15,384)	0	(15,384)	0	399,847	0	0	0	5,744	XXX	XXX
8999997. Total - Preferred Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8999998. Total - Preferred Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
8999999. Total - Preferred Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799997. Total - Common Stocks - Part 4						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9799998. Total - Common Stocks - Part 5						XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
9799999. Total - Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9899999. Total - Preferred and Common Stocks						0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
9999999 - Totals						399,847	XXX	416,832	415,149	0	(15,384)	0	(15,384)	0	399,847	0	0	0	5,744	XXX	XXX

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

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By  
**N O N E**

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To  
**N O N E**

Schedule DL - Part 1 - Reinvested Collateral Assets Owned  
**N O N E**

Schedule DL - Part 2 - Reinvested Collateral Assets Owned  
**N O N E**

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1	2	3	4	5	Book Balance at End of Each Month During Current Quarter			9
					6	7	8	
					First Month	Second Month	Third Month	
Depository	Code	Rate of Interest	Amount of Interest Received During Current Quarter	Amount of Interest Accrued at Current Statement Date				*
US BANK ..... St. Louis, MO .....		0.000	0	0	1,780,536	(23,985)	1,748,686	XXX
WELLS FARGO ..... Atlanta, GA .....		0.000	0	0	(827)	(827)	(827)	XXX
JP MORGAN CHASE ..... New York, NY .....		0.000	0	0	17,135	12,597	10,600	XXX
JP MORGAN CHASE Time Deposit .....								
..... New York, NY .....		2.340	95	0	5,112,882	5,337,831	290,809	XXX
0199998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Open Depositories	XXX	XXX	0	0	0	0	0	XXX
0199999. Totals - Open Depositories	XXX	XXX	95	0	6,909,727	5,325,616	2,049,268	XXX
0299998. Deposits in ... 0 depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX
0399999. Total Cash on Deposit	XXX	XXX	95	0	6,909,727	5,325,616	2,049,268	XXX
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	0	0	0	XXX
.....								
.....								
.....								
.....								
.....								
.....								
.....								
.....								
0599999. Total - Cash	XXX	XXX	95	0	6,909,727	5,325,616	2,049,268	XXX

## SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

[illegible]