



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2019
OF THE CONDITION AND AFFAIRS OF THE
Humana Health Plan of Ohio, Inc.

NAIC Group Code	0119 (Current)	0119 (Prior)	NAIC Company Code	95348	Employer's ID Number	31-1154200
Organized under the Laws of	Ohio		State of Domicile or Port of Entry	OH		
Country of Domicile	United States of America					
Licensed as business type:	Health Maintenance Organization					
Is HMO Federally Qualified?	Yes [<input checked="" type="checkbox"/>] No [<input type="checkbox"/>]					
Incorporated/Organized	08/19/1985		Commenced Business	03/10/1979		
Statutory Home Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 (City or Town, State, Country and Zip Code)			
Main Administrative Office	111 Merchant Street (Street and Number)		Cincinnati, OH, US 45246 (City or Town, State, Country and Zip Code)			
			513-784-5320 (Area Code) (Telephone Number)			
Mail Address	P.O. Box 740036 (Street and Number or P.O. Box)		Louisville, KY, US 40201-7436 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	500 West Main Street (Street and Number)		Louisville, KY, US 40202 (City or Town, State, Country and Zip Code)			
			513-784-5320 (Area Code) (Telephone Number)			
Internet Website Address	www.humana.com					
Statutory Statement Contact	Stephenie Warren (Name)		502-580-2050 (Area Code) (Telephone Number)			
	DOIINQUIRIES@humana.com (E-mail Address)		502-580-2099 (FAX Number)			

OFFICERS

President & CEO	Bruce Dale Broussard	Chief Financial Officer	Brian Andrew Kane
Associate VP, Asst Gen Counsel & Corporate Secretary	Joseph Matthew Ruschell #	SVP, Chief Actuary	Vanessa Marie Olson

OTHER

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

DIRECTORS OR TRUSTEES

Bruce Dale Broussard Brian Andrew Kane Timothy Alan Wheatley

State of Kentucky SS: _____
County of Jefferson _____

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

Bruce Dale Broussard
President & CEO

Joseph Matthew Ruschell #
Corporate Secretary

Alan James Bailey
VP & Treasurer

Subscribed and sworn to before me this
24th day of February, 2020

- a. Is this an original filing? Yes [] No []
b. If no,
 1. State the amendment number.....
 2. Date filed
 3. Number of pages attached.....

Julia Wentworth
Notary Public
January 10, 2021

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	2,506,794	0	0	151,699	151,699	2,506,794
0199999. Total Pharmaceutical Rebate Receivables	2,506,794	0	0	151,699	151,699	2,506,794
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	0	0	0	0	0	0
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed	0	0	0	0	0	0
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed	0	0	0	0	0	0
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	0	0	0	157,040	157,040	0
0599999. Total Risk Sharing Receivables	0	0	0	157,040	157,040	0
0699998. Aggregate Other Receivables Not Individually Listed	0	0	0	0	0	0
0699999. Total Other Receivables	0	0	0	0	0	0
0799999 Gross health care receivables	2,506,794	0	0	308,739	308,739	2,506,794

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables	2,446,746	8,580,581	0	2,658,492	2,446,746	2,446,746
2. Claim overpayment receivables	3,106	0	0	0	3,106	3,106
3. Loans and advances to providers	0	0	0	0	0	0
4. Capitation arrangement receivables	0	0	0	0	0	0
5. Risk sharing receivables	422,792	0	0	157,040	422,792	422,792
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	2,872,644	8,580,581	0	2,815,532	2,872,644	2,872,644

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

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	0
0299999. Aggregate accounts not individually listed- uncovered	50,778	5,719	1,157	1,002	1,834	60,490
0399999. Aggregate accounts not individually listed-covered	2,582,299	290,838	58,841	50,933	93,288	3,076,199
0499999. Subtotals	2,633,078	296,557	59,998	51,934	95,123	3,136,690
0599999. Unreported claims and other claim reserves						15,879,452
0699999. Total amounts withheld						0
0799999. Total claims unpaid						19,016,142
0899999 Accrued medical incentive pool and bonus amounts						350,095

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Humana Inc	0	0	18,926,433	0	0	18,926,433	0
0199999. Individually listed receivables	0	0	18,926,433	0	0	18,926,433	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	0	0	18,926,433	0	0	18,926,433	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	24,605,164	.13.0	37,353	100.0	0	24,605,164
2. Intermediaries	0	0.0	0	0.0	0	0
3. All other providers	0	0.0	0	0.0	0	0
4. Total capitation payments	24,605,164	.13.0	37,353	100.0	0	24,605,164
Other Payments:						
5. Fee-for-service	44,540,914	23.5	XXX	XXX	0	44,540,914
6. Contractual fee payments	120,462,570	63.5	XXX	XXX	0	120,462,570
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX	0	0
8. Bonus/withhold arrangements - contractual fee payments	0	0.0	XXX	XXX	0	0
9. Non-contingent salaries	0	0.0	XXX	XXX	0	0
10. Aggregate cost arrangements	0	0.0	XXX	XXX	0	0
11. All other payments	0	0.0	XXX	XXX	0	0
12. Total other payments	165,003,484	87.0	XXX	XXX	0	165,003,484
13. TOTAL (Line 4 plus Line 12)	189,608,648	100%	XXX	XXX	0	189,608,648

24

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment	189,743	0	12,334	177,409	177,409	0
2. Medical furniture, equipment and fixtures	0	0	0	0	0	0
3. Pharmaceuticals and surgical supplies	0	0	0	0	0	0
4. Durable medical equipment	0	0	0	0	0	0
5. Other property and equipment	368,623	0	49,150	319,473	319,473	0
6. Total	558,366	0	61,484	496,882	496,882	0



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

2.

(LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF		Indiana	DURING THE YEAR				NAIC Company Code		
	1 Total	2 Individual		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
Total Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
Total Member Ambulatory Encounters for Year:				NONE						
7 Physician										
8. Non-Physician										
9. Total										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services.....										
18. Amount Incurred for Provision of Health Care Services.....										

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

and number of persons insured under indemnity only products

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



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Kentucky	DURING THE YEAR								NAIC Company Code	95348
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other		
Total Members at end of:													
1. Prior Year		0	0	0	0	0	0	0	0	0	0	0	0
2. First Quarter		4,049	0	0	0	0	0	0	0	4,049	0	0	0
3. Second Quarter		4,378	0	0	0	0	0	0	0	4,378	0	0	0
4. Third Quarter		4,612	0	0	0	0	0	0	0	4,612	0	0	0
5. Current Year		4,843	0	0	0	0	0	0	0	4,843	0	0	0
6. Current Year Member Months		52,506	0	0	0	0	0	0	0	52,506	0	0	0
Total Member Ambulatory Encounters for Year:													
7 Physician		96,183	0	0	0	0	0	0	0	96,183	0	0	0
8. Non-Physician		52,050	0	0	0	0	0	0	0	52,050	0	0	0
9. Total		148,233	0	0	0	0	0	0	0	148,233	0	0	0
10. Hospital Patient Days Incurred		10,871	0	0	0	0	0	0	0	10,871	0	0	0
11. Number of Inpatient Admissions		1,474	0	0	0	0	0	0	0	1,474	0	0	0
12. Health Premiums Written (b)		50,304,636	0	0	0	0	0	0	0	50,304,636	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....		50,304,636	0	0	0	0	0	0	0	50,304,636	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services.....		44,745,252	0	0	0	0	0	0	0	44,745,252	0	0	0
18. Amount Incurred for Provision of Health Care Services		48,041,762	0	0	0	0	0	0	0	48,041,762	0	0	0

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 50,304,636

30.KY



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Ohio	DURING THE YEAR								NAIC Company Code	95348
				Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		1	Total	2	3								
			Individual	Group									
Total Members at end of:													
1. Prior Year		44,017	0	43,705	0	0	0	0	312	0	0	0	0
2. First Quarter		35,145	0	34,834	0	0	0	0	311	0	0	0	0
3. Second Quarter		33,683	0	33,366	0	0	0	0	317	0	0	0	0
4. Third Quarter		32,694	0	32,370	0	0	0	0	324	0	0	0	0
5. Current Year		32,510	0	32,187	0	0	0	0	323	0	0	0	0
6. Current Year Member Months		406,151	0	402,396	0	0	0	0	3,755	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7 Physician		225,540	0	222,280	0	0	0	0	3,260	0	0	0	0
8. Non-Physician		87,348	0	85,557	0	0	0	0	1,791	0	0	0	0
9. Total		312,888	0	307,837	0	0	0	0	5,051	0	0	0	0
10. Hospital Patient Days Incurred		8,309	0	8,097	0	0	0	0	212	0	0	0	0
11. Number of Inpatient Admissions		1,399	0	1,381	0	0	0	0	18	0	0	0	0
12. Health Premiums Written (b)		160,106,499	899	155,052,256	0	0	0	0	2,452,893	2,600,451	0	0	0
13. Life Premiums Direct		0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned		159,615,815	899	154,561,572	0	0	0	0	2,452,893	2,600,451	0	0	0
16. Property/Casualty Premiums Earned		0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services		144,863,396	100,767	141,944,409	0	0	0	0	2,636,450	181,769	0	0	0
18. Amount Incurred for Provision of Health Care Services		144,406,851	67,131	141,600,517	0	0	0	0	2,733,445	5,758	0	0	0

(a) For health business: number of persons insured under PPO managed care products 31,522 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 2,600,451



ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan of Ohio, Inc.

2. Cincinnati, OH

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF	Grand Total		DURING THE YEAR				NAIC Company Code	95348	
			1	Comprehensive (Hospital & Medical)	4	5	6	7			
		Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
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		37,306	0	32,370	0	0	0	324	4,612	0	0
5. Current Year		37,353	0	32,187	0	0	0	323	4,843	0	0
6. Current Year Member Months		458,657	0	402,396	0	0	0	3,755	52,506	0	0
Total Member Ambulatory Encounters for Year:											
7 Physician		321,723	0	222,280	0	0	0	3,260	96,183	0	0
8. Non-Physician		139,398	0	85,557	0	0	0	1,791	52,050	0	0
9. Total		461,121	0	307,837	0	0	0	5,051	148,233	0	0
10. Hospital Patient Days Incurred		19,180	0	8,097	0	0	0	212	10,871	0	0
11. Number of Inpatient Admissions		2,873	0	1,381	0	0	0	18	1,474	0	0
12. Health Premiums Written (b)		210,411,135	899	155,052,256	0	0	0	2,452,893	52,905,087	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		209,920,451	899	154,561,572	0	0	0	2,452,893	52,905,087	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		189,608,648	100,767	141,944,409	0	0	0	2,636,450	44,927,021	0	0
18. Amount Incurred for Provision of Health Care Services		192,448,613	67,131	141,600,517	0	0	0	2,733,445	48,047,520	0	0

(a) For health business: number of persons insured under PPO managed care products 31,522 and number of persons insured under indemnity only products 0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 52,905,087

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

	1 2019	2 2018	3 2017	4 2016	5 2015
A. OPERATIONS ITEMS					
1. Premiums .....	.0	0	0	371	662
2. Title XVIII - Medicare .....	.0	0	0	0	0
3. Title XIX - Medicaid .....	.0	0	0	0	0
4. Commissions and reinsurance expense allowance .....	.0	0	0	0	0
5. Total hospital and medical expenses	15	0	465	429	4,335
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....	.0	0	0	0	0
7. Claims payable .....	.0	0	0	112	761
8. Reinsurance recoverable on paid losses .....	.0	0	275	1,683	5,196
9. Experience rating refunds due or unpaid .....	.0	0	0	0	0
10. Commissions and reinsurance expense allowances due .....	.0	0	0	0	0
11. Unauthorized reinsurance offset .....	.0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers .....	.0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....	.0	0	0	0	0
14. Letters of credit (L) .....	.0	0	0	0	0
15. Trust agreements (T) .....	.0	0	0	0	0
16. Other (O) .....	.0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....	.0	0	0	0	0
18. Funds deposited by and withheld from (F) .....	.0	0	0	0	0
19. Letters of credit (L) .....	.0	0	0	0	0
20. Trust agreements (T) .....	.0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	38,739,517	0	38,739,517
2. Accident and health premiums due and unpaid (Line 15)	770,806	0	770,806
3. Amounts recoverable from reinsurers (Line 16.1)	0	0	0
4. Net credit for ceded reinsurance	XXX	0	0
5. All other admitted assets (Balance)	25,982,256	0	25,982,256
6. Total assets (Line 28)	65,492,580	0	65,492,580
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	19,016,142	0	19,016,142
8. Accrued medical incentive pool and bonus payments (Line 2)	350,095	0	350,095
9. Premiums received in advance (Line 8)	2,365,685	0	2,365,685
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0	0	0
14. All other liabilities (Balance)	10,961,543	0	10,961,543
15. Total liabilities (Line 24)	32,693,466	0	32,693,466
16. Total capital and surplus (Line 33)	32,799,114	XXX	32,799,114
17. Total liabilities, capital and surplus (Line 34)	65,492,580	0	65,492,580
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

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

Allocated by States and Territories

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

NONE

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
.0119	Humana Inc.	.00000	65-0851053			154th Street Medical Plaza, Inc.		FL	N/A	CAC-Florida Medical Centers, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5309363			515-526 W MainSt Condo Council of Co-Owners		KY	N/A	Humana Real Estate Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0293220			54th Street Medical Plaza, Inc.		FL	N/A	CAC-Florida Medical Centers, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	12151	20-1001348			Arcadian Health Plan, Inc.		WA	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	20-8662801			Atlantis Physician Group, LLC		DE	N/A	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	30-0117876			CAC Medical Center Holdings, Inc.		FL	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0010657			CAC-Florida Medical Centers, LLC		FL	N/A	Continucare Corporation	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	26-0815856			Care Partners Home Care, LLC		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	39-1514846			CareNetwork, Inc.		WI	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95092	59-2598550			CarePlus Health Plans, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95754	62-1579044			Cariten Health Plan Inc.		TN	IA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	35-2608414			CDD 1, LLC		DE	N/A	HUM Provider Holdings, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0545504			CDD 2, LLC		DE	N/A	HUM Provider Holdings, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95158	61-1279717			CHA HMO, Inc.		KY	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	52015	59-2531815			CompBenefits Company		FL	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	04-3185995			CompBenefits Corporation		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	11228	36-3686002			CompBenefits Dental, Inc.		IL	IA	Dental Care Plus Management, Corp.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	58-2228851			CompBenefits Direct, Inc.		DE	N/A	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	60984	74-2552026		CompBenefits Insurance Company		TX	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	45-3713941			Complex Clinical Management, Inc.		FL	N/A	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	42-1575099			Humana Healthcare Research, Inc.		IL	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2716023			Continucare Corporation		FL	N/A	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	20-5646291			Continucare MDHC, LLC		FL	N/A	Continucare Corporation	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0791417			Continucare Medical Management, Inc.		FL	N/A	Continucare Corporation	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	36-4880828			Conviva Care Solutions, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	15886	75-2043865			Humana Benefit Plan of Texas, Inc.		TX	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	36-3512545			Dental Care Plus Management, Corp.		IL	N/A	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95161	76-0039628			DentiCare, Inc.		TX	IA	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	88595	31-0935772		Emphesys Insurance Company		TX	IA	Emphesys, Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1237697			Emphesys, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	59-3164234			Family Physicians of Winter Park, Inc.		FL	N/A	FPG Acquisition Corp.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3802918			FPG Acquisition Corp.		DE	N/A	FPG Acquisition Holdings Corp.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	81-3819187			FPG Acquisition Holdings Corp.		DE	N/A	FPG Holding Company, LLC	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	32-0505460			FPG Holding Company, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	45-4685400			FPG Senior Services, LLC		FL	N/A	FPG Acquisition Corp.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	27-1649291			Harris, Rothenberg International Inc.		NY	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1223418			Health Value Management, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	46-4912173			Humana EAP and Work-Life Services of California, Inc.		CA	IA	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3592783			HUM Provider Holdings, LLC		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	20-4835394			Humana Active Outlook, Inc.		KY	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2739333			Humana At Home (Dallas), Inc.		TX	N/A	ROHC, L.L.C.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	76-0537878			Humana At Home (Houston), Inc.		TX	N/A	ROHC, L.L.C.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	65-0274594			Humana At Home 1, Inc.		FL	N/A	Humana Dental Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	13-4036798			Humana at Home, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	60052	37-1326199			Humana Benefit Plan of Illinois, Inc.		IL	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	59-1843760			Humana Dental Company		FL	N/A	CompBenefits Corporation	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95519	58-2209549			Humana Employers Health Plan of GA, Inc.		GA	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	61-1241225			Humana Government Business, Inc.		DE	N/A	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95642	72-1279235			Humana Health Benefit Plan of LA, Inc.		LA	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	13558	26-2800286			Humana Health Company of New York, Inc.		NY	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	69671	61-1041514			Humana Health Ins. Co. of Florida, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	26-3473328			Humana Health Plan of California, Inc.		CA	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	95348	31-1154200			Humana Health Plan of Ohio, Inc.		OH	RE	Humana Inc.	Ownership	100.00	Humana Inc.		0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Rela-tion-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
..0119	Humana Inc.	95024	61-0994632			Humana Health Plan of Texas, Inc.		TX	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95885	61-1013183			Humana Health Plan, Inc.		KY	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95721	66-0406896			Humana Health Plans of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-0647538		0000049071	NYSE	Humana Inc.	DE	UDP	See Footnote 1	Other	0.00	See Footnote 1		.1
..0119	Humana Inc.	00000	61-1343791			Humana Innovation Enterprises, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	73288	39-1263473			Humana Insurance Company		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	60219	61-1311685			Humana Insurance Company of Kentucky		KY	IA	Humana Insurance Company	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	12634	20-2888723			Humana Insurance Company of New York		NY	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	84603	66-0291866			Humana Insurance of Puerto Rico, Inc.		PR	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-3364857			Humana MarketPOINT of Puerto Rico, Inc.		PR	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1343508			Humana MarketPOINT, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	14224	27-3991410			Humana Medical Plan of Michigan, Inc.		MI	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	14462	27-4660531			Humana Medical Plan of Pennsylvania, Inc.		PA	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	12908	20-8411422			Humana Medical Plan of Utah, Inc.		UT	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95270	61-1103898			Humana Medical Plan, Inc.		FL	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	45-2254346			Humana Pharmacy Solutions, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1316926			Humana Pharmacy, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	12282	20-2036444			Humana Regional Health Plan, Inc.		AR	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-8418853			Humana Veterans Healthcare Services, Inc.		DE	NIA	Humana Government Business, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	26-4522426			Humana WellWorks LLC		DE	NIA	Health Value Management, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	95342	39-1525003			Humana Wisc. Health Org. Ins. Corp.		WI	IA	CareNetwork, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	70580	39-0714280			HumanaDental Insurance Company		WI	IA	HumanaDental, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1364005			HumanaDental, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	27-4535747			Go365, LLC		DE	NIA	HumanaWellworks LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1239538			Humco, Inc.		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1383567			HUM-e-FL, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	86-1050795			Hummingbird Coaching Systems LLC		OH	NIA	Harris, Rothenberg International Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	39-1769093			Independent Care Health Plan		WI	OTH	See Footnote 2	Other	50.00	Humana Inc.		.2
..0119	Humana Inc.	00000	61-1232669			Managed Care Indemnity, Inc.		VT	IA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-5569675			MCCI Holdings, LLC		DE	NIA	Continucare Corporation	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-5904436			MCCI Group Holdings, LLC		DE	NIA	MCCI Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	45-4493313			MCCI/Lifetime of Aventura, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	81-2957926			MCCI Speciality, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	27-4379634			Medical Care Consortium Incorporated of Texas		TX	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0879131			METCARE of Florida, Inc.		FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0635728			Metropolitan Health Networks, Inc.		FL	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0992582			Naples Health Care Specialists, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-0688221			Nursing Solutions, LLC		FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	62-1552091			PHP Companies, Inc.		TN	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	62-1250945			Preferred Health Partnership, Inc.		TN	NIA	PHP Companies, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-1724127			Humana Real Estate Company		KY	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	46-1225873			Primary Care Holdings, Inc.		DE	NIA	Humana Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	56-2655900			Primary Care Specialist of the Palm Beaches, LLC		DE	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	38-3920730			RMA Island Doctors Orlando MSO, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	90-1022183			RMA Medical Center of South Orlando, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	61-1722871			RMA Medical Center of Orlando, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	90-1022373			RMA Medical Center of Sunrise, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	90-1021973			RMA Medical Centers of Florida, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	30-0806075			RMA Medical Group of Florida, LLC		FL	NIA	MCCI Group Holdings, LLC	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	75-2844854			ROHC, L.L.C.		TX	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	65-1096853			SeniorBridge Family Companies (FL), Inc.		FL	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0
..0119	Humana Inc.	00000	20-0301155			SeniorBridge Family Companies (IN), Inc.		IN	NIA	Humana at Home, Inc.	Ownership	100.00	Humana Inc.		0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries Or Affiliates	9 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
.0119	Humana Inc.	.00000	36-4484443			SeniorBridge Family Companies (NY), Inc.	NY	N/A	Humana at Home, Inc.		Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	01-0766084			Humana At Home (San Antonio), Inc.	TX	N/A	Humana at Home, Inc.		Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	59-2518701			SeniorBridge-Florida, LLC	FL	N/A	SeniorBridge Family Companies (FL), Inc.		Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	74-2352809			Texas Dental Plans, Inc.	TX	N/A	Humana Dental Company		Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	54739	52-1157181			The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.		Ownership	100.00	Humana Inc.		0
.0119	Humana Inc.	.00000	75-2600512			Humana At Home (TLC), Inc.	TX	N/A	ROHC, L.L.C.		Ownership	100.00	Humana Inc.		0
						Humana Digital Health and Analytics Platform Services, Inc.	DE	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Transcend Population Health Management, LLC	DE	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Humana Management Services of Puerto Rico, Inc.	PR	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						North Region Providers, LLC	DE	N/A	Humana Government Business, Inc.		Ownership	100.00	Humana Inc.		0
						Primary Care Holdings II, LLC	DE	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Transcend Population Health Management II, LLC	DE	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Edge Health MSO, Inc.	DE	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Partners in Integrated Care, Inc.	FL	N/A	Humana Inc.		Ownership	100.00	Humana Inc.		0
						Humana Benefit Plan of South Carolina, Inc.	SC	N/A	Humana Inc.		Ownership	100.00	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%.

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	65-0851053	154th Street Medical Plaza, Inc.		0	0	0	9,668,642	0		0	9,668,642	0
00000	20-5309363	515-526 W MainSt Condo Council of Co- Owners	0	0	0	0	190	0		0	190	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	16,281,170	0		0	16,281,170	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	70,222,850	0	0	(1,712,001,015)	0		0	(1,641,778,165)	0
00000	20-8662801	Atlantis Physician Group, LLC	0	0	0	0	0	0		0	0	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	299,655	0		0	299,655	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	293,368,813	0		0	293,368,813	0
00000	26-0815856	Care Partners Home Care, LLC	0	0	0	0	189	0		0	189	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	(1,282,643)	0		0	(1,282,643)	0
95092	59-2598550	CarePlus Health Plans, Inc.	85,000,000	498,488	0	0	(874,703,304)	0		0	(789,204,816)	0
95754	62-1579044	Cariten Health Plan Inc.	164,840,000	438,657	0	0	(573,803,476)	0		0	(408,524,819)	0
00000	35-2608414	CDO 1, LLC	0	0	0	0	17,492,642	0		0	17,492,642	0
00000	32-0545504	CDO 2, LLC	0	0	0	0	5,310,329	0		0	5,310,329	0
95158	61-1279717	CHA HMO, Inc.	0	300,034,665	0	0	(1,316,413,827)	0		0	(1,016,379,162)	0
52015	59-2531815	CompBenefits Company	5,000,000	0	0	0	(12,052,106)	0		0	(7,052,106)	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	481,460	0		0	481,460	0
11228	36-3686002	CompBenefits Dental, Inc.	0	0	0	0	(2,179,480)	0		0	(2,179,480)	0
00000	58-2228851	CompBenefits Direct, Inc.	0	0	0	0	(14,653)	0		0	(14,653)	0
60984	74-2552026	CompBenefits Insurance Company	0	20,000,000	0	0	(66,184,877)	0		0	(46,184,877)	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	90,315,480	0		0	90,315,480	0
00000	59-2716023	Continucare Corporation	0	0	0	0	35,122,633	0		0	35,122,633	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	49,319,615	0		0	49,319,615	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	164,658,675	0		0	164,658,675	0
00000	36-4880828	Conviva Care Solutions, LLC	0	0	0	0	1,252,944	0		0	1,252,944	0
00000	36-3512545	Dental Care Plus Management, Corp.	0	0	0	0	37,801	0		0	37,801	0
95161	76-0039628	DentiCare, Inc.	2,100,000	0	0	0	(7,066,805)	0		0	(4,966,805)	0
00000	84-2214810	Edge Health MSO, Inc.	0	0	0	0	157,406	0		0	157,406	0
88595	31-0935772	Emphesyis Insurance Company	0	0	0	0	4,191	0		0	4,191	0
00000	61-1237697	Emphesyis, Inc.	0	0	0	0	415	0		0	415	0
00000	59-3164234	Family Physicians of Winter Park, Inc.	0	0	0	0	53,996,200	0		0	53,996,200	0
00000	81-3802918	FPG Acquisition Corp.	0	0	0	0	1,049	0		0	1,049	0
00000	81-3819187	FPG Acquisition Holdings Corp.	0	0	0	0	225	0		0	225	0
00000	32-0505460	FPG Holding Company, LLC	0	0	0	0	1,486	0		0	1,486	0
00000	45-4685400	FPG Senior Services, LLC	0	0	0	0	139	0		0	139	0
00000	27-4535747	Go365, LLC	0	0	0	0	80,988,991	0		0	80,988,991	0
00000	27-1649291	Harris, Rothenberg International Inc.	0	0	0	0	(24,611,307)	0		0	(24,611,307)	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	55,711	0		0	55,711	0
00000	26-3592783	HUM Provider Holdings, LLC	0	0	0	0	(66,865)	0		0	(66,865)	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	490	0		0	490	0
00000	75-2739333	Humana At Home (Dallas), Inc.	0	0	0	0	(1,684,823)	0		0	(1,684,823)	0
00000	76-0537878	Humana At Home (Houston), Inc.	0	0	0	0	(1,666,309)	0		0	(1,666,309)	0
00000	01-0766084	Humana At Home (San Antonio), Inc.	0	0	0	0	37,596,858	0		0	37,596,858	0
00000	75-2600512	Humana at Home (TLC), Inc.	0	0	0	0	(1)	0		0	(1)	0

ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
.00000	65-0274594	Humana at Home 1, Inc.	0	0	.0	0	151,618,543	0		.0	151,618,543	0
.00000	13-4036798	Humana at Home, Inc.	0	0	.0	0	83,861,362	0		.0	83,861,362	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	0	12,228,084	.0	0	(884,291,756)	0		.0	(872,063,672)	0
.00000	75-2043865	Humana Benefit Plan of Texas, Inc.	6,000,000	0	.0	0	73,726	0		.0	6,073,726	0
.00000	84-3226630	Humana Benefit Plan of South Carolina, Inc.	0	0	.0	0	11,000	0		.0	11,000	0
.00000	59-1843760	Humana Dental Company	0	0	.0	0	3,795,124	0		.0	3,795,124	0
.00000	46-4912173	Humana EAP and Work-Life Services of California, Inc.	0	0	.0	0	(97,826)	0		.0	(97,826)	0
.95519	58-2209549	Humana Employers Health Plan of GA, Inc.	100,000,000	360,393	.0	0	(543,006,642)	0		.0	(442,646,249)	0
.00000	61-1241225	Humana Government Business, Inc.	0	0	.0	0	(41,458,928)	0		.0	(41,458,928)	0
.95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	50,000,000	640,194	.0	0	(836,648,119)	0		.0	(786,007,925)	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	60,032,679	.0	0	(143,925,499)	0		.0	(83,892,820)	0
.69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	75,000,000	75,898	.0	0	138,605,715	0		.0	213,681,613	0
.00000	26-3473328	Humana Health Plan of California, Inc.	0	71,344	.0	0	(12,402,087)	0		.0	(12,330,743)	0
.95348	31-1154200	Humana Health Plan of Ohio, Inc.	17,500,000	121,854	.0	0	(68,742,849)	0		.0	(51,120,995)	0
.95024	61-0994632	Humana Health Plan of Texas, Inc.	0	302,583	.0	0	(158,417,363)	0		.0	(158,114,780)	0
.95885	61-1013183	Humana Health Plan, Inc.	430,000,000	(148,276,608)	.0	0	(913,582,579)	0		.0	(631,859,187)	0
.00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	33,000,000	.0	0	(119,783,936)	0		.0	(86,783,936)	0
.00000	42-1575099	Humana Healthcare Research, Inc.	0	0	.0	0	2,431,946	0		.0	2,431,946	0
.00000	61-0647538	Humana Inc.	(1,800,000,000)	(412,794,780)	.0	0	2,531,952,707	0		.0	319,157,927	0
.00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	.0	0	(6,703,308)	0		.0	(6,703,308)	0
.73288	39-1263473	Humana Insurance Company	475,000,000	19,984,786	.0	0	(16,181,962,654)	(17,223,253)		.0	(15,704,201,121)	0
.60219	61-1311685	Humana Insurance Company of Kentucky	50,000,000	20	.0	0	(38,095,598)	17,223,253		.0	29,127,675	0
.12634	20-2888723	Humana Insurance Company of New York	0	674,294	.0	0	(658,719,118)	0		.0	(658,044,824)	0
.00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	.0	0	(73,671,532)	0		.0	(73,671,532)	0
.00000	66-0872725	Humana Management Services of Puerto Rico, Inc.	0	0	.0	0	34,838,529	0		.0	34,838,529	0
.00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	.0	0	0	0		.0	0	0
.00000	61-1343508	Humana Marketpoint, Inc.	0	0	.0	0	592,220,215	0		.0	592,220,215	0
.00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	16,056	.0	0	(55,162,000)	0		.0	(55,145,944)	0
.14462	27-4660531	Humana Medical Plan of Pennsylvania, Inc.	10,000,000	18,812	.0	0	(1,368,670)	0		.0	8,650,142	0
.12908	20-8411422	Humana Medical Plan of Utah, Inc.	7,500,000	16,731	.0	0	(9,882,215)	0		.0	(2,365,484)	0
.95270	61-1103898	Humana Medical Plan, Inc.	260,000,000	2,118,359	.0	0	(4,486,039,973)	0		.0	(4,223,921,614)	0
.00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	.0	0	19,094,608,692	0		.0	19,094,608,692	0
.00000	61-1316926	Humana Pharmacy, Inc.	0	0	.0	0	6,199,702,950	0		.0	6,199,702,950	0
.00000	20-1724127	Humana Real Estate Company	0	0	.0	0	(1,065,107)	0		.0	(1,065,107)	0
.12282	20-2036444	Humana Regional Health Plan, Inc.	0	5,007,095	.0	0	(50,286,403)	0		.0	(45,279,308)	0
.00000	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	.0	0	11,226	0		.0	11,226	0
.00000	26-4522426	Humana WellWorks LLC	0	0	.0	0	300	0		.0	300	0
.95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	40,000,000	207,546	.0	0	(1,123,245,744)	0		.0	(1,083,038,198)	0
.70580	39-0714280	HumanaDental Insurance Company	5,560,000	35,000,000	.0	0	(85,721,224)	0		.0	(45,161,224)	0
.00000	61-1364005	HumanaDental, Inc.	0	0	.0	0	322,106	0		.0	322,106	0

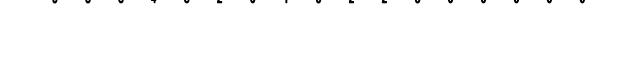
ANNUAL STATEMENT FOR THE YEAR 2019 OF THE Humana Health Plan of Ohio Inc.

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1239538	Humco, Inc.	0	0	0	0	15	0		0	15	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(5,789,626)	0		0	(5,789,626)	0
00000	86-1050795	Hummingbird Coaching Systems LLC	0	0	0	0	128,780	0		0	128,780	0
00000	39-1769093	Independent Care Health Plan	0	0	0	0	0	0		0	0	0
00000	61-1232669	Managed Care Indemnity, Inc.	14,000,000	0	0	0	(866,731)	0		0	13,133,269	0
00000	20-5904436	MCCI Group Holdings, LLC	0	0	0	0	659,280,489	0		0	659,280,489	0
00000	20-5569675	MCCI Holdings, LLC	0	0	0	0	0	0		0	0	0
00000	81-2957926	MCCI Speciality, LLC	0	0	0	0	0	0		0	0	0
00000	45-4493313	MCCI/Lifetime of Aventura, LLC	0	0	0	0	0	0		0	0	0
00000	27-4379634	Medical Care Consortium Incorporated of Texas	0	0	0	0	(3,764,240)	0		0	(3,764,240)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	199,844,263	0		0	199,844,263	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	139,339	0		0	139,339	0
00000	65-0992582	Naples Health Care Specialists, LLC	0	0	0	0	189	0		0	189	0
00000	83-3321367	North Region Providers, LLC	0	0	0	0	0	0		0	0	0
00000	65-0688221	Nursing Solutions, LLC	0	0	0	0	189	0		0	189	0
00000	47-2905609	Partners in Integrated Care, Inc.	0	0	0	0	914,258	0		0	914,258	0
00000	62-1552091	PHP Companies, Inc.	0	0	0	0	14,727	0		0	14,727	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	467	0		0	467	0
00000	35-2640679	Primary Care Holdings II, LLC	0	0	0	0	87,382,890	0		0	87,382,890	0
00000	46-1225873	Primary Care Holdings, Inc.	0	0	0	0	2,949,663	0		0	2,949,663	0
00000	56-2655900	Primary Care Specialist of the Palm Beaches, LLC	0	0	0	0	0	0		0	0	0
00000	38-3920730	RMA Island Doctors Orlando MSO, LLC	0	0	0	0	0	0		0	0	0
00000	61-1722871	RMA Medical Center of Orlando, LLC	0	0	0	0	0	0		0	0	0
00000	90-1022183	RMA Medical Center of South Orlando, LLC	0	0	0	0	4,578,781	0		0	4,578,781	0
00000	90-1022373	RMA Medical Center of Sunrise, LLC	0	0	0	0	45,126,927	0		0	45,126,927	0
00000	90-1021973	RMA Medical Centers of Florida, LLC	0	0	0	0	45,853,373	0		0	45,853,373	0
00000	30-0806075	RMA Medical Group of Florida, LLC	0	0	0	0	33,084,338	0		0	33,084,338	0
00000	75-2844854	ROHC, L.L.C.	0	0	0	0	(1,677,855)	0		0	(1,677,855)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	23,789,745	0		0	23,789,745	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(1,730,798)	0		0	(1,730,798)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	279,396	0		0	279,396	0
00000	59-2518701	SeniorBridge-Florida, LLC	0	0	0	0	189	0		0	189	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	(48,313)	0		0	(48,313)	0
54739	52-1157181	The Dental Concern, Inc.	2,500,000	0	0	0	(6,512,037)	0		0	(4,012,037)	0
00000	80-0072760	Humana Digital Health and Analytics Platform Services, Inc.	0	0	0	0	29,253,431	0		0	29,253,431	0
00000	37-1910409	Transcend Population Health Management II, LLC	0	0	0	0	(4,661,620)	0		0	(4,661,620)	0
00000	46-5329373	Transcend Population Health Management, LLC	0	0	0	0	289,974,852	0		0	289,974,852	0
999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
	The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	
	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
14.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
15.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
19.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	APRIL FILING	
20.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
21.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
22.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
24.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
25.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
	AUGUST FILING	
26.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Explanations:	
11.	This type of business is not written.	
12.	This type of business is not written.	
13.	This type of business is not written.	
14.	This type of business is not written.	
15.	This type of business is not written.	
16.	This type of business is not written.	
17.	No relief will be requested.	
18.	No relief will be requested.	
19.	No relief will be requested.	
20.	This type of business is not written.	
21.	This type of business is not written.	
	Bar Codes:	
11.	Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]	 9 5 3 4 8 2 0 1 9 3 6 0 0 0 0 0 0
12.	Life Supplement [Document Identifier 205]	 9 5 3 4 8 2 0 1 9 2 0 5 0 0 0 0 0
13.	SIS Stockholder Information Supplement [Document Identifier 420]	 9 5 3 4 8 2 0 1 9 4 2 0 0 0 0 0 0
14.	Participating Opinion for Exhibit 5 [Document Identifier 371]	 9 5 3 4 8 2 0 1 9 3 7 1 0 0 0 0 0
15.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	 9 5 3 4 8 2 0 1 9 3 7 0 0 0 0 0 0
16.	Medicare Part D Coverage Supplement [Document Identifier 365]	 9 5 3 4 8 2 0 1 9 3 6 5 0 0 0 0 0
17.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 9 5 3 4 8 2 0 1 9 2 2 4 0 0 0 0 0
18.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 9 5 3 4 8 2 0 1 9 2 2 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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



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

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



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

21. Life Supplement [Document Identifier 211]



9 5 3 4 8 2 0 1 9 2 1 1 0 0 0 0 0 0

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

Analysis of Operations By Lines of Business	7
Assets	2
Cash Flow	6
Exhibit 1 - Enrollment By Product Type for Health Business Only	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid	18
Exhibit 3 - Health Care Receivables	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries	24
Exhibit 8 - Furniture, Equipment and Supplies Owned	25
Exhibit of Capital Gains (Losses)	15
Exhibit of Net Investment Income	15
Exhibit of Nonadmitted Assets	16
Exhibit of Premiums, Enrollment and Utilization (State Page)	30
Five-Year Historical Data	29
General Interrogatories	27
Jurat Page	1
Liabilities, Capital and Surplus	3
Notes To Financial Statements	26
Overflow Page For Write-ins	44
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10
Schedule DB - Part A - Section 1	E18
Schedule DB - Part A - Section 2	E19
Schedule DB - Part A - Verification Between Years	SI11
Schedule DB - Part B - Section 1	E20
Schedule DB - Part B - Section 2	E21
Schedule DB - Part B - Verification Between Years	SI11
Schedule DB - Part C - Section 1	SI12
Schedule DB - Part C - Section 2	SI13
Schedule DB - Part D - Section 1	E22
Schedule DB - Part D - Section 2	E23
Schedule DB - Part E	E24
Schedule DB - Verification	SI14
Schedule DL - Part 1	E25
Schedule DL - Part 2	E26
Schedule E - Part 1 - Cash	E27
Schedule E - Part 2 - Cash Equivalents	E28
Schedule E - Part 2 - Verification Between Years	SI15
Schedule E - Part 3 - Special Deposits	E29

ANNUAL STATEMENT BLANK (Continued)

Schedule S - Part 1 - Section 2	31
Schedule S - Part 2	32
Schedule S - Part 3 - Section 2	33
Schedule S - Part 4	34
Schedule S - Part 5	35
Schedule S - Part 6	36
Schedule S - Part 7	37
Schedule T - Part 2 - Interstate Compact	39
Schedule T - Premiums and Other Considerations	38
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates	42
Statement of Revenue and Expenses	4
Summary Investment Schedule	SI01
Supplemental Exhibits and Schedules Interrogatories	43
Underwriting and Investment Exhibit - Part 1	8
Underwriting and Investment Exhibit - Part 2	9
Underwriting and Investment Exhibit - Part 2A	10
Underwriting and Investment Exhibit - Part 2B	11
Underwriting and Investment Exhibit - Part 2C	12
Underwriting and Investment Exhibit - Part 2D	13
Underwriting and Investment Exhibit - Part 3	14