HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Humana Medical Plan of Michigan, Inc.

NAIC Group Code 0119 (Current) 0119 (Prior) NAIC Company Code 14224 Employer's ID Number 27-3991410

Organized under the Laws of Mlchigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 11/16/2010 Commenced Business 02/29/2012

Statutory Home Office 5555 Glenwood Hills Pkwy., Suite 150 (Street and Number), Grand Rapids , MI, US 49512 (City or Town, State, Country and Zip Code)

Main Administrative Office 500 W. Main St. (Street and Number)
Louisville , KY, US 40202 (City or Town, State, Country and Zip Code), 502-580-1000 (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 W. Main St. (Street and Number)
Louisville , KY, US 40202 (City or Town, State, Country and Zip Code), 502-580-1000 (Area Code) (Telephone Number)

Internet Website Address www.humana.com

Statutory Statement Contact Elizabeth Lindsey (Name), 502-580-8965 (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com (E-mail Address), 502-580-2099 (FAX Number)

OFFICERS

President & CEO	Bruce Dale Broussard	Sr. VP, CFO & Treasurer	James Harry Bloem-Resigned 12/31/2013
VP & Corporate Secretary	Joan Olliges Lenahan	Appointed Actuary	Jonathan Albert Canine

OTHER

George Grant Bauernfeind Vice President	Elizabeth Diane Bierbower Pres., Employer Group Segment	John Gregory Catron VP & Chief Compliance Officer
Steven James DeRaleau # President, HumanaONE	Roy Goldman Ph.D VP & Chief Actuary	Charles Frederic Lambert III Vice President
Brian Phillip LeClaire Sr.VP&Chief Service&Info Officer	Thomas Joseph Liston President, Retail Segment	Timothy Patrick O'Rourke RegPres-SrProd/Great Lakes Reg
Bruce Devereau Perkins Pres.,Healthcare Services Seg.	Bruno Roger Piquin # VP & Div. Leader - Northern Div.	Richard Donald Remmers VP, Employer Group Segment
Debra Anne Smith # VP-Sr.Prod.Strategy&Prod.Dev.	Pattie Dale Tye President, Large Group	Joseph Christopher Ventura Assistant Corporate Secretary
Timothy Alan Wheatley VP - Senior Products	Ralph Martin Wilson Vice President	

DIRECTORS OR TRUSTEES

James Harry Bloem-Resigned 12/31/2013	Bruce Dale Broussard	James Elmer Murray

State of Kentucky
County of Jefferson SS:

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

Bruce Dale Broussard President & CEO	Joan Olliges Lenahan VP & Corporate Secretary	Alan James Bailey Assistant Treasurer

Subscribed and sworn to before me this
21st day of February 2014

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

Michele Sizemore
Notary Public
January 3, 2015

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals	0	0	0	0	0	0
Group Subscribers:						
0299998. Premiums due and unpaid not individually listed	2,666	40	48	118	118	2,754
0299999. Total group	2,666	40	48	118	118	2,754
0399999. Premiums due and unpaid from Medicare entities	1,346	1,383	860	4,013	4,013	3,589
0499999. Premiums due and unpaid from Medicaid entities	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	4,012	1,423	908	4,131	4,131	6,343

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	8,014	0	0	17	17	8,014
0199999. Total Pharmaceutical Rebate Receivables	8,014	0	0	17	17	8,014
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	0	0	0
0599999. Total Risk Sharing Receivables	0	0	0	0	0	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	8,014	0	0	17	17	8,014

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	6
	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	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	0	24,476	0	8,031	0	0
2. Claim overpayment receivables	0	0	0	0	0	0
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	0	0	0	0	0	0
6. Other health care receivables	0	0	0	0	0	0
7. Totals (Lines 1 through 6)	0	24,476	0	8,031	0	0

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

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
HENRY FORD MACOMB	6,853	0	0	0	0	6,853
MACOMB REGIONAL DIAL	3,770	0	0	0	0	3,770
U M SURGERY CENTER	8,180	0	0	0	0	8,180
UNIVERSITY OF MICHIGAN	10,106	2,198	0	0	0	12,304
WILLIAM BEAUMONT HOSPITAL	5,028	2,810	0	0	0	7,838
0199999. Individually listed claims unpaid	33,936	5,007	0	0	0	38,944
0299999. Aggregate accounts not individually listed- uncovered	3,925	409	5	34	121	4,494
0399999. Aggregate accounts not individually listed-covered	1,734	0	44	313	1,101	3,192
0499999. Subtotals	39,595	5,416	49	347	1,222	46,630
0599999. Unreported claims and other claim reserves						75,595
0699999. Total amounts withheld						0
0799999. Total claims unpaid						122,225
0899999 Accrued medical incentive pool and bonus amounts						0

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admitted	
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
Humana Inc.	173,994	0	0	0	0	173,994	0
0199999. Individually listed receivables	173,994	0	0	0	0	173,994	0
0299999. Receivables not individually listed	0	0	0	0	0	0	0
0399999 Total gross amounts receivable	173,994	0	0	0	0	173,994	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
	NONE			
0399999 Total gross payables				

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	196,998	17.1	271	100.0	0	196,998
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	196,998	17.1	271	100.0	0	196,998
Other Payments:						
5. Fee-for-service	34,524	3.0	XXX	XXX	0	34,524
6. Contractual fee payments	917,656	79.9	XXX	XXX	0	917,656
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	952,180	82.9	XXX	XXX	0	952,180
13. TOTAL (Line 4 plus Line 12)	1,149,178	100%	XXX	XXX	0	1,149,178

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
	NONE				
9999999 Totals			XXX	XXX	XXX

Exhibit 8 - Furniture and Equipment Owned

N O N E

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Medical Plan of Michigan, Inc. 2. Grand Rapids, MI (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Michigan DURING THE YEAR 2013 NAIC Company Code 14224

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	189	0	0	0	0	12	0	177	0	0
3. Second Quarter	205	0	0	0	0	14	0	191	0	0
4. Third Quarter	232	0	0	0	0	19	0	213	0	0
5. Current Year	271	0	0	0	0	44	0	227	0	0
6. Current Year Member Months	2,619	0	0	0	0	256	0	2,363	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	2,754	0	0	0	0	0	0	2,754	0	0
8. Non-Physician	1,277	0	0	0	0	0	0	1,277	0	0
9. Total	4,031	0	0	0	0	0	0	4,031	0	0
10. Hospital Patient Days Incurred	304	0	0	0	0	0	0	304	0	0
11. Number of Inpatient Admissions	41	0	0	0	0	0	0	41	0	0
12. Health Premiums Written (b)	1,849,432	0	0	0	0	9,331	0	1,840,101	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	1,849,432	0	0	0	0	9,331	0	1,840,101	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	1,149,178	0	0	0	0	3,299	0	1,145,879	0	0
18 Amount Incurred for Provision of Health Care Services	1,263,372	0	0	0	0	3,533	0	1,259,839	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 $ 1,840,101

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Medical Plan of Michigan, Inc. 2. Grand Rapids, MI (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2013 NAIC Company Code 14224

	1	Comprehensive (Hospital & Medical) 2	3	4	5	6	7	8	9	10
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	0	0	0	0	0	0	0	0	0	0
2. First Quarter	189	0	0	0	0	12	0	177	0	0
3. Second Quarter	205	0	0	0	0	14	0	191	0	0
4. Third Quarter	232	0	0	0	0	19	0	213	0	0
5. Current Year	271	0	0	0	0	44	0	227	0	0
6. Current Year Member Months	2,619	0	0	0	0	256	0	2,363	0	0
Total Member Ambulatory Encounters for Year:										
7 Physician	2,754	0	0	0	0	0	0	2,754	0	0
8. Non-Physician	1,277	0	0	0	0	0	0	1,277	0	0
9. Total	4,031	0	0	0	0	0	0	4,031	0	0
10. Hospital Patient Days Incurred	304	0	0	0	0	0	0	304	0	0
11. Number of Inpatient Admissions	41	0	0	0	0	0	0	41	0	0
12. Health Premiums Written (b)	1,849,432	0	0	0	0	9,331	0	1,840,101	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	1,849,432	0	0	0	0	9,331	0	1,840,101	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	1,149,178	0	0	0	0	3,299	0	1,145,879	0	0
18 Amount Incurred for Provision of Health Care Services	1,263,372	0	0	0	0	3,533	0	1,259,839	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 $ 1,840,101

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	Outstanding Surplus Relief		12	13
									10	11		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
0399999. Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
39845	48-0921045	01/01/2013	WESTPORT INSURANCE CORPORATION	MO	SSL/A/I	50,000	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates						50,000	0	0	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates						50,000	0	0	0	0	0	0
1199999. Total General Account Authorized						50,000	0	0	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999. Total General Account Unauthorized						0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999. Total General Account Certified						0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified						50,000	0	0	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized						0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified						0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						50,000	0	0	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0
9999999 - Totals						50,000	0	0	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (000 Omitted)

	1 2013	2 2012	3 2011	4 2010	5 2009
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII - Medicare	50	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	0	0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable	0	0	0	0	0
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	0	0	0	0	0
9. Experience rating refunds due or unpaid	0	0	0	0	0
10. Commissions and reinsurance expense allowances due	0	0	0	0	0
11. Unauthorized reinsurance offset	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers	0	0	XXX	XXX	XXX
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	XXX	XXX	XXX
18. Funds deposited by and withheld from (F)	0	0	XXX	XXX	XXX
19. Letters of credit (L)	0	0	XXX	XXX	XXX
20. Trust agreements (T)	0	0	XXX	XXX	XXX
21. Other (O)	0	0	XXX	XXX	XXX

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)	5,367,336	0	5,367,336
2.	Accident and health premiums due and unpaid (Line 15)	8,842	0	8,842
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)	200,015	0	200,015
6.	Total assets (Line 28)	5,576,193	0	5,576,193
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	122,225	0	122,225
8.	Accrued medical incentive pool and bonus payments (Line 2)	0	0	0
9.	Premiums received in advance (Line 8)	182,215	0	182,215
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)	113,999	0	113,999
15.	Total liabilities (Line 24)	418,439	0	418,439
16.	Total capital and surplus (Line 33)	5,157,754	XXX	5,157,754
17.	Total liabilities, capital and surplus (Line 34)	5,576,193	0	5,576,193
	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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal 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 Domiciliary 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 *
0119	Humana Inc.	00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5309363				515-526W MainSt CondoCouncilofCo-Owners	KY	NIA	Preservation on Main, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-1225873				Agile Technology Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0200477				Ambulatory Care Solutions of Arkansas LLC	AR	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4179617				Ambulatory Care Solutions of Ohio LLC	OH	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	37-1485812				Ambulatory Care Solutions, LLC	IN	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95107	56-1796975				American Dental Plan of N. C., Inc.	NC	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	11559	58-2302163				American Dental Providers of Ark., Inc.	AR	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3818750				American Eldercare of North Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0380198				American Eldercare, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1478012				American Tax Credit Corp GA Fund III,LLC	DE	OTH	See Footnote 1	Other	0.000	Humana Inc.	1
0119	Humana Inc.	00000	77-0540040				Anvita, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-3387971				Arcadian Choice, Inc.	TX	NIA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12151	20-1001348				Arcadian Health Plan, Inc.	WA	IA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0836599				Arcadian Management Services, Inc.	DE	NIA	Arcadian Management Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-2681597				Auto Injury Solutions, Inc.	DE	NIA	Concentra Integrated Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 2	Board of Directors	0.000	Humana Inc.	2
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	13-4106498				Cambridge Companions, LLC	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	13-4076893				Cambridge Personal Care, LLC	NY	NIA	SeniorBridge Family Companies, 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	CPHP Holdings, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95754	62-1579044				Cariten Health Plan Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0072760				Certify Data Systems, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95158	61-1279717				CHA HMO, Inc.	KY	IA	CHA Service Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1279716				CHA Service Company	KY	NIA	Humana Health Plan, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	01-0510161				CM Occupational Health, L.L.C.	ME	NIA	See Footnote 3	Joint Venture	0.000	Humana Inc.	3
0119	Humana Inc.	00000	20-5440995				CNU Blue 2, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	11228	36-3686002				CompBenefits Dental, Inc.	IL	IA	Dental Care Plus Management Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	58-2228851				CompBenefits Direct, Inc.	DE	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	12250	63-1063101				CompBenefits of Alabama, Inc.	AL	IA	HumanaCares, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	58-2198538				CompBenefits of Georgia, Inc.	GA	IA	HumanaCares, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3713941				Complex Clinical Management, Inc.	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	42-1575099				Comprehensive Health Insights, Inc.	IL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0114482				Concentra Akron, L.L.C.	DE	NIA	See Footnote 4	Joint Venture	100.000	Humana Inc.	4
0119	Humana Inc.	00000	62-1691148				Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 10	Joint Venture	0.000	Humana Inc.	10
0119	Humana Inc.	00000	75-2510547				Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-4823524				Concentra Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal 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 Domiciliary 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 *
0119	Humana Inc.	00000	04-2658593				Concentra Integrated Services, Inc.	MA	NIA	National Healthcare Resources, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	76-0546504				Concentra Laboratory, L.L.C.	DE	NIA	National Healthcare Resources, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P	PA	NIA	See Footnote 11	Joint Venture	0.000	Humana Inc.	11
0119	Humana Inc.	00000	04-3363415				Concentra Operating Corporation	DE	NIA	Concentra Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2678146				Concentra Solutions, Inc.	DE	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2784513				Concentra South Carolina, L.L.C.	DE	NIA	See Footnote 12	Joint Venture	0.000	Humana Inc.	12
0119	Humana Inc.	00000	75-2821236				Concentra St. Louis, L.L.C.	DE	NIA	See Footnote 13	Joint Venture	0.000	Humana Inc.	13
0119	Humana Inc.	00000	22-3675361				Concentra-UPMC, L.L.C.	DE	NIA	See Footnote 14	Joint Venture	0.000	Humana Inc.	14
0119	Humana Inc.	00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0796178				Continucare Managed Care, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0791417				Continucare Medical Management, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0780986				Continucare MSO, Inc.	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-8236655				Corphealth Provider Link, Inc.	TX	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	33-0916248				DefenseWeb Technologies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-3512545				Dental Care Plus Management Corp.	IL	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95161	76-0039628				DentiCare, Inc.	TX	IA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-3657970				Elder Health Care of Volusia, Inc.	FL	NIA	METCARE of Florida, Inc.	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	27-1649291				Harris, Rothenberg International Inc.	NY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	11-2795529				Harte Placements, Inc.	NY	NIA	SeniorBridge Family Companies (NY), 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	45-3116348				HomeCare Health Solutions, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, 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.	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, 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 Health Plan Interests, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	13558	26-2800286				Humana Health Company of New York, Inc.	NY	IA	Arcadian Management Services, 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	71-0732385				Humana Health Plan Interests, Inc.	LA	NIA	Humana Insurance Company	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	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-0647538			NYSE	Humana Inc.	DE	UDP		Ownership	100.000	Humana Inc.	0
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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal 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 Domiciliary 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 *
0119	Humana Inc.	14224	27-3991410				Humana Medical Plan of Michigan, Inc.	MI	RE	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.	DE	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	Arcadian Management Services, Inc./Arcadia Health Plan, Inc.	Ownership	100.000	Humana Inc.	8
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.	00000	65-0274594				HumanaCares, Inc.	FL	NIA	Humana Dental Company	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				HumanaVitality, LLC	DE	OTH	See Footnote 7	Ownership	75.000	Humana Inc.	7
0119	Humana Inc.	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Health Plan, 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	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 5	Other	100.000	Humana Inc.	5
0119	Humana Inc.	00000	62-1245230				Kanawha HealthCare Solutions, Inc.	TN	NIA	Kanawha Insurance Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1981339				M.D. Care, Inc.	CA	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0751979				Managed Prescription Program	AZ	NIA	Concentra Health Services, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0879131				METCARE of Florida, Inc.	FL	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0635728				Metropolitan Health Networks, Inc.	FL	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	11-3273542				National Healthcare Resources, Inc.	DE	NIA	Concentra Health Services, 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	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 15	Joint Venture	0.000	Humana Inc.	15
0119	Humana Inc.	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 16	Joint Venture	100.000	Humana Inc.	16
0119	Humana Inc.	00000	98-0445802				OMP Insurance Company, Ltd.	TX	NIA	Concentra Operating Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1552091				PHP Companies, Inc.	TN	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	62-1250945				Preferred Health Partnership, Inc.	TN	NIA	PHP Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	56-2593719				SeniorBridge (NC), Inc.	NC	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	56-2593718				SeniorBridge (UT), Inc.	UT	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	57-1226890				SeniorBridge (WA), Inc.	WA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	80-0581269				SeniorBridge Care Management, Inc.	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc.	AZ	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-3039782				SeniorBridge Family Companies (CA), Inc.	CA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	27-0452360				SeniorBridge Family Companies (CT), Inc.	CT	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	65-1096853				SeniorBridge Family Companies (FL), Inc.	FL	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	02-0660212				SeniorBridge Family Companies (IL), Inc.	IL	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0301155				SeniorBridge Family Companies (IN), Inc.	IN	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	45-5299341				SeniorBridge Family Companies (LA), Inc.	LA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	04-3580066				SeniorBridge Family Companies (MA), Inc.	MA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 Federal 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 Domiciliary 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 *
0119	Humana Inc.	00000	81-0557727				SeniorBridge Family Companies (MD), Inc.	MD	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0677759				SeniorBridge Family Companies (MO), Inc.	MO	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc.	NJ	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	36-4484443				SeniorBridge Family Companies (NY), Inc.	NY	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-0260501				SeniorBridge Family Companies (OH), Inc.	OH	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	38-3643832				SeniorBridge Family Companies (PA), Inc.	PA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	01-0766084				SeniorBridge Family Companies (TX), Inc.	TX	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	46-0691871				SeniorBridge Family Companies (VA), Inc.	VA	NIA	SeniorBridge Family Companies, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	13-4036798				SeniorBridge Family Companies, Inc.	DE	NIA	Humana Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	59-2518701				SeniorBridge-Florida, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	20-3355580				Sensei, Inc.	DE	OTH	See Footnote 6	Other	0.000	Humana Inc.	6
0119	Humana Inc.	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	See Footnote 9	Ownership	0.000		9
0119	Humana Inc.	00000	45-5032192				Symphony Health Partners, Inc.	DE	NIA	Metropolitan Health Networks, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	74-2352809				Texas Dental Plans, Inc.	TX	NIA	Humana Dental Company	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	52028	36-3654697				The Dental Concern, Ltd.	IL	IA	HumanaDental, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-1050795				The Vitality Group, LLC	DE	OTH	See Footnote 7	Ownership	25.000	Humana Inc.	7
0119	Humana Inc.	00000	20-3585174				Valor Healthcare, Inc.	DE	NIA	Humana Government Business, Inc.	Ownership	100.000	Humana Inc.	0
0119	Humana Inc.	00000	86-0597187				St. Mary's Medical Park Pharmacy, Inc.	AZ	NIA	Humana Pharmacy, Inc.	Ownership	100.000	Humana Inc.	0

Asterisk	Explanation
1	American Tax Credit Corporate Georgia Fund III, L.L.C., a Delaware limited liability company, was formed on October 4, 2004 for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits. Humana Insurance Company is a Member with a 58.1736% ownership interest. The Savannah Bank, N.A. is a Member with a 1.6029% ownership interest, GMAC Insurance Georgia, L.L.C. is a Member with a 40.2133% ownership interest and Paramount Properties, Inc. is the Managing Member with 0.01% ownership interest.
2	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
3	CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest.
4	Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest.
5	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. New Health Services, Inc. owns the other 50%.
6	Sensei, Inc., a Delaware corporation, was incorporated on August 24, 2005 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Card Guard AG, a Swiss corporation, dedicated to defining, building, and distributing the next generation of wireless health platforms. On December 12, 2008, Humana Innovation Enterprises, Inc. purchased all of Sensei, Inc.'s shares from Card Guard AG whereby Humana Innovation Enterprises, Inc. owned 100% of Sensei's issued and outstanding stock. On May 17, 2010, Robert Schwarzberg purchased 81% of Sensei's shares from Humana Innovation Enterprises, Inc., leaving the company with a 19% ownership interest.
7	HumanaVitality, LLC, a Delaware limited liability company, was formed on January 3, 2011, and The Vitality Group, LLC, a Delaware limited liability company, was formed on February 15, 2011 through affiliates of Humana Inc. and Discovery Holdings Limited, a South African company, to offer Discovery's Vitality wellness and loyalty program to Humana members. Humana WellWorks LLC, a subsidiary of Humana Inc., owns 75% of HumanaVitality, LLC and 25% of The Vitality Group, LLC. The Vitality Group, Inc., a subsidiary of Discovery Holdings Limited, owns 25% of HumanaVitality, LLC and 75% of The Vitality Group, LLC.
8	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.
9	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.
10	Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest.
11	Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest.
12	Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest.
13	Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest.
14	Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest.
15	OHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest.
16	OHR/MMC, Limited Liability Company is a Main limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest.

SCHEDULE Y

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

1 NAIC Company Code	2 Federal 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)
88595	31-0935772	Emphesys Insurance Company	0	0	0	0	(18,694)	0	0	0	(18,694)	0
00000	61-0647538	Humana Inc.	1,052,000,000	(430,000,000)	0	0	1,864,201,602	0	0	0	2,486,201,602	0
73288	39-1263473	Humana Insurance Company	(265,000,000)	0	0	0	(609,635,534)	0	0	0	(874,635,534)	28,658,520
00000	26-3473328	Humana Health Plan of California, Inc.	0	30,000,000	0	0	(9,379,986)	0	0	0	20,620,014	0
65110	57-0380426	Kanawha Insurance Company	0	75,000,000	0	0	77,997,146	0	0	0	152,997,146	0
00000	62-1245230	Kanawha Healthcare Solutions, Inc.	0	0	0	0	5,693	0	0	0	5,693	0
60052	37-1326199	Humana Benefit Plan of Illinois, Inc.	(4,000,000)	0	0	0	(17,603,761)	0	0	0	(21,603,761)	0
10126	65-1137990	Humana AdvantageCare Plan, Inc.	(10,000,000)	0	0	0	(13,086,397)	0	0	0	(23,086,397)	0
54739	52-1157181	The Dental Concern, Inc.	(1,000,000)	0	0	0	(5,736,789)	0	0	0	(6,736,789)	0
70580	39-0714280	HumanaDental Insurance Company	0	0	0	0	(23,937,385)	0	0	0	(23,937,385)	0
52028	39-3654697	The Dental Concern, Ltd.	0	0	0	0	(104,809)	0	0	0	(104,809)	0
95348	31-1154200	Humana Health Plan of Ohio, Inc.	0	0	0	0	(36,593,716)	0	0	0	(36,593,716)	0
95342	39-1525003	Humana Wisc. Health Org. Ins. Corp.	0	0	0	0	(19,338,703)	0	0	0	(19,338,703)	0
00000	27-3991410	Humana Medical Plan of Michigan, Inc.	0	0	0	0	(315,476)	0	0	0	(315,476)	0
95519	58-2209549	Humana Employers Health Plan of GA. Inc.	0	70,000,000	0	0	(76,313,271)	0	0	0	(6,313,271)	0
95270	61-1103898	Humana Medical Plan, Inc.	(464,000,000)	0	0	0	(632,597,029)	0	0	0	(1,096,597,029)	0
69671	61-1041514	Humana Health Ins. Co. of Florida, Inc.	(50,000,000)	0	0	0	116,620,641	0	0	0	66,620,641	0
95754	62-1579044	Cariten Health Plan Inc.	0	0	0	0	(112,898,468)	0	0	0	(112,898,468)	0
95885	61-1013183	Humana Health Plan, Inc.	0	130,000,000	0	0	(473,599,235)	0	0	0	(343,599,235)	0
60219	61-1311605	Humana Insurance Company of Kentucky	0	20,000,000	0	0	(11,201,149)	0	0	0	8,798,851	(28,658,520)
95024	61-0994632	Humana Health Plan of Texas, Inc.	0	60,000,000	0	0	(51,872,748)	0	0	0	8,127,252	0
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc.	0	0	0	0	22,337,272	0	0	0	22,337,272	0
00000	66-0291866	Humana Insurance of Puerto Rico, Inc.	0	0	0	0	(22,312,374)	0	0	0	(22,312,374)	0
00000	61-1232669	Managed Care Indemnity, Inc.	(20,000,000)	0	0	0	6,112,592	0	0	0	(13,887,408)	0
95642	72-1279235	Humana Health Benefit Plan of LA, Inc.	(81,500,000)	0	0	0	(176,650,711)	0	0	0	(258,150,711)	0
95092	59-2598550	CarePlus Health Plans, Inc.	(137,000,000)	25,000,000	0	0	(55,303,337)	0	0	0	(167,303,337)	0
00000	26-0010657	CAC-Florida Medical Centers, LLC	0	0	0	0	(54,085)	0	0	0	(54,085)	0
12634	20-2888723	Humana Insurance Company of New York	0	0	0	0	(21,609,154)	0	0	0	(21,609,154)	0
82740	62-0729865	Cariten Insurance Company	0	0	0	0	(40,391)	0	0	0	(40,391)	0
00000	20-1981339	M.D. Care, Inc.	0	0	0	0	(679,467)	0	0	0	(679,467)	0
00000	61-1343508	Humana Marketpoint, Inc.	0	0	0	0	516,221,563	0	0	0	516,221,563	0
00000	61-1316926	Humana Pharmacy, Inc.	0	0	0	0	(59,489,269)	0	0	0	(59,489,269)	0
00000	61-1239538	Humco, Inc.	0	0	0	0	0	0	0	0	0	0
00000	61-1383567	HUM-e-FL, Inc.	0	0	0	0	(2,395,360)	0	0	0	(2,395,360)	0
00000	75-2043865	Corphealth, Inc.	0	0	0	0	(14,521,903)	0	0	0	(14,521,903)	0
95158	61-1279717	CHA HMO, Inc.	0	0	0	0	(3,375,920)	0	0	0	(3,375,920)	0
00000	33-0916248	DefenseWeb Technologies, Inc.	0	0	0	0	(713,738)	0	0	0	(713,738)	0
00000	00-5893028	Humana Europe, Ltd.	0	0	0	0	0	0	0	0	0	0
12908	20-8411422	Humana Medical Plan of Utah, Inc.	0	0	0	0	(4,901,489)	0	0	0	(4,901,489)	0
00000	59-1843760	Humana Dental Company	0	0	0	0	4,071,258	0	0	0	4,071,258	0
95107	56-1796975	American Dental Plan of N. C., Inc.	0	0	0	0	(311,735)	0	0	0	(311,735)	0
11559	58-2302163	American Dental Providers of Ark., Inc.	0	0	0	0	(107,615)	0	0	0	(107,615)	0
52015	59-2531815	CompBenefits Company	0	0	0	0	(25,626,416)	0	0	0	(25,626,416)	0
00000	61-1241225	Humana Government Business, Inc.	0	0	0	0	(28,889,243)	0	0	0	(28,889,243)	0

SCHEDULE Y

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

1 NAIC Company Code	2 Federal 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	20-8418853	Humana Veterans Healthcare Services, Inc.	0	0	0	0	(5,673)	0	0	0	(5,673)	0
60984	74-2552026	CompBenefits Insurance Company	(4,000,000)	0	0	0	(24,208,135)	0	0	0	(28,208,135)	0
95161	76-0039628	DentiCare, Inc.	(1,000,000)	0	0	0	(10,600,787)	0	0	0	(11,600,787)	0
00000	36-3512545	Dental Care Plus Mangement, Corp.	0	0	0	0	(2,537,726)	0	0	0	(2,537,726)	0
11228	36-3686002	CompBenefits Dental, Inc.	(500,000)	0	0	0	(7,743,289)	0	0	0	(8,243,289)	0
00000	27-4460531	Humana Medical Plan of Pennsylvania, Inc	0	0	0	0	14,448	0	0	0	14,448	0
12151	20-1001348	Arcadian Health Plan, Inc.	0	0	0	0	(8,202,283)	0	0	0	(8,202,283)	0
12282	20-2036444	Humana Regional Health Plan, Inc.	0	0	0	0	177,673	0	0	0	177,673	0
13558	26-2800286	Humana Health Company of New York, Inc.	0	20,000,000	0	0	(355,285)	0	0	0	19,644,715	0
12250	63-1063101	CompBenefits of Alabama, Inc.	0	0	0	0	(359,878)	0	0	0	(359,878)	0
00000	58-2198538	CompBenefits of Georgia, Inc.	0	0	0	0	(2,235,969)	0	0	0	(2,235,969)	0
00000	61-1237697	Emphesys, Inc.	0	0	0	0	320	0	0	0	320	0
00000	26-3583438	HUM-Holdings International, Inc.	0	0	0	0	(395,277)	0	0	0	(395,277)	0
00000	26-3592783	HUM INT, LLC	0	0	0	0	1,420	0	0	0	1,420	0
00000	26-4522426	Humana WellWorks LLC	0	0	0	0	0	0	0	0	0	0
00000	20-1377270	KMG America Corporation	0	0	0	0	85	0	0	0	85	0
00000	86-1050795	The Vitality Group, LLC	0	0	0	0	(59,249)	0	0	0	(59,249)	0
00000	62-1245230	Kanawha Healthcare Solutions	0	0	0	0	0	0	0	0	0	0
00000	27-4535747	HumanaVitality, LLC.	0	0	0	0	(15,076,096)	0	0	0	(15,076,096)	0
00000	45-2254346	Humana Pharmacy Solutions, Inc.	0	0	0	0	(3,361,689)	0	0	0	(3,361,689)	0
00000	62-1552091	PHP Companies Incorporated	0	0	0	0	113,834	0	0	0	113,834	0
00000	45-3116348	HomeCare Health Solutions, Inc.	0	0	0	0	12,572,415	0	0	0	12,572,415	0
00000	86-0836599	Arcadian Management Services, Inc.	0	0	0	0	5,456,533	0	0	0	5,456,533	0
00000	13-4036798	SeniorBridge Family Companies, Inc.	0	0	0	0	(56,102)	0	0	0	(56,102)	0
00000	42-1575099	Comprehensive Health Insights, Inc.	0	0	0	0	(710,288)	0	0	0	(710,288)	0
00000	77-0540040	Anvita, Inc.	0	0	0	0	8,086,481	0	0	0	8,086,481	0
00000	27-0452360	SeniorBridge Family Companies (CT), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.	0	0	0	0	(56,360)	0	0	0	(56,360)	0
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.	0	0	0	0	(225,155)	0	0	0	(225,155)	0
00000	26-4823524	Concentra Inc.	0	0	0	0	(2,944,329)	0	0	0	(2,944,329)	0
00000	20-0301155	SeniorBridge Family Companies (IN), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	04-3580066	SeniorBridge Family Companies (MA), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	81-0557727	SeniorBridge Family Companies (MD), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	56-2593719	SeniorBridge (NC)	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	30-0117876	CAC Medical Center Holdings, Inc.	0	0	0	0	286,683	0	0	0	286,683	0
00000	80-0581269	SeniorBridge Care Management Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.	0	0	0	0	(53,611)	0	0	0	(53,611)	0
00000	20-0260501	SeniorBridge Family Companies (OH), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	57-1226890	SeniorBridge (WA), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	27-1649291	Harris, Rothenberg International, Inc.	0	0	0	0	(515,461)	0	0	0	(515,461)	0

SCHEDULE Y

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

1 NAIC Company Code	2 Federal 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	20-3585174	Valor Healthcare, Inc.	0	0	0	0	(20)	0	0	0	(20)	0
00000	80-0072760	Certify Data Systems, Inc.	0	0	0	0	4,995,041	0	0	0	4,995,041	0
00000	26-4179617	Ambulatory Care Solutions of Ohio LLC	0	0	0	0	(7,419)	0	0	0	(7,419)	0
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.	0	0	0	0	0	0	0	0	0	0
00000	27-0200477	Ambulatory Care Solutions of AR, LLC	0	0	0	0	(5,256)	0	0	0	(5,256)	0
00000	39-1514846	CareNetwork, Inc.	0	0	0	0	186,682	0	0	0	186,682	0
00000	61-1223418	Health Value Management, Inc.	0	0	0	0	(12,507,554)	0	0	0	(12,507,554)	0
00000	20-8236655	Corphealth Provider Link, Inc.	0	0	0	0	0	0	0	0	0	0
00000	61-1364005	HumanaDental, Inc.	(14,000,000)	0	0	0	0	0	0	0	(14,000,000)	0
00000	61-1343791	Humana Innovation Enterprises, Inc.	0	0	0	0	(114)	0	0	0	(114)	0
00000	20-1724127	Preservation on Main Inc	0	0	0	0	64,389	0	0	0	64,389	0
00000	37-1485812	Ambulatory Care Solutions LLC	0	0	0	0	(31,292)	0	0	0	(31,292)	0
00000	61-1279716	CHA Service Company	0	0	0	0	0	0	0	0	0	0
00000	65-0293220	54th Street Medical Plaza, Inc.	0	0	0	0	85,130	0	0	0	85,130	0
00000	20-4835394	Humana Active Outlook, Inc.	0	0	0	0	0	0	0	0	0	0
00000	20-5309363	515-526W MainSt CondoCouncilofCo-Owners	0	0	0	0	0	0	0	0	0	0
00000	65-0851053	154th Street Medical Plaza, Inc.	0	0	0	0	75,755	0	0	0	75,755	0
00000	04-3185995	CompBenefits Corporation	0	0	0	0	(2,319)	0	0	0	(2,319)	0
00000	58-2228851	Compbenefits Direct	0	0	0	0	146	0	0	0	146	0
00000	74-2352809	Texas Dental Plans, Inc.	0	0	0	0	0	0	0	0	0	0
00000	45-3039782	SeniorBridge Family Companies (CA), Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	45-5299341	SeniorBridge Family Companies (LA), Inc.	0	0	0	0	(56,058)	0	0	0	(56,058)	0
00000	56-2593718	SeniorBridge (UT), Inc.	0	0	0	0	0	0	0	0	0	0
00000	46-0702349	SeniorBridge Family Companies (AZ) Inc.	0	0	0	0	(56,061)	0	0	0	(56,061)	0
00000	46-0677759	SeniorBridge Family Companies (MO) Inc.	0	0	0	0	(52,135)	0	0	0	(52,135)	0
00000	46-0691871	SeniorBridge Family Companies (VA) Inc.	0	0	0	0	(51,874)	0	0	0	(51,874)	0
00000	20-2620891	Green Ribbon Health, LLC	0	0	0	0	0	0	0	0	0	0
00000	62-1250945	Preferred Health Partnership, Inc.	0	0	0	0	0	0	0	0	0	0
00000	45-3713941	Complex Clinical Management, Inc.	0	0	0	0	0	0	0	0	0	0
00000	65-0274594	HumanaCares, Inc.	0	0	0	0	(20,289,435)	0	0	0	(20,289,435)	0
00000	46-1225873	Agile Technology Solutions, Inc.	0	0	0	0	0	0	0	0	0	0
00000	45-3818750	American Eldercare of North Florida, LLC	0	0	0	0	(92,394)	0	0	0	(92,394)	0
00000	65-0380198	American Eldercare, Inc.	0	0	0	0	(12,950,752)	0	0	0	(12,950,752)	0
00000	86-0597187	St. Mary's Medical Park Pharmacy, Inc.	0	0	0	0	388,083	0	0	0	388,083	0
00000	75-2678146	Concentra Solutions, Inc.	0	0	0	0	10,534	0	0	0	10,534	0
00000	26-2681597	Auto Injury Solutions, Inc.	0	0	0	0	410	0	0	0	410	0
00000	75-2510547	Concentra Health Services, Inc.	0	0	0	0	(18,700)	0	0	0	(18,700)	0
00000	65-0635728	Metropolitan Health Networks, Inc.	0	0	0	0	(2,279,217)	0	0	0	(2,279,217)	0
00000	65-0879131	METCARE of Florida, Inc.	0	0	0	0	19,605	0	0	0	19,605	0
00000	45-5032192	Symphony Health Partners, Inc.	0	0	0	0	(9,028)	0	0	0	(9,028)	0
00000	32-0375132	Symphony Health Partners Midwest, LLC	0	0	0	0	(9,028)	0	0	0	(9,028)	0
00000	59-2716023	Continucare Corporation	0	0	0	0	90,408	0	0	0	90,408	0
00000	65-0791417	Continucare Medical Management, Inc.	0	0	0	0	399	0	0	0	399	0
00000	20-5646291	Continucare MDHC, LLC	0	0	0	0	(103,234)	0	0	0	(103,234)	0

SCHEDULE Y

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

1 NAIC Company Code	2 Federal 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	65-0780986	Continucare MSO, Inc.	0	0	0	0	(9,028)	0	0	0	(9,028)	0
00000	27-0338595	Seredor Corporation	0	0	0	0	(72,592)	0	0	0	(72,592)	0
9999999 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 Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?	YES

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

	MARCH FILING	
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
12.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
13.	Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?	NO
14.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
15.	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
16.	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
17.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
18.	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?	SEE EXPLANATION
19.	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?	SEE EXPLANATION
20.	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?	SEE EXPLANATION
	APRIL FILING	
21.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
22.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
23.	Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC?	NO
24.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
25.	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?	NO
	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. This type of business is not written.
18. No relief will be requested.
19. No relief will be requested.
20. No relief will be requested.
21. This type of business is not written.
22. This type of business is not written.
23. This type of business is not written.
24. This type of business is not written.
25. This type of business is not written.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12. Life Supplement [Document Identifier 205]
13. Property/Casualty Supplement [Document Identifier 207]
14. SIS Stockholder Information Supplement [Document Identifier 420]
15. Participating Opinion for Exhibit 5 [Document Identifier 371]
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17. Medicare Part D Coverage Supplement [Document Identifier 365]
21. Long-Term Care Experience Reporting Forms [Document Identifier 306]
22. Life Supplement [Document Identifier 211]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. Property/Casualty Supplement Insurance Expense Exhibit
[Document Identifier 213]

24. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]

25. Supplemental Health Care Exhibit's Expense Allocation Report
[Document Identifier 217]

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 - Verification SI14
Schedule DL - Part 1 ..... E24
Schedule DL - Part 2 ..... E25
Schedule E - Part 1 - Cash E26
Schedule E - Part 2 - Cash Equivalents E27
Schedule E - Part 3 - Special Deposits E28
Schedule E - Verification Between Years SI15

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