



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2011**  
 OF THE CONDITION AND AFFAIRS OF THE

**Humana Health Plan, Inc.**

NAIC Group Code 0119 , 0119 NAIC Company Code 95885 Employer's ID Number 61-1013183  
(Current Period) (Prior Period)

Organized under the Laws of Kentucky , State of Domicile or Port of Entry Kentucky

Country of Domicile United States

Licensed as business type: Life, Accident & Health [ ] Property/Casualty [ ] Hospital, Medical & Dental Service or Indemnity [ ]  
 Dental Service Corporation [ ] Vision Service Corporation [ ] Health Maintenance Organization [ X ]  
 Other [ ] Is HMO, Federally Qualified? Yes [ X ] No [ ]

Incorporated/Organized 08/23/1982 Commenced Business 09/23/1983

Statutory Home Office 321 West Main Street - 12th Floor , Louisville, KY 40202  
(Street and Number) (City, State and Zip Code)

Main Administrative Office 321 West Main Street - 12th Floor  
(Street and Number)  
Louisville, KY 40202 502-580-1000  
(City, State and Zip Code) (Area Code) (Telephone Number)

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

Primary Location of Books and Records 321 West Main Street - 12th Floor  
(Street and Number)  
Louisville, KY 40202 502-580-1000  
(City, State and Zip Code) (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.humana.com

Statutory Statement Contact Abby Goodloe , 502-580-1632  
(Name) (Area Code) (Telephone Number) (Extension)  
DOIINQUIRIES@humana.com 502-580-2099  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Michael Benedict McCallister</u> ,	<u>CEO</u>	<u>Joan Olliges Lenahan</u> ,	<u>VP &amp; Corporate Secretary</u>
<u>James Harry Bloem</u> ,	<u>Sr. VP, CFO &amp; Treasurer</u>	<u>Jonathan Albert Canine #</u> ,	<u>Appointed Actuary</u>

**OTHER OFFICERS**

<u>Randa Lynn Anderson-Stice</u> ,	<u>Reg.Pres. - Sr. Prod/Central Reg.</u>	<u>George Grant Bauernfeind</u> ,	<u>Vice President</u>
<u>Jeffrey Bergin Bringardner</u> ,	<u>Market President - Kentucky</u>	<u>John Ellis Brown</u> ,	<u>VP - Medicare Service Operations</u>
<u>John Gregory Catron</u> ,	<u>Vice President</u>	<u>Denise Louise Christy</u> ,	<u>Market President - MI/IN</u>
<u>Peter James Edwards</u> ,	<u>VP &amp; Div. Leader - Eastern Div.</u>	<u>Mark Sobhi El-Tawil</u> ,	<u>Reg. CEO/West Region</u>
<u>Mark Jason Fehring</u> ,	<u>Regional VP - Finance</u>	<u>Michael Paul Franks #</u> ,	<u>Reg.Pres.-Sr.Prod/West Coast Reg.</u>
<u>Roy Goldman Ph.D</u> ,	<u>VP &amp; Chief Actuary</u>	<u>Gary Edward Goldstein M.D.</u> ,	<u>VP &amp; Div. Leader - Central Div.</u>
<u>Deborah Ann Gracey</u> ,	<u>Reg.Pres.-Sr.Prod.-North Region</u>	<u>Robert Todd Hitchcock</u> ,	<u>VP &amp; Div. Leader - Western Div.</u>
<u>Morris Curt Howell</u> ,	<u>Market President-NV/AZ/UT</u>	<u>Paul Francis Kraemer</u> ,	<u>Regional CEO - East Region</u>
<u>Charles Frederic Lambert III</u> ,	<u>Vice President</u>	<u>Thomas Joseph Liston</u> ,	<u>Sr. Vice President - Sr. Prod.</u>
<u>Clarence Evans Looney</u> ,	<u>Market President - Tennessee</u>	<u>Kenneth Scott Malcolmson</u> ,	<u>Regional CEO</u>
<u>Heidi Suzanne Margulis</u> ,	<u>Sr. Vice President</u>	<u>Kevin Ross Meriwether</u> ,	<u>Reg. President - Sr. Prod/East</u>
<u>Khalid Nazir</u> ,	<u>Vice President</u>	<u>Daniel Joseph Oftedahl</u> ,	<u>Market President - Colorado</u>
<u>George Renaudin</u> ,	<u>VP &amp; Div. Leader - Southern Div.</u>	<u>David Thomas Reynolds</u> ,	<u>Market President - Illinois</u>
<u>Oraida Maria Roman</u> ,	<u>RegPresSrProd/IntermountainReg</u>	<u>Larry Dale Savage</u> ,	<u>Regional CEO</u>
<u>Debra Anne Smith</u> ,	<u>VP-Sr.Prod Strategy &amp; Prod Dev</u>	<u>William Joseph Tait</u> ,	<u>Vice President</u>
<u>Joseph Christopher Ventura</u> ,	<u>Assistant Secretary</u>	<u>Timothy Alan Wheatley</u> ,	<u>VP - Sr. Products/Finance</u>
<u>Ralph Martin Wilson</u> ,	<u>Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>James Harry Bloem #</u>	<u>Michael Benedict McCallister</u>	<u>James Elmer Murray</u>
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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.

Michael Benedict McCallister  
CEO

Joan Olliges Lenahan  
VP & Corporate Secretary

James Harry Bloem  
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this  
23rd day of February, 2012

- 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 \_\_\_\_\_

Myra Carpenter Notary Public  
August 9, 2013





**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
<b>Claims Unpaid (Reported)</b>						
GLEN ELLYN CLINIC.....					94,236	94,236
N W SUBURBAN ANESTHESIA.....	4,215				6,041	10,256
PDN.....	10,565					10,565
WOMENS HEALTH CONS.....					237,902	237,902
PROVIDER NOT AVAILABLE.....	4,860					4,860
UNABLE TO UPDATE PROVIDER INFORMATION.....	15,125					15,125
ACCESS MEDIQUIP LLC.....	4,630					4,630
ACCREDITED HEALTH GROUP.....	6,620					6,620
ADDISON RADIOLOGY ASSOC SC.....					254,423	254,423
ADV GOOD SAMARITAN HOSPITAL.....	11,678					11,678
ADV GOOD SHEPHERD HOSPITAL.....	16,852					16,852
ADVENTIST BOLINGBROOK HOSPITAL.....	9,688					9,688
ADVENTIST GLEN OAKS HOSPITAL.....	3,930	8,132				12,062
ADVENTIST HINSDALE HOSPITAL.....	57,704			2,252		59,956
ADVENTIST LA GRANGE MEMORIAL.....	98,808					98,808
ADVOCATE CHRIST HOSPITAL.....	2,554					2,554
ADVOCATE CHRIST MEDICAL CENTER.....	170,536	24,895			2,818	198,250
ADVOCATE CONDELL MEDICAL CTR.....	24,256					24,256
ADVOCATE GOOD SAMARITAN.....	18,216				9,280	27,496
ADVOCATE GOOD SHEPHERD HOSPITAL.....	7,049	2,073				9,123
ADVOCATE HOME HEALTH SERVICE.....	10,185					10,185
ADVOCATE ILLINOIS MASONIC.....	115,164	20,460	9,317		5,808	150,750
ADVOCATE LUTHERAN GENERAL.....	11,490					11,490
ADVOCATE LUTHERAN GENERAL HOSPITAL.....	87,156	9,265				96,421
ADVOCATE NORTHSIDE HEALTH SYSTEM.....		2,818				2,818
ADVOCATE SOUTH SUBURBAN HOSPITAL.....	74,334	3,401	11,642		15,180	104,557
ADVOCATE SW AMBULATORY SURG CENTER.....	2,387					2,387
ADVOCATE TRINITY HOSPITAL.....	130,742	12,025	8,741		32,478	183,987
AIR EVAC EMS INC.....	7,890					7,890
ALBUQUERQUE HEIGHTS HEALTHCARE.....		2,138				2,138
ALDEN DES PLAINES REHAB.....			2,584			2,584
ALDEN POPLAR CREEK REHAB.....	5,796					5,796
ALDEN TOWN MANOR REHAB.....	12,190					12,190
ALDEN WATERFORD REHAB.....	5,450					5,450
ALEGENT HEALTH BERGAN MERCY.....	78,094	7,421				85,514
ALEGENT HEALTH MENTAL HEALTH.....		10,550				10,550
ALEGENT HEALTH REHABILITATION.....		17,541				17,541
ALEGENT HLTH MIDLANDS HOSPITAL.....	36,834	6,815				43,649
ALEXANDER YAKOVLEV.....	2,143					2,143
ALEXIAN BROTHERS BEHAVIORAL.....	5,889					5,889
ALEXIAN BROTHERS MEDICAL CTR.....	111,055	15,642	20,770			147,467
ALISTAIR PHILLIPS.....				3,361		3,361
ALL CHILDRENS HOSPITAL.....	60,882					60,882
ALL SAINTS MEDICAL CENTER.....	2,095					2,095
ALLIANCE HEALTH CENTER.....	5,284					5,284
ALLIANCE HOME HEALTH.....	2,135	3,367				5,502
ALLIANCE LABORATORY PHYSICIANS.....	2,240					2,240
ALLIANCE RADIOLOGY PA.....	2,091					2,091
ALLIS CARE CENTER.....	3,176					3,176
ALLPORT CLINIC LLC.....					26,400	26,400
ALMA HEALTHCARE & REHAB.....	2,233					2,233
ALTA VIEW HOSPITAL.....	3,345					3,345
AMAR HAMAD MD.....	6,172					6,172
AMBULATORY SURGERY INC.....	2,059					2,059
AMEDISYS INC.....	6,321					6,321

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**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
AMERICAN CLINICAL SOLUTIONS.....	9,066					9,066
AMERICAN HOMEPATIENT.....	2,989					2,989
AMERICAN MEDICAL RESPONSE.....	6,726					6,726
AMERICAN SENIOR CARE.....	2,900					2,900
AMERIGROUP OHIO.....	3,174					3,174
AMERIMED INC.....	3,210					3,210
AMG DIALYSIS CENTERS.....	5,149					5,149
AMISHI SAWLANI MD.....					80,801	80,801
ANDREI M POP MD.....	2,440					2,440
ANDREW BEYKOVSKY.....				13,362		13,362
ANESTHESIA ASSOCIATES OF CINCINNATI INC.....	5,107					5,107
ANESTHESIA ASSOCIATES OF LOUISVILLE PSC.....	2,058					2,058
ANESTHESIA ASSOC OF KCPC.....	3,648					3,648
ANESTHESIA MEDICAL ALLIANCE OF EAST.....	2,657					2,657
ANESTHESIOLOGY CONSULTANTS.....					11,704	11,704
ANGELO MAKRIS.....	2,540					2,540
ANIS MEKHAIL MD.....	10,800					10,800
ANNE BATES LEACH EYE HOSP BASCOM.....	7,131					7,131
ANSHUL B BAMROLIA MD.....	7,432					7,432
ANTHONY GUANCIALE.....	5,848					5,848
ANTHONY JASLOWSKI.....	12,266					12,266
APRIA HEALTHCARE INC.....	7,874					7,874
ARH REGIONAL MEDICAL CENTER.....	6,917					6,917
ARH WHITESBURG.....	2,359					2,359
ARIZONA HEART HOSPITAL.....	10,920					10,920
ARROWHEAD HOSPITAL.....	35,969	6,654				42,623
ARTHUR ARAND.....	10,555					10,555
ARTHUR JAMES CANCER HOSPITAL.....		14,422				14,422
ARVIND AHUJA.....	17,190					17,190
ASPIRUS WAUSAU HOSPITAL.....	6,893					6,893
ASSOC ST JAMES RADIOLOGISTS.....					84,201	84,201
ATHENS REGIONAL MEDICAL CENTER LLC.....	4,671					4,671
ATI PHYSICAL THERAPY.....	3,685					3,685
AURORA BAYCARE MEDICAL CENTER.....	13,842					13,842
AURORA BEHAVIORAL HEALTH SYSTEM.....	2,630					2,630
AURORA CHICAGO LAKESHORE HOSPITAL.....	3,134		3,022			6,156
AURORA HEALTH CARE METRO INC.....	197,626	5,160			99,086	301,873
AURORA MEDICAL CENTER GRAFTON LLC.....	6,148					6,148
AURORA PSYCHIATRIC HOSPITAL.....	2,931					2,931
AURORA REHAB & LIVING CTR.....			4,742			4,742
AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER.....	2,858					2,858
AVON HEALTH & REHAB CENTER.....	3,100					3,100
AZURA OF LAKEWOOD LLC.....	5,871					5,871
BALLARD NURSING CENTER.....	12,223					12,223
BANNER BAYWOOD MEDICAL CENTER.....	17,731	2,989				20,720
BANNER BOSWELL MEDICAL CENTER.....	22,931				17,591	40,522
BANNER DEL E WEBB MEDICAL.....	10,529			2,306	3,767	16,602
BANNER DEL E WEBB MEDICAL CENTER.....	8,559					8,559
BANNER DESERT MEDICAL CENTER.....	34,801					34,801
BANNER ESTRELLA MEDICAL CENTER.....	97,783					97,783
BANNER GATEWAY MEDICAL CENTER.....	19,890	13,473			6,849	40,212
BANNER GOOD SAMARITAN MEDICAL.....	86,755	3,341				90,096
BANNER THUNDERBIRD MED CENTER.....	21,186	2,139		3,327		26,652
BANNER THUNDERBIRD MEDICAL CENTER.....	13,639					13,639
BAPTIST EASLEY HOSPITAL.....			8,242			8,242
BAPTIST HOSPITAL EAST.....	57,644		8,558	3,266	14,913	84,381

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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
BAPTIST HOSPITAL NORTHEAST.....	3,794					3,794
BAPTIST MEDICAL CENTER.....	18,738					18,738
BAPTIST OUTPATIENT SERVICES INC.....	4,193					4,193
BAPTIST REGIONAL MEDICAL CENTER.....	8,707					8,707
BARNES JEWISH HOSPITAL.....	5,273					5,273
BASHIR A CHOWDHRY MD.....	4,772					4,772
BAYSHORE MEDICAL CENTER.....	2,455					2,455
BAYWOOD MEDICAL ASSOCIATES PLL.....		6,094	6,496			12,590
BELLA VITA HEALTH & REHAB.....	2,526					2,526
BELTWAY SURGERY CENTER SPRINGM.....	2,394					2,394
BENCHMARK HEALTHCARE OF HARRIS.....	2,461					2,461
BENCHMARK HEALTHCARE OF LEES S.....		2,301				2,301
BENSON HOSPITAL.....	2,143					2,143
BERWYN ONCOLOGY CENTER.....	3,133					3,133
BEST DRUG REHAB.....		2,552				2,552
BETH ISRAEL DEACONESS MEDICAL CENTER.....					3,837	3,837
BETHANY MEDICAL ASSOCIATES.....					116,869	116,869
BETHESDA HOSPITAL INC.....		4,042		3,149		7,191
BETHESDA NEONATOLOGIST.....		2,686				2,686
BETHESDA NORTH HOSPITAL.....	105,568		18,684		10,953	135,205
BETHLEHEM HOME HEALTH CARE.....	6,871					6,871
BILOXI REGIONAL MEDICAL CENTER.....	6,749					6,749
BIRINDER MARWAH MD.....					58,001	58,001
BLOUNT MEMORIAL HOSPITAL.....	34,681	3,437	4,188			42,306
BLOUNT MEMORIAL HOSPITAL INC.....		2,119				2,119
BLUE ASH DIALYSIS.....	15,535					15,535
BLUE RIVER REHABILITATION CTR.....	6,113					6,113
BLUEGRASS REGIONAL IMAGING LLC.....	2,019					2,019
BLUEMOUND DIALYSIS.....	14,547					14,547
BLUEMOUND PD.....				3,278		3,278
BLUMENTHAL JEWISH NURSING & REHAB CTR.....	2,305					2,305
BMA CARROLLWOOD.....	4,936					4,936
BMA OF BLUE SPRINGS.....	3,014					3,014
BMA OF KANSAS CITY.....	10,439					10,439
BMA OF NEVADA.....	11,039					11,039
BMA OF SOUTH CENTRAL LOUISVILLE.....	4,696					4,696
BMH TIPTON.....	9,352					9,352
BON SECOURS MEMORIAL REGIONAL.....	39,794	9,317				49,111
BON SECOURS ST FRANCIS HEALTH.....	42,484	37,370				79,854
BRADFORD CURT.....	2,157					2,157
BRADFORD HEALTH SERVICES.....	3,178					3,178
BRADLEY KOCH.....					3,715	3,715
BRANDON GALE.....	2,583					2,583
BRANDON REGIONAL HOSPITAL.....	24,759				9,389	34,147
BRETT COLDIRON.....	2,071					2,071
BRIAN C CHO MD.....					30,600	30,600
BRIAN CRELLIN.....	4,072					4,072
BRIAN J SCHNITTA DC.....	19,250					19,250
BRIAN-FRED FITZSIMMONS.....	3,854					3,854
BRIDGEPORT HOSPITAL.....					62,707	62,707
BRISTOL REGIONAL MEDICAL CENTE.....	4,859					4,859
BROOKESTONE VILLAGE INC.....	4,242					4,242
BROOKWOOD MEDICAL CENTER.....		15,809	18,569			34,378
BROTMAN MEDICAL CENTER.....	2,316					2,316
BUTLER COUNTY MEDICAL CENTER.....			2,369			2,369
CANYON TRANSITIONAL REHABILITATION.....	2,693					2,693

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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
CANYON VIEW PSYCHIATRIC AND AD.....		10,136				10,136
CARDINAL HILL REHABILITATION.....	14,032					14,032
CARDINAL HILL REHABILITATION HOSPITAL.....	7,016					7,016
CARILION ROANOKE COMMUNITY.....	3,960					3,960
CARILION ROANOKE MEM HOSP.....	5,558					5,558
CARILION ROANOKE MEMORIAL.....	58,106		9,298			67,404
CARILION STONEWALL JACKSON.....	2,176					2,176
CARLTON AT THE LAKE INC.....	4,648					4,648
CARMEL HILLS HEALTHCARE.....	11,277					11,277
CAROLINAS MEDICAL CENTER PINEVILLE.....		3,989				3,989
CARONDELET HOME CARE SERVICES.....	4,932					4,932
CARONDELET ST JOSEPHS HOSPITAL.....	7,677				7,188	14,865
CARONDELET ST MARYS HOSPITAL.....	68,940					68,940
CASA REAL.....	8,075					8,075
CASS REGIONAL MEDICAL CENTER.....	52,384	34,211				86,595
CATHOLIC HEALTH PARTNERS SVS.....	35,690					35,690
CATHOLIC HEALTHCARE WEST.....	17,169					17,169
CCS MEDICAL.....	4,739					4,739
CEDAR HILLS HOSPITAL.....					3,690	3,690
CEDAR LAKE VILLAGE.....	13,161					13,161
CEDAR VILLAGE.....	3,578					3,578
CENTENNIAL HILLS HOSPITAL MEDICAL.....	55,627			8,509	366,219	430,355
CENTENNIAL MEDICAL CENTER.....	5,652					5,652
CENTENNIAL PEAKS HOSPITAL.....	2,425					2,425
CENTER FOR HEALTH AMBULATORY SURGERY.....	6,517					6,517
CENTERPOINT MEDICAL CENTER.....	120,339	71,766	13,004	11,618		216,727
CENTRAL BAPTIST HOSPITAL.....	66,090	4,945		3,570	46,369	120,975
CENTRAL BAPTIST HOSPITAL HOME.....	2,651					2,651
CENTRAL DUPAGE EMERGENCY.....	3,013					3,013
CENTRAL DUPAGE HOSPITAL.....	35,116	7,096	15,893	6,361		64,466
CEP AMERICA ILLINOIS PC.....					144,602	144,602
CHANDLER REGIONAL HOSPITAL.....	130,907	121,913	3,467			256,287
CHARLES HANEY.....					2,072	2,072
CHARLES MEANS.....		5,334				5,334
CHEYENNE REGIONAL MEDICAL CENTER.....	10,307					10,307
CHI NGUYEN.....			2,452			2,452
CHICAGO DE PT REV CFD EMS.....	3,108					3,108
CHICAGO PR OSTATE CANCER CENTER.....	2,793					2,793
CHILDRENS HEALTHCARE OF ATL.....	3,451					3,451
CHILDRENS HOSP DME.....	2,279					2,279
CHILDRENS HOSP HOME HEALTH.....	33,404					33,404
CHILDRENS HOSP MEDICAL CENTER.....	22,537					22,537
CHILDRENS HOSP OF WISCONSIN.....			6,955	11,131		18,086
CHILDRENS HOSPITAL.....	2,120					2,120
CHILDRENS HOSPITAL MEDICAL CENTER.....	177,681	122,641		29,480		329,802
CHILDRENS HOSPITAL MEDICAL CENTER LAB.....	6,635					6,635
CHILDRENS HOSPITAL OF WISCONSIN.....	31,889					31,889
CHOICECARE HOME HEALTH.....	4,340					4,340
CHRIST HOSPITAL.....	285,843	4,130	20,617		65,616	376,206
CHRIST HOSPITAL SPINE SURGERY CENTER.....	8,572					8,572
CHRISTIAN HEALTH AND REHABILITATION.....	4,399					4,399
CHRISTOPHER BABCOCK.....	3,706					3,706
CHRISTOPHER EDWARDS.....	3,512					3,512
CHRISTOPHER HUSSUSSIAN.....	6,572					6,572
CHRISTOPHER MCPHERSON.....	6,038	6,071				12,109

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**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
CHRISTOPHER NOONAN.....	2,323					2,323
CHRISTOPHER WOLFLA.....					12,670	12,670
CITADEL CARE CENTER.....	5,919					5,919
CITIZENS BAPTIST MEDICAL CENTER.....	2,484					2,484
CJW MEDICAL CENTER.....	38,335	6,822				45,157
CLARIAN HEALTH NORTH LLC.....	4,792					4,792
CLARK MEMORIAL HOSPITAL.....	17,265				10,476	27,741
CLARK REGIONAL MEDICAL CENTER.....	2,970					2,970
CLAY FRANK.....	19,437					19,437
CLAY J GOODHUE CFA.....	35,005					35,005
CLIFFORD M FRIESEN MD.....	3,450					3,450
CLINT HILL.....		4,395				4,395
CLINTON MEMORIAL HOSPITAL.....					3,161	3,161
CLYDE JONES.....		2,319				2,319
COLONIAL HEALTH & REHAB.....	2,578					2,578
COLUMBIA ST MARYS CSM OZAUKEE PHARMACY.....	4,960					4,960
COLUMBIA ST MARYS HOSPITAL MILWAUKEE INC.....	34,888					34,888
COMMUNITY HOSPITALS OF IN INC.....	18,574	5,867				24,441
COMMUNITY MEDICAL ASSOCIATES.....	3,372					3,372
COMMUNITY MEMORIAL HOSPITAL.....	2,207					2,207
COMMUNITY MEMORIAL HOSPITAL.....	20,808					20,808
COPELY MEMORIAL HOSPITAL.....	59,291	103,226			12,941	175,458
COPPER QUEEN COMMUNITY HOSPITAL.....	6,601					6,601
CORAM ALTERNATE SITE SERVICES.....	6,987					6,987
CORAM HEALTHCARE.....	12,929					12,929
COREY SHAMAH.....	4,591					4,591
CORNERSTONE OF RECOVERY INC.....					2,970	2,970
CORPUS CHRISTI MEDICAL CENTER.....	76,352					76,352
COTTONWOOD DE TUCSON INC.....	3,570					3,570
COUNTRYSIDE CARE CENTRE.....	10,883				2,112	12,995
COVINGTON COURT HEALTH.....	3,030					3,030
CREIGHTON UNIVERSITY MEDICAL.....	11,623	5,269				16,891
CRESTWOOD CARE CENTRE.....		6,618				6,618
CRESTWOOD MEDICAL CENTER LP.....	4,270					4,270
CULLY WHITE.....	10,129					10,129
CURTIS D JOHNSON MD.....	2,001					2,001
DALE SNEAD.....					2,165	2,165
DANIEL MCMAHAN.....		2,918				2,918
DANIEL MULCONREY.....	11,157					11,157
DARA MICKSCHL.....	3,321					3,321
DAVID DEWITT.....	7,871					7,871
DAVID HANNALLAH.....	3,481					3,481
DAVID HAWK.....				4,675		4,675
DAVID M CHRISTENSEN MD.....	3,934					3,934
DAVIS TSAI.....	2,076					2,076
DAY SURGERY FACILITIES.....	66,312				107,667	173,979
DCA CRESTWOOD.....	111,498					111,498
DCA OF CINCINNATI LLC.....	15,891		6,997			22,888
DCA SKOKIE.....	61,707					61,707
DEHLI DIALYSIS.....	13,008					13,008
DELMAR GARDENS OF OVERLAND PK.....	8,225					8,225
DELRAY RECOVERY CENTER LLC.....	2,040					2,040
DELTA BAY SURGERY CENTER.....	49,770			17,330		67,100
DEPARTMENT OF OPHTHALMOLOGY.....	11,262				2,399	13,661
DESERT RADIOLOGISTS.....	7,838					7,838

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
DESERT SPRINGS HOSPITAL MEDICAL	106,018				762,725	868,743
DESERT VIEW REGIONAL MEDICAL C.		3,743				3,743
DEVON GABLES H C C.	3,418					3,418
DIAGNOSTIC IMAGING ALLIANCE	2,054					2,054
DIAGNOSTIC IMAGING ASSOCIATES					68,001	68,001
DIALYSIS CLINIC INC.	48,676					48,676
DIALYSIS CTRS OF AMERICA PRAIR	51,733	11,052				62,785
DIRECT DIALYSIS	8,622	6,550				15,172
DISCOVER VISION CENTERS					2,585	2,585
DJO LLC	2,183					2,183
DOCTORS HOSPITAL	5,718					5,718
DONALD HILTON JR	2,080					2,080
DOUGLAS CARLAN	4,036					4,036
DOUGLAS FOX JR			2,280			2,280
DRAKE CENTER	2,422					2,422
DSI GREENVILLE RENAL CENTER	17,127					17,127
DSI HAZEL CREST RENAL CENTER	9,196					9,196
DSI LAS VEGAS RENAL CENTER	12,977					12,977
DSI LOOP RENAL CENTER	18,932	9,032				27,964
DSI NORWOOD RENAL CENTER	10,238					10,238
DSI SCOTTDALE RENAL CENTER	6,661					6,661
DSI SOUTH HOLLAND RENAL CENTER	8,995	9,924				18,919
DSI WAUKEGAN RENAL CENTER	15,342					15,342
DUPAGE EYE SURGERY CENTER	2,325					2,325
EAST TAMPA DIALYSIS	7,055					7,055
EAST TENNESSEE CHILDRENS HOSPITAL	2,698					2,698
EASTERN STATE HOSPITAL	5,857					5,857
EASTERN STATE HOSPITAL	2,090					2,090
EATING RECOVERY CENTER LLC	2,175					2,175
EBI LP	2,260					2,260
EDGE PARK MEDICAL SUPPLIES	10,003					10,003
EDGEWOOD MANOR NH					2,433	2,433
EDWARD BROWN	4,994					4,994
EDWARD HOSPITAL	58,048	5,304				63,352
EDWARD MACKEY	2,064					2,064
EDWARD MIDDLEBROOKS	4,146					4,146
EDWARD WHITE HOSPITAL INC.	5,305					5,305
ELIAS DAGNEW	4,391					4,391
ELITE KIDZ CLUB	2,906					2,906
ELIZABETH RACHEL	2,819					2,819
ELK GROVE LAB PHYSICIANS					43,000	43,000
ELMER LEHMAN					2,358	2,358
ELMHURST ANESTHESIOLOGISTS PC					16,903	16,903
ELMHURST MEMORIAL HEALTH SYSTEM					12,500	12,500
ELMHURST MEMORIAL HOSPITAL	41,076	17,394			11,069	69,539
ELMHURST MEMORIAL HOSPITAL	34,299					34,299
ELMS HAVEN CARE AND REHABILITA	2,666					2,666
EMERGENCY PROFESSIONAL SERVICES PC	2,171					2,171
EMORY JOHNS CREEK HOSPITAL		5,320				5,320
EMORY UNIVERSITY HOSPITAL MIDTOWN	3,600					3,600
EMPACT EMERGENCY PHYS LLC	2,361					2,361
ERIC ERICKSON	2,622					2,622
ERIC PIFEL	2,097					2,097
ERIC WALL	2,382					2,382
ERLE AUSTIN III				3,123		3,123
EUGENE Y CHEN MD					3,600	3,600

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
EVANDER FOGLE.....	3,006					3,006
EVANGELICAL HOSPITAL CORP.....	175,011	6,777	5,086	8,872	160,909	356,655
EVENDALE MEDICAL CENTER LLC.....	2,600				22,546	25,147
EXEMPLA BEHAVIORAL HEALTH AT WEST PINES.....	4,268					4,268
EXEMPLA LUTHERAN MEDICAL CENTER.....	2,198			2,642		4,839
FAIRHOPE HEALTH AND REHAB LLC.....	3,466					3,466
FAIRMONT CARE CENTER.....					4,293	4,293
FARHAN N SIDDIQI MD.....	11,620					11,620
FATIMA JAFFER MD.....	2,110					2,110
FATIMA MOHIUDDIN.....					31,000	31,000
FBH OF SAN ANTONIO.....	9,237					9,237
FELICIA BOGAR.....	3,807					3,807
FHC CUMBERLAND HALL.....	2,160					2,160
FINR III LLC.....	3,250					3,250
FLAGET MEMORIAL HOSPITAL.....		2,963				2,963
FLAGLER HOSPITAL INC.....					13,568	13,568
FLIGHT FOR LIFE.....	3,260					3,260
FLORENCE BARNETT.....	4,140					4,140
FLORIDA CANCER SPECIALISTS PL.....	16,783					16,783
FLORIDA HOSPITAL ALTAMONTE.....	5,616					5,616
FLORIDA HOSPITAL CELEBRATION.....	2,220					2,220
FLORIDA HOSPITAL CENTRE CARE.....					55,801	55,801
FLORIDA HOSPITAL ORLANDO.....	36,427					36,427
FLORIDA ORTHOPAEDIC INST SURG CTR LLC.....	7,288					7,288
FLORIDA ORTHOPAEDIC INSTITUTE.....	8,933					8,933
FLOYD MEDICAL CENTER.....	2,470					2,470
FLOYD MEMORIAL HOSPITAL.....	6,467	5,452				11,919
FMC DIALYSIS SERVICES BURBANK.....	36,067					36,067
FMC FORT SANDERS.....	6,798			3,099	41,529	51,426
FMC KENTUCKIANA HOME THERAPIES.....	8,352					8,352
FMC OF LAKE BLUFF.....	8,915					8,915
FMC PARK HILL.....	2,835					2,835
FOREST FAIR DIALYSIS.....	15,257					15,257
FOREST T HEIS MD.....	2,327					2,327
FORT HAMILTON HOSPITAL.....	8,801	3,206	6,469			18,475
FORT HEALTHCARE INC.....	3,169					3,169
FOUNTAIN CIRCLE HEALTH.....	11,089					11,089
FRANCISCAN PHYSICIAN HOSPITAL.....	20,579					20,579
FRANCISCAN ST FRANCIS INDIANA.....			2,940			2,940
FRANCISCAN ST JAMES HTLH MICHIGAN.....	17,294		82,757			100,051
FRANCISCAN ST JAMES OLYMPIA FI.....	15,599		12,655			28,254
FRANCISCAN ST MARGARET HLTH HA.....	15,259		4,559			19,818
FRANCISCAN VILLA OF SOUTH MILWAUKEE.....	2,994					2,994
FRANCISCO GUITIERREZ.....	6,860					6,860
FRANK NOYES.....				2,168		2,168
FRANK STONEBURNER.....	3,531					3,531
FRANKFORT REG MED CTR.....	3,269					3,269
FRANKLIN HEALTH.....	3,477					3,477
FRESENIUS MEDICAL CARE NEPHROL.....		6,151				6,151
FRIENDSHIP COMMUNITY MENTAL HEALTH.....				2,935		2,935
FROEDTERT MEMORIAL LUTHERAN HOSPITAL.....	62,765	15,652			2,280	80,697
FT SANDERS REGIONAL MEDICAL CENTER.....	36,450	9,459			29,234	75,143
FULLERTON KIMBALL MEDICAL GRP.....					70,161	70,161
GA ADVANCED FOR WOMEN.....	2,857					2,857
GARDEN TERRACE OVERLAND PARK.....	2,252					2,252
GARDEN VALLEY NURSING.....	8,069					8,069

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

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

**Aging Analysis of Unpaid Claims**

1 Account	Aging Analysis of Unpaid Claims						7 Total
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days		
GARY FIELDEN.....	5,003					5,003	
GARY MOSKOVITZ MD.....	5,344					5,344	
GATEWAY AT FLORENCE.....	13,756					13,756	
GENERAL FACILITY SERVICES.....	36,720					36,720	
GENERAL PHYSICIAN SERVICES.....	29,223					29,223	
GENTIVA HEALTH SERVICES.....	16,155					16,155	
GEORGE COUNTY HOSPITAL.....		2,677				2,677	
GEORGE RAQUE.....	2,270					2,270	
GEORGETOWN COMMUNITY HOSPITAL.....	5,265					5,265	
GEORGETOWN HOSPITAL.....	2,289					2,289	
GERARDO CABALLERO.....	7,423					7,423	
GGNSC INDEPENDENCE II LLC.....	4,330					4,330	
GLENCREST NURSING & REHAB CTR.....	3,471					3,471	
GLENN HALFF.....	3,547					3,547	
GLENNON PLACE LLC.....	4,608					4,608	
GLENVIEW TERRACE NURSING CTR.....					3,183	3,183	
GLYN JONES.....	3,506					3,506	
GOLDEN LIVINGCENTER-FOLEY.....	2,159					2,159	
GOLDEN LIVINGCENTER-KAW RIVER.....	8,439	2,584				11,023	
GOLDEN LIVINGCENTER-LANSING.....	10,572					10,572	
GOLDEN LIVINGCENTER-MEADOWOOD.....	3,711					3,711	
GOLDEN LIVINGCENTER-MT HOLLY.....	2,650					2,650	
GOLDEN LIVINGCENTER-NEW HAVEN.....	4,850					4,850	
GOLDEN LIVINGCENTER-SORENSEN.....	2,618					2,618	
GOOD SAMARITAN HOSPITAL.....	264,597	12,396		3,600	5,212	285,805	
GOOD SAMARITAN HOSPITAL.....	6,241					6,241	
GOTTLIEB MEMORIAL HOSPITAL.....	33,681	5,350	7,674			46,704	
GRANDVIEW HOSPITAL.....	2,869					2,869	
GREENSBURG DIALYSIS.....	14,273					14,273	
GREENVIEW REGIONAL HOSPITAL.....	2,179					2,179	
GREENVILLE HOSPITAL SYSTEM.....	2,133					2,133	
GREENVILLE MEMORIAL HOSPITAL.....	150,299	5,041				155,340	
GREENWOOD AVENUE DIALYSIS CTR.....	10,127					10,127	
GREGORY GOTTSCHLICH.....	4,806					4,806	
GREGORY HUMMEL.....	2,017					2,017	
GREGORY J OAKHILL MD.....	3,049					3,049	
GREGORY MACKAY.....	2,212					2,212	
GREGORY MISENHIMER.....	2,066					2,066	
GREGORY NEWKIRK.....	2,328					2,328	
GROVE HILL MEMORIAL HOSPITAL.....	6,619	4,769				11,387	
GROVE NORTH LIVING & REHAB CTR.....					3,516	3,516	
GROVE OF LA GRANGE LIVING.....	2,446					2,446	
GSS-MILLARD.....	2,061					2,061	
GULF BREEZE HOSP INC.....	6,180					6,180	
GULF TO BAY ANESTHESIOLOGY.....	5,281					5,281	
GULF TO BAY ANESTHESIOLOGY ASSOCIATES.....	4,180					4,180	
H LEE MOFFITT CANCER CENTER.....	139,488					139,488	
HANCOCK REGIONAL HOSPITAL.....	3,867					3,867	
HANGER PRO STH & ORTHOTICS.....	4,541					4,541	
HARDIN COUNTY AMBULANCE SERVICE.....	2,183					2,183	
HARDIN MEMORIAL HOSPITAL.....	2,293	2,003				4,295	
HARESH B SAWLANI.....					28,000	28,000	
HARLAN ARH.....	7,426				4,238	11,664	
HARMONY NURSING & REHAB CENTER.....	5,667					5,667	
HARTGROVE HOSPITAL.....	3,344					3,344	
HAVEN BEHAVIORAL SENIOR CARE.....				11,238		11,238	

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
HEALTHSOUTH LAKESHORE REHABILITATION	5,368	2,142				7,510
HEALTHSOUTH REHABILITATION HOSPITAL	28,199	4,682			7,589	40,469
HEALTHSOUTH REHABILITATION HOSPITAL	16,313					16,313
HENDERSON HEALTHCARE CENTER	6,375	2,785				9,160
HENNEPIN COUNTY MEDICAL CENTER	13,264					13,264
HENRICO DOCTORS HOSPITAL	19,294					19,294
HENRY MEDICAL CENTER INC	6,714					6,714
HERITAGE CLUB AT GREENWOOD	2,606					2,606
HERMAN PANG MD	2,748					2,748
HERME O SYLORA					33,160	33,160
HIDDEN LAKE CARE CENTER	4,003					4,003
HIGH FIELD AND OPEN MRI	6,390					6,390
HILLCREST MEDICAL CENTER	2,394					2,394
HILLCREST MEMORIAL HOSPITAL	6,809					6,809
HILLHAVEN					35,694	35,694
HINSDALE ANESTHESIA ASSOC LTD					2,301	2,301
HLG ANES ASSOCIATES LLC					15,094	15,094
HMS AAF ME RCY CARE PLAN	8,474					8,474
HOLMESDALE HEALTHCARE AND REHABILITATION	4,941					4,941
HOLSTON VALLEY MEDICAL CENTER	13,546					13,546
HOLY CROSS HOSPITAL	53,943				15,498	69,441
HOLY FAMILY MEDICAL CENTER	2,691					2,691
HOME CARE MEDICAL INC	3,292					3,292
HOME NURSING COMPANY INC	5,820					5,820
HOSPICE OF THE FOOTHILLS		3,369				3,369
HRWY OF HUNTINGTON INC	2,387					2,387
HUGH GLOSTER JR	2,903	2,632				5,536
HUGO FERNANDEZ	2,685					2,685
HUNTSVILLE HOSP BEHAVIOR CTR	2,594					2,594
HUNTSVILLE HOSPITAL	8,836	7,202				16,039
ILLINOIS DEPT OF PUBLIC AID	4,913					4,913
IMELDIA SIA MD SC					28,600	28,600
INDEPENDENT ANESTHESIOLOGISTS PSC	2,531					2,531
INDIAN CREEK HEALTH CARE CTR	3,891					3,891
INDIAN PATH MEDICAL CENTER	22,962					22,962
INDIANA UNIVERSITY HEALTH	9,379					9,379
INDIANA UNIVERSITY HEALTH INC	55,754	11,046				66,800
INFIRMARY HOME HEALTH AGENCY	2,273					2,273
INFUSION TECHNOLOGIES INC	11,250					11,250
INGALLS MEMORIAL HOSPITAL	27,744	2,805			4,870	35,419
INNOVATIVE SENIOR CARE	6,666					6,666
INNOVATIVE SENIOR CARE HH	3,181					3,181
INSULET CORPORATION	2,132					2,132
INTERIM HEALTHCARE OF GREENVILLE	2,476					2,476
INTERMOUNTAIN HOSPITAL	2,842					2,842
INTRACARE NORTH HOSPITAL	3,842					3,842
IOWA LUTHERAN HOSPITAL		4,406				4,406
IOWA METHODIST MEDICAL CENTER		2,858				2,858
ISSAM AWAD MD	11,383					11,383
J ARTHUR DOSHER MEM HOSPITAL	3,225					3,225
JACKSON PARK DIALYSIS CENTER	9,363					9,363
JACKSON PARK HOSPITAL	12,846				20,091	32,937
JACKSON PURCHASE MEDICAL CTR	5,290					5,290
JAIDEEP CHUNDURI	3,170					3,170
JAIIME WHITEAKER	11,562					11,562

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	Aging Analysis of Unpaid Claims						7 Total
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days		
JAMES ANDERSON.....	2,822					2,822	
JAMES F MCDONNELL MD.....	2,086					2,086	
JAMES GRAMM.....	3,931					3,931	
JAMES KEULER.....	10,067					10,067	
JAMES KILLEFFER.....	3,119					3,119	
JAMES PLETTNER.....	3,008					3,008	
JAMES SANGER.....	4,696					4,696	
JAMESTOWN NURSING AND REHAB LL.....	2,628					2,628	
JANET CHIN MD.....	3,762					3,762	
JASON LAKE.....		3,575				3,575	
JAWEED SAYEED MD.....	2,922					2,922	
JAY LUCAS.....	3,028					3,028	
JCM MEDICAL COMPANY.....	2,537					2,537	
JEFFREY R GEORGE MD.....	2,168					2,168	
JEFFREY SCHWAB.....	2,081					2,081	
JENNIFER KLINGBEIL.....	8,314					8,314	
JESSICA KELDERMAN.....	9,119	6,040				15,159	
JEWISH HOME OF CINCINNATI INC.....	4,168					4,168	
JEWISH HOSPITAL INC.....	88,447			4,746		93,194	
JEWISH HOSPITAL LLC.....	26,182				3,883	30,065	
JEWISH HOSPITAL SHELBYVILLE.....	4,667					4,667	
JEWISH HOSPITAL/ST MARYS HEALTH.....	6,397					6,397	
JOHANNA BENDELL.....		5,266		3,380	3,946	12,592	
JOHN C LINCOLN HOSPITAL DEER VALLEY.....		20,213				20,213	
JOHN C LINCOLN HOSPITAL NORTH.....	89,057					89,057	
JOHN CRAWFORD.....				2,630		2,630	
JOHN FRAKER.....	2,210					2,210	
JOHN HUTTO.....	2,485					2,485	
JOHN KNOX VILLAGE.....	19,696					19,696	
JOHN L BIBB MD.....	2,314					2,314	
JOHN LARKIN.....	2,121					2,121	
JOHN LINZ.....	4,930					4,930	
JOHN MAUL.....	2,228					2,228	
JOHN MCGUIRE.....	6,128					6,128	
JOHN ROBERTS V.....	2,426					2,426	
JOHN ROTH.....	2,682					2,682	
JOHN SMITH.....	2,516					2,516	
JOHN TROTTER.....	2,005					2,005	
JOHNSON CITY MED CTR HOSP INC.....	4,726					4,726	
JOHNSON CITY MEDICAL CENTER.....	44,834					44,834	
JOHNSTON MEMORIAL HOSPITAL.....	20,161	11,781				31,942	
JONATHAN BORDEN.....	2,269	4,191			3,483	9,943	
JONATHAN STANG.....	3,637					3,637	
JORDAN JUDE.....		4,390				4,390	
JOSEPH B PETELIN MD.....	3,915					3,915	
JOSEPH SIZENSKY.....	3,817					3,817	
JOSEPH THOMAS.....	2,784					2,784	
JOSHUA HAWKINS.....	3,104					3,104	
JOSHUA HUSS.....	18,506					18,506	
JUAN TELLEZ MD.....					58,801	58,801	
JUSTIN FRASER.....	9,346					9,346	
K JACOB COHEN KASHI MD & LAWRENCE.....	2,900					2,900	
K JOSEPH PHILIP MD.....	7,510					7,510	
KANSAS CITY ORTHOPAEDIC INSTITUTE.....	9,823					9,823	
KANSAS CITY VAMC.....	5,589					5,589	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
KATHLEEN BENNETT.....	2,220					2,220
KAYLEE BUI.....	2,270					2,270
KCI USA IN C.....	7,865					7,865
KCI USA INC.....	8,849					8,849
KEITH JUSTICE.....	2,220					2,220
KELSY KELLERMANN.....	3,010					3,010
KENDALL HANSEN.....	2,756					2,756
KENDALL REGIONAL MEDICAL CENTER.....	34,153					34,153
KENNETH JACOBSON.....	4,685					4,685
KENNETH RENKENS JR.....	13,147					13,147
KENNETH W LARSON MD.....	2,368					2,368
KENT BEAMS.....	4,400					4,400
KENT SAUTER.....	3,359					3,359
KENTUCKY KDMS.....		4,516				4,516
KENTUCKY RENAL CARE LEXINGTON NORTH.....	8,427					8,427
KENTUCKY RIVER MEDICAL CENTER.....	4,006					4,006
KENWOOD SURGERY CENTER.....	16,805	2,513				19,318
KETTERING MEDICAL CENTER.....	19,259					19,259
KHURRAM RASHID.....	3,081					3,081
KIDNEY AND HYPERTENSION CENTER.....	11,883					11,883
KIDNEY CENTER OF ARVADA.....	3,985	4,809				8,794
KIDNEY CENTER OF LAKEWOOD.....		4,659				4,659
KIDNEY CENTER OF WESTMINSTER.....			4,479			4,479
KIERNAN EXTENDED CARE.....					23,647	23,647
KIMBALL FUIKS.....	6,281					6,281
KIMBERLY DAVIS.....	2,110					2,110
KIMBERLY HALL SOUTH.....	3,143					3,143
KINDRED HOSPITAL ALBUQUERQUE.....	148,223					148,223
KINDRED HOSPITAL DENVER.....				193,200		193,200
KINDRED HOSPITAL KANSAS CITY.....	27,543					27,543
KINDRED HOSPITAL LAS VEGAS FLA.....	8,420					8,420
KINDRED HOSPITAL LAS VEGAS SAH.....	4,399					4,399
KINDRED HOSPITAL LOUISVILLE.....	23,413					23,413
KINDRED HOSPITAL SYCAMORE.....		6,096				6,096
KINDRED NURS & REH-CANYON WEST.....	2,202					2,202
KINDRED TRANSITIONAL CARE AND.....	6,709					6,709
KINGMAN REGIONAL MEDICAL CENTE.....					13,232	13,232
KINGSTON HOSPITAL.....	18,544					18,544
KLEINERT KUTZ AND ASSOCIATES MRI.....	5,007					5,007
KOSAIR CHILDRENS HOSPITAL.....	45,690					45,690
KRISTEN BRAZZALE.....	9,090					9,090
KRISTEN MASKALA.....	3,314					3,314
KRISTIN VANBOCKEL.....	2,108					2,108
KURT KONKEL.....	5,566					5,566
KURT MADSEN.....	2,040					2,040
KY DEPT FOR MEDICAID SERVICE.....	7,082					7,082
KYLE HERRON.....	2,794					2,794
L E COX MEDICAL CENTERS.....	8,845					8,845
LA CANADA CARE CENTER.....	6,825					6,825
LABCORP OF AMERICA HOLDINGS.....	13,584	2,971				16,555
LAFAYETTE REGIONAL HEALTH CTR.....	4,428					4,428
LAGRANGE MEMORIAL HOSPITAL.....	7,790					7,790
LAKE CUMBERLAND REGIONAL HOSPITAL.....		9,954				9,954
LAKELAND REGIONAL MEDICAL-CTR.....		3,484				3,484
LAKEVIEW VILLAGE INC.....	10,883	4,238				15,121
LAKEWAY REGIONAL HOSPITAL.....	5,947	11,176				17,123

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
LAREDO MEDICAL CENTER.....	8,526					8,526
LARRY OVERCASH.....	2,633					2,633
LAS PALMAS MEDICAL CENTER.....	22,690					22,690
LAS VEGAS HEALTHCARE AND REHAB.....					13,809	13,809
LAS VEGAS SURGICAL CENTER.....	2,860					2,860
LAURA MCGARTLAND.....	3,651					3,651
LAWRENCE BRENNAN.....	2,027					2,027
LAWRENCE H ITELD MD.....	2,836					2,836
LCC OF KANSAS CITY.....	2,833					2,833
LEA REGIONAL HOSPITAL LLC.....		2,746				2,746
LECONTE MEDICAL CENTER.....	15,522					15,522
LEES SUMMIT MEDICAL CENTER.....	22,116	17,605				39,721
LEES SUMMIT MEDICAL CENTER SUM.....		12,056				12,056
LENEXA DIALYSIS.....	12,542					12,542
LEONARD J CERULLO MD.....					45,870	45,870
LEONARD LU.....	3,620					3,620
LEWIS ANDRES.....	4,390					4,390
LEWIS GALE MEDICAL CENTER.....	24,998					24,998
LEXINGTON HC CNTR LAKE ZURICH.....	2,104					2,104
LEXINGTON MEDICAL CENTER.....	4,268					4,268
LIBERTY DIALYSIS KENWOOD.....	14,843					14,843
LIBERTY HOSPITAL.....	13,234	6,155				19,389
LIBERTY TERRACE HEALTHCARE.....	5,062					5,062
LIFE CARE CENTER LITTLETON.....	7,644					7,644
LIFE CARE CENTER OF.....	4,763					4,763
LIFE CARE CENTER OF NORTH GLEN.....	4,579					4,579
LIFE CARE CENTER OF TUCSON.....	4,933	2,975				7,907
LIFE CARE CENTER OF WESTMINSTE.....	2,742					2,742
LIFECARE CENTER OF CO SPRNGS.....	4,236					4,236
LIFECARE CNTR PARADISE VALLEY.....	8,255					8,255
LINCARE INC.....	6,334					6,334
LINCOLN PARK PHYSICAL THERAPY.....					46,161	46,161
LINDNER CENTER OF HOPE.....	3,712					3,712
LINEAGEN.....	2,054					2,054
LINKIA LLC.....	3,277	12,303				15,580
LITTLE CO OF MARY HOSPITAL.....	135,750					135,750
LITTLE COMPANY OF MARY HOSPITAL.....					4,051	4,051
LITTLE COMPANY OF MARY HOSPITA.....	10,603					10,603
LITTLETON ADVENTIST HOSPITAL.....	39,948	13,710				53,658
LOOMIS ROAD DIALYSIS.....	8,587					8,587
LORI HUBACEK.....	3,531					3,531
LORRENCE HNATUK.....	4,014					4,014
LOVELACE HOSP WOMENS.....		2,193				2,193
LOVELACE HOSPITAL DOWNTOWN.....	2,880					2,880
LOWELL BARROW MD.....					12,391	12,391
LOWELL WEIL JR.....	3,099					3,099
LOYOLA UNIVERSITY MED CTR.....	26,817	2,362				29,179
LUCIAN MOREMAN II.....	2,429					2,429
LUMC HOME CARE & HOSPICE.....					10,798	10,798
LUTZ SURGICAL PARTNERS.....		4,860				4,860
LUTZ SURGICAL PARTNERS LLC.....	7,860					7,860
MACNEAL HOSPITAL.....	285,800	7,819	9,819			303,439
MADEIRA HEALTH CARE CENTER.....	3,986					3,986
MADISON VAMC.....	18,031					18,031
MADISON WI VA HOSPITAL.....	28,099					28,099
MAGNOLIA SQUARE NURSING AND REHAB.....	2,662					2,662

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
MAHESH SEETHARAM.....	3,904					3,904
MAHRUKH SUBHANI.....					2,454	2,454
MANAGEMENT & NETWORK SERVICES LLC.....	4,304					4,304
MANAGEMENT AND NETWORK SERVICE.....	18,374		2,207			20,581
MANISH S BHANDARI MD.....	2,209					2,209
MANNA HEALTH & REHAB OF PICKEN.....	2,935					2,935
MANOR CARE OF HINSDALE IL LLC.....	3,594					3,594
MANOR CARE OF OAK LAWN EAST.....	7,670					7,670
MANOR CARE OF PALOS HEIGHTS.....	5,680					5,680
MANOR CARE OF WILMETTE IL LLC.....	2,029				3,694	5,723
MANORCARE HEALTH SERVICES.....	16,381					16,381
MANORCARE HEALTH SERVICES LLC.....	3,093					3,093
MANORCARE HEALTH SERVICES NORTH OLMSTED.....				6,934		6,934
MANORCARE OF ROLLLING MEADOWS.....	2,094					2,094
MANORCARE STRATFORD HALL.....	3,626					3,626
MANUEL MODIANO.....	2,636					2,636
MARC GALLOWAY.....	7,496					7,496
MARC SCHNEIDER.....	2,275					2,275
MARGARET MARY COMMUNITY HOSPITAL.....	3,490					3,490
MARGARET R NETTLETON MD.....					39,740	39,740
MARIANJOY REHABILITATION HOSPITAL.....	6,698					6,698
MARICOPA HEALTH SYSTEM.....	11,574			15,217		26,791
MARISA LAWRENCE.....	2,200					2,200
MARK B CHAPLICK DO.....	2,017					2,017
MARK DUBIN MD LLC.....					60,801	60,801
MARK GIACOMIN.....					686,807	686,807
MARK GREVIOUS MD.....	3,311					3,311
MARK HAMMOND.....		2,075				2,075
MARK JONES.....					2,364	2,364
MARK NEAULT.....	4,250					4,250
MARK WICHMAN.....	8,402					8,402
MAROUN ELHAYEK.....	2,088					2,088
MARSHALL ANDERSON CRNA.....	3,982					3,982
MARVIN LOPEZ.....	2,892					2,892
MARY ELLEN KLEINHENZ MD.....	2,662					2,662
MARYVALE HOSPITAL.....	6,902					6,902
MATTHEW BUSAM.....	5,252					5,252
MATTHEW GERLACH.....	3,842					3,842
MATTHEW GOLDBLATT.....					2,610	2,610
MATTHEW HUNT.....	2,137					2,137
MATTHEW KAUFFMAN.....	2,662					2,662
MATTHEW ROBINSON.....	2,715					2,715
MATTHEW WASSERMAN.....	18,510					18,510
MAURICE CHUNG.....	2,006					2,006
MAURICE MARKUS.....	5,231					5,231
MAXIM HEALTHCARE SERVICES INC.....	8,091					8,091
MAYO CLINIC ARIZONA.....		87,263				87,263
MAYO CLINIC JACKSONVILLE.....	8,171					8,171
MAYO ROCHESTER METHODIST HOSPITAL.....	3,544					3,544
MAYO ST MARYS HOSPITAL.....	4,560					4,560
MCCULLOUGH HYDE MEMORIAL HOSPITAL.....	17,983					17,983
MEA ELK GROVE LLC.....					477,605	477,605
MEADOW BROOK REHABILITATION.....	8,939					8,939
MECHANICSVILLE DIALYSIS.....	59,650	41,282				100,932
MEDICAL CENTER AT BOWLING GREEN.....	35,220					35,220
MEDICAL CENTER AT FRANKLIN.....	3,084					3,084

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
MEDICAL CENTER OF AURORA.....	75,699	10,561				86,260
MEDICAL UNIV HOSP AUTHORITY.....	4,444					4,444
MEDICALDORGES KANSAS CITY.....	2,118					2,118
MEMORIAL HEALTH SYSTEM.....	65,904	82,847		2,469	37,353	188,573
MEMORIAL HERMANN HOSPITAL.....	5,462					5,462
MEMORIAL HOSPITAL INC.....	3,694					3,694
MEMORIAL HOSPITAL JACKSONVILLE.....	20,633					20,633
MEMORIAL HOSPITAL WEST.....	301,375					301,375
MEMORIAL MEDICAL CENTER.....	12,350					12,350
MEMORAH MEDICAL CENTER.....	112,051	19,001				131,052
MERCY HOSPITAL & MEDICAL CTR.....	22,036	2,746				24,782
MERCY HOSPITAL ANDERSON.....	6,672					6,672
MERCY HOSPITAL CLERMONT.....	7,023	3,119				10,142
MERCY HOSPITAL FAIRFIELD.....	27,283					27,283
MERCY HOSPITAL MOUNT AIRY.....	2,220					2,220
MERCY HOSPITAL WESTERN HILLS.....	15,046				5,364	20,410
MERCY MEDICAL CENTER.....	74,859	10,836			41,864	127,559
MERCY MEDICAL CENTER BEHAVIORAL HEALTH.....				2,918		2,918
MERCY MEDICAL CENTER WEST LAKE.....		3,343				3,343
MERCY MEMORIAL HOSPITAL.....	4,297					4,297
METHODIST HOSPITAL.....	13,267					13,267
METHODIST MEDICAL CENTER.....	60,927				18,616	79,543
METHODIST MEDICAL CENTER OF ILLINOIS.....	26,795					26,795
METHODIST STONE OAK HOSPITAL.....	9,182					9,182
METROSOUTH MEDICAL CENTER.....	37,876	20,082			17,595	75,553
MHHS KATY HOSPITAL.....	26,864					26,864
MIAMI FIRST ASSIST.....	3,639					3,639
MIAMI VALLEY HOSPITAL.....	34,853					34,853
MICHAEL COLUMBUS.....	2,850					2,850
MICHAEL DATTOLI LLC.....	10,460					10,460
MICHAEL FLETCHER.....	3,782					3,782
MICHAEL FROMKE.....	5,256					5,256
MICHAEL J EISENBERG.....					3,657	3,657
MICHAEL LEE.....	3,331					3,331
MICHAEL MISKELLA.....					3,006	3,006
MICHAEL REESE HOSP & MED CTR.....					16,404	16,404
MICHAEL ROHMILLER.....	5,518					5,518
MICHAEL STAUDER.....	6,394					6,394
MICHAEL SWANK.....	2,060					2,060
MICHAEL TREANOR.....	3,365					3,365
MICHAEL WALSH.....	2,638					2,638
MICHAEL Y CHANG MD.....					3,760	3,760
MICHAELA G SCOTT MD AND ASSOC.....	2,480					2,480
MICHELLE LARUE.....	2,695					2,695
MID AMERICA REHAB HOSPITAL.....	12,587					12,587
MIDWEST ORTHOPEDIC SPECIALTY.....	28,470					28,470
MIDWESTERN REGIONAL MEDICAL CENTER.....	2,969				8,609	11,578
MILES BURKE.....	3,261					3,261
MILES GRAIVIER.....			4,254			4,254
MILLENNIUM LABORATORIES OF CA.....	14,734					14,734
MILWAUKEE COUNTY MHC.....	3,663					3,663
MINIMED DISTRIBUTION CORP.....	8,328					8,328
MINNEAPOLIS VAMC.....	4,035					4,035
MO HEALTHN ET DIVISION.....	4,521					4,521
MOBILE INFIRMARY MEDICAL CENTER.....	7,324	8,915				16,239

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
MOBILE INFIRMARY MEDICAL CNTR.....	3,732	2,243				5,975
MOBILE MED CARE.....	15,078					15,078
MOBILITY SYSTEMS AND SOLUTIONS.....	6,665					6,665
MODERN INSTITUTE OF PLASTIC SURGERY.....		3,473				3,473
MOHAMMAD ALATTAR.....	5,499					5,499
MONROE COUNTY HOSPITAL.....		11,574				11,574
MOREHEAD MEMORIAL HOSPITAL.....	3,078					3,078
MORRISTOWN HAMBLEN HOSPITAL.....	4,571					4,571
MOUNT CARMEL MEDICAL CENTER.....	26,562					26,562
MOUNT SINAI HOSPITAL.....	20,364					20,364
MOUNT WASHINGTON CARE CENTER.....	2,158					2,158
MOUNTAIN VIEW CARE CENTER.....	7,521					7,521
MOUNTAIN VIEW HOSPITAL.....	240,544	25,806	6,041	14,471	264,861	551,722
MOUNTAIN VIEW REGIONAL MEDICAL.....	2,323					2,323
MOUNTAIN VISTA MEDICAL CENTER.....	4,252	16,287				20,539
MT AUBURN DIALYSIS.....	5,581					5,581
MT SINAI MEDICAL GROUP.....					2,403	2,403
MUNROE REGIONAL MEDICAL CENTER.....	4,030					4,030
MUNSTER MEDICAL RESEARCH FOUNDATION.....	5,244					5,244
MURRAY CALLOWAY COUNTY HOSPITAL.....	2,172					2,172
MYRIAD GENETICS LABORATORIES.....	3,302					3,302
NAPERVILLE DIALYSIS CENTER.....	11,008					11,008
NAPERVILLE PSYCH VENTURE.....	5,650					5,650
NAPLES COMMUNITY HOSPITAL.....	2,978					2,978
NATCHEZ COMMUNITY HOSPITAL.....	9,477					9,477
NATIONAL SEATING & MOBILITY.....	2,577					2,577
NEBRASKA METHODIST HOSPITAL.....	63,720	4,520				68,240
NEENA S SZUCH MD.....	2,154					2,154
NEOMEDICA HAZEL CREST.....	18,957					18,957
NEOMEDICA EVERGREEN PARK.....	52,038	33,998				86,036
NEOMEDICA HOFFMAN ESTATES.....	4,696					4,696
NEOMEDICA SOUTH CHICAGO.....	8,260					8,260
NEURORESTORATIVE KENTUCKY.....	3,630					3,630
NEW HANOVER REGIONAL MED CTR.....	5,247					5,247
NEW JEFFERSON MANOR.....	4,655					4,655
NEW MARK CARE CENTER.....	10,207					10,207
NEW SUMMERFIELD HEALTH & REHABILITATION.....	2,755					2,755
NHC HEALTHCARE BRISTOL.....	4,149					4,149
NHC HEALTHCARE MAULDIN.....	3,854					3,854
NICHOLAS JULGA.....	2,685					2,685
NILESH D MEHTA MD.....	11,470					11,470
NORMAN REGIONAL HOSPITAL.....	8,418					8,418
NORTH AVENUE DIALYSIS CENTER.....	20,339					20,339
NORTH CYPRESS MEDICAL CENTER.....					9,317	9,317
NORTH HILLS SURGERY CENTER.....	2,314					2,314
NORTH KANSAS CITY HOSPITAL.....	131,910	45,892				177,803
NORTH LOGAN MERCY HOSPITAL.....		2,685				2,685
NORTH SUBURBAN MEDICAL CENTER.....	14,122					14,122
NORTH TAMPA RADIOLOGY CONSULTANTS.....	3,551					3,551
NORTH VISTA HOSPITAL.....					94,392	94,392
NORTHEAST METHODIST HOSPITAL.....	3,883					3,883
NORTHERN COCHISE COMMUNITY HOSPITAL.....	3,396					3,396
NORTHERN ILLINOIS RETINA LTD.....	2,195					2,195
NORTHLAND DIALYSIS.....	2,422					2,422
NORTHLAND LT ACUTE CARE HOSPITAL.....	25,803			12,324		124,440
NORTHSHORE UNIVERSITY HEALTHSYSTEM.....	66,426				86,314	66,426

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
NORTHSHORE UNIVERSITY HEALTHSYSTEM.....	18,979					18,979
NORTHSIDE FORSYTH.....	3,412	2,520				5,932
NORTHSIDE HOSPITAL.....	12,546					12,546
NORTHWEST COMMUNITY HOSPITAL.....	46,172	13,232				59,405
NORTHWEST MEDICAL CENTER.....	21,392	9,919				31,311
NORTHWEST SURGERY CENTER.....	4,204					4,204
NORTHWESTERN LAKE FOREST HOSPITAL.....	23,800					23,800
NORTHWESTERN MEMORIAL HOSPITAL.....	7,552	13,659			9,579	30,790
NORTON AUDUBON HOSPITAL.....	46,518	33,735				80,253
NORTON BROWNSBORO HOSPITAL.....	48,581	21,081			4,762	74,424
NORTON COMMUNITY HOSPITAL.....	10,463					10,463
NORTON HEALTHCARE PAVILION.....	43,843					43,843
NORTON HOSPITAL INC.....	2,941					2,941
NORTON HOSPITALS INC.....		13,174			7,584	20,759
NORTON SUBURBAN HOSPITAL.....	117,503	9,918		2,360		129,781
NORWEGIAN AMERICAN HOSPITAL.....	4,127					4,127
NRI LOUISVILLE.....	15,869					15,869
NW MEDICAL CENTER BENTONVILLE.....	21,414	12,315				33,729
OAK MANOR NURSING AND REHABILITATION.....	2,704					2,704
OAK PARK MEDICAL PRACTICES.....					94,501	94,501
OAK RIDGE SURGEONS PC GROUP.....	3,781					3,781
OAKFIELD DRIVE EMERG PHYSICIAN.....	2,315					2,315
OAKLAWN RADIOLOGY IMAGING.....					27,400	27,400
OCALA REGIONAL MEDICAL CENTER.....	2,021					2,021
OCHSNER FOUNDATION HOSPITAL.....	3,356					3,356
OCHSNER MC KENNER.....	3,910					3,910
OCONOMOWOC MEMORIAL HOSPITAL.....	13,433					13,433
OHIO STATE UNIV HOSPITALS.....	3,582					3,582
OLATHE DIALYSIS.....	15,161					15,161
OLATHE MEDICAL CENTER INC.....	27,675				29,110	56,784
OLSTEN HEALTH SERVICES CORP.....	5,753					5,753
ORANGE PARK MEDICAL CENTER.....	25,705					25,705
ORO VALLEY HOSPITAL.....	15,826					15,826
ORTHOFIX INC.....	4,995					4,995
ORTHOPEDIC ASSOCIATES SC.....					2,419	2,419
OSAMA ZAIDAT.....	3,412					3,412
OSF SAINT FRANCIS MEDICAL CENTER.....	91,710		2,296		9,967	103,973
OTTAWA REGIONAL HOSPITAL & HEA.....	3,689					3,689
OUR LADY OF PEACE.....	59,763					59,763
OUR LADY OF THE RESURRECTION.....	43,011	17,290				60,301
OVERLAND PARK NURSING & REHABILITATION.....	11,041					11,041
OVERLAND PARK REGIONAL MEDICAL.....	160,812	57,562		8,609	2,926	229,909
OVIDIU BRESCAN MD.....					2,016	2,016
OWENSBORO MEDICAL HEALTH.....	28,239			6,170		34,410
OZARKS COMMUNITY HOSPITAL OF G.....		5,866				5,866
PAIN CARE CENTER BOISE LLC.....	3,777					3,777
PALMETTO HEALTH ALLIANCE.....	11,985					11,985
PALMETTO HEALTH BAPTIST.....	5,285					5,285
PALMS OF PASADENA HOSPITAL.....	6,282					6,282
PALO VERDE MENTAL HEALTH.....					10,616	10,616
PALOS COMMUNITY HOSPITAL.....	76,706					76,706
PARADISE VALLEY HOSPITAL.....	24,229	6,129		10,197		40,555
PARK PLAZA HOSPITAL.....	5,221					5,221
PARKMOOR VILLAGE HEALTHCARE.....	4,818					4,818
PARKRIDGE MEDICAL CENTER INC.....	7,258					7,258
PARKRIDGE VALLEY HOSPITAL.....	3,062					3,062

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
PARKWAY SURGERY CENTER LLC.....					5,404	5,404
PARKWEST MEDICAL CENTER.....	156,202					156,202
PARKWEST MEDICAL CENTER PENINSULA.....		3,654				3,654
PASCO REGIONAL MEDICAL CENTER.....	36,146					36,146
PATHOLOGY PARTNER.....					67,001	67,001
PATRICIA NEAL REHAB CENTER.....	3,721					3,721
PATRICK BOLT.....	2,658					2,658
PATRICK CHO MD.....					5,660	5,660
PATRICK WARD.....	2,578					2,578
PAUL B HALL REGIONAL MED CTR.....	5,513					5,513
PAUL JOHNSON.....				2,223		2,223
PEAK VIEW BEHAVIORAL CTR.....	3,520					3,520
PEKIN HOSPITAL.....					2,707	2,707
PENROSE HOSPITAL.....	2,720					2,720
PENROSE ST FRANCIS.....	7,654	3,091				10,745
PETA MINEROF DPM.....					2,101	2,101
PETER CHA.....	17,339					17,339
PETER DAWSON M D.....					12,104	12,104
PETER JOHNSON.....	2,661					2,661
PHI AIR MEDICAL.....	7,552					7,552
PHILIP BAPTISTE.....		2,740				2,740
PHILIP LEMING.....	17,672	12,800				30,472
PHILIP THEODOSPOULOS.....	4,052					4,052
PHILLIPS EYE INSTITUTE.....	3,999					3,999
PHOEBE PUTNEY MEMORIAL HOSPITAL.....	4,934					4,934
PHOENIX BAPTIST HOSPITAL AND MEDICAL.....	58,068	11,039				69,107
PHOENIX BAPTIST HOSPITAL.....	2,748					2,748
PHOENIX CHILDRENS HOSPITAL.....	84,187					84,187
PHT JACKSON MEMORIAL HOSPITAL.....	5,352					5,352
PHYSICIANS CHOICE LABORATORY.....	2,524					2,524
PHYSICIANS MEDICAL ASSOC.....	4,257					4,257
PHYSICIANS REFERRAL SERVICE.....	2,916					2,916
PIKEVILLE MEDICAL CENTER INC.....	11,345					11,345
PINNACLE RIDGE.....	12,145					12,145
PLATTE VALLEY MEDICAL CENTER.....		4,525				4,525
PLAZA SURGERY CENTER.....		2,907				2,907
PLEASANT HILL HEALTH AND REHABILITATION.....	2,522					2,522
POINTER TRAIL HEALTH AND REHABILITATION.....	8,460					8,460
PORTER ADVENTIST HOSPITAL.....	33,934	4,758				38,692
PORTER HOSPITAL LLC.....	26,353					26,353
PRAIRIE LAKES HEALTH CARE SYSTEM INC.....	4,533					4,533
PRAIRIE MANOR NURSING & REHABILITATION.....	2,528					2,528
PRECISION HEALTHCARE INC.....	2,929					2,929
PREMIER ORTHOPAEDICS.....	2,710					2,710
PREMIER PAIN MANAGEMENT LLC.....		2,256				2,256
PREMIER PAIN SPECIALISTS LLC.....					50,601	50,601
PRESBYTERIAN HOSPITAL.....	8,724					8,724
PRESBYTERIAN ORTHOPAEDIC HOSPITAL.....	21,541					21,541
PRESBYTERIAN ST LUKES MEDICAL.....	13,914					13,914
PRINCETON BAPTIST MED CENTER.....	10,726					10,726
PROCTOR HOSPITAL.....	22,163					22,163
PROFESSIONAL RADIOLOGY INC.....	2,499					2,499
PROMISE REGIONAL MEDICAL CENTER.....	2,540					2,540
PROMPT MEDICAL TRANSPORTATION.....	2,101					2,101
PROVENA MCAULEY MANOR.....	21,124					21,124
PROVENA MERCY MEDICAL CENTER.....	87,670	197,661			104,976	390,307

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
PROVENA ST JOSEPH MEDICAL CTN.....	17,826					17,826
PROVENA ST MARYS OF KANK.....					4,780	4,780
PROVIDENCE HOSPITAL.....	5,921	2,716				8,636
PROVIDENCE MEDICAL CENTER.....	121,243	61,095	3,617			185,955
QUALIFIED EMERGENCY SPECIALISTS INC.....	2,893					2,893
QUEEN OF THE VALLEY HOSPITAL.....	4,913					4,913
QUEST DIAG NOSTICS.....	12,035					12,035
QUEST DIAGNOSTICS.....	5,753	2,807				8,560
RADIATION ONCOLOGY LTD.....					26,800	26,800
RADIOLOGICAL CONS OF WOODSTOCK.....					174,402	174,402
RADIOLOGICAL PHYSICIANS.....					46,581	46,581
RAINBOW MENTAL HEALTH FACILITY.....	4,811					4,811
RANDALL JENNINGS.....	2,092					2,092
RANDALL JOHNSON.....				2,998		2,998
RANDOLPH LOPEZ.....	7,809					7,809
RANDOLPH Y CHANG MD.....	3,200					3,200
RAYMOND POELSTRA.....					2,073	2,073
RAYMOND TAETLE.....	17,782					17,782
RCG KDC OF THE OZARKS HOME.....	14,745					14,745
RCG MERRIONETTE PARK.....	37,049	9,677				46,725
RCGCI EAST PEORIA.....	4,213					4,213
REGENCY HOSP NW ARKANSAS.....	71,958					71,958
REGIONAL MEDICAL CENTER.....	10,510	5,007				15,517
REGIONAL MEDICAL CENTER AT MEMPHIS.....				2,051		2,051
RESEARCH BELTON HOSPITAL.....	20,785	5,481				26,266
RESEARCH MEDICAL CENTER.....	251,095	93,302	16,466	8,285	10,844	379,993
RESEARCH PSYCHIATRIC CENTER.....	37,469					37,469
RESURRECTION HOME HEALTH.....	3,173					3,173
RESURRECTION HOSPITAL.....					57,601	57,601
RESURRECTION MEDICAL CENTER.....	61,202	4,488	6,393			72,082
RICHARD AUCHTER.....	5,264					5,264
RICHARD BEATY DO.....					23,000	23,000
RICHARD CARBALLO.....		2,222				2,222
RICHARD WILLIAMS.....	2,500					2,500
RICHARD YOUNG.....	2,727					2,727
RICHMOND COMMUNITY HOSPITAL.....	3,432					3,432
RIDGECREST HEALTHCARE.....	3,191					3,191
RIGHTSOURCE.....	2,494					2,494
RIVERSIDE MEDICAL CENTER.....	2,358					2,358
RIVERSIDE METHODIST HOSPITAL.....	4,028					4,028
RM ANESTHESIA LLC.....	4,004					4,004
RML HEALTH PROVIDERS LP.....	29,781					29,781
ROANE COUNTY MEDICAL CENTER.....	5,858	2,489				8,347
ROBERT BOHINSKI.....	12,039	3,187				15,226
ROBERT BURGER.....	2,091					2,091
ROBERT CHURCHILL.....	3,016					3,016
ROBERT CODY.....	5,652					5,652
ROBERT HUMMEL.....	2,450					2,450
ROBERT MANZ.....	2,594					2,594
ROBERT ROLF.....	4,191					4,191
ROBERT SILVERBERG.....	2,993					2,993
ROBIN L OBENCHAIN MD.....	4,417					4,417
ROCKFORD MEMORIAL HOSPITAL.....	17,878	31,596	10,325		2,426	62,225
ROCKTON COMMUNITY HEALTH CTR.....					65,760	65,760
ROCKY MOUNTAIN HOLDINGS LLC SE.....	9,297					9,297
ROGERS MEMORIAL HOSPITAL.....	4,619					4,619

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
ROKEYA BEGUM AKHTAR M D.....					491,205	491,205
ROLAND M TIO MD.....	7,992				10,440	18,432
ROLAND WESLEY MIYADA MD.....					4,092	4,092
RONALD HAMMERS.....		3,889				3,889
RONALD HESS.....	2,841					2,841
RONALD RECEVEUR.....	3,853					3,853
ROSE DELIMA HOSPITAL.....					580,904	580,904
ROSE MEDICAL CENTER.....	7,108					7,108
ROSEMARY S CARROLL MD.....	7,660					7,660
ROSEWOOD HEALTH AND REHAB CENTER.....	5,586					5,586
ROSS KERNS.....	5,223					5,223
ROY NUZZO.....	7,160					7,160
ROYA FAMILY MEDICAL CENTER.....					175,002	175,002
ROYAL TERRACE NURSING AND REHABILITATION.....	3,134					3,134
RRC HOUMA.....	4,760					4,760
RSVP HOMECARE INC.....	3,086					3,086
RURAL METRO OF CINCINNATI.....	2,342					2,342
RUSH COPLEY MEDICAL CENTER.....	11,687					11,687
RUSH OAK PARK HOSPITAL.....	6,063	11,875				17,938
RUSH UNIVERSITY MEDICAL CTR.....	51,253	5,724				56,977
RUSSELL COUNTY MEDICAL CT.....	2,355					2,355
RYAN KEHOE.....	11,276					11,276
SAAD HEALTHCARE SERVICES INC.....	2,432					2,432
SACRED HEART HOSPITAL.....	16,742					16,742
SAINT ALPHONSUS REGIONAL MEDICAL.....	13,195	16,981				30,177
SAINT JOSEPH EAST HOSPITAL.....	5,157	3,215				8,372
SAINT JOSEPH HEALTH SYSTEM.....	9,091	7,846				16,937
SAINT JOSEPH HOSPITAL.....	2,808	2,178				4,986
SAINT JOSEPH LONDON.....	15,161					15,161
SAINTS MARY & ELIZABETH MEDICAL.....	58,656	6,806			6,373	71,835
SAINTS MARY AND ELIZABETH HOSPITAL.....	22,522	4,396				26,918
SAMER HASAN.....	3,734					3,734
SAMIR PATEL.....	2,798					2,798
SAMUEL M YUNEZ MD.....					32,400	32,400
SANDEEP CHUNDURI MD.....	4,790					4,790
SANJAY GHOSH.....		5,540				5,540
SCALABRINI LIFE CENTER.....					2,708	2,708
SCARLET OAKS RETIREMENT COMM.....		4,343				4,343
SCHWAB REHAB CENTER.....	21,884					21,884
SCRIPPS GREEN HOSPITAL.....	10,402					10,402
SCOTTSDLE HLTH OSB.....	58,402	6,110				64,512
SCOTTSDLE HLTH SHEA.....	12,129	2,857	14,528			29,515
SCOTTSDLE HLTH TPK.....		2,717				2,717
SEAN LEW.....	3,477					3,477
SECOND NATURE ENTRADA.....	5,147					5,147
SELECT SPECIALTY HOSPITAL.....					51,527	51,527
SELECT SPECIALTY HOSPITAL SAN ANTONIO.....	41,223					41,223
SETON MEDICAL CENTER AUSTIN.....	47,152					47,152
SETON MEDICAL CENTER HAYS.....				11,983		11,983
SEVEN HILLS BEHAVIORAL.....	6,490					6,490
SHANGRI LA REHAB & LIVING CENTER.....	2,982					2,982
SHANNON ZORN.....	4,250					4,250
SHARON LANE HEALTH SERVICES.....	2,004					2,004
SHAWN HENRY.....	4,990					4,990
SHAWNEE GARDENS HEALTHCARE AND.....	8,378					8,378

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
SHAWNEE MISSION MEDICAL CTR.....	33,436	23,750				57,186
SHEBOYGAN SURGERY CENTER LLC.....	2,638					2,638
SHEILA D COOPER MD.....	5,357					5,357
SHEKHAR DAGAM.....	5,553					5,553
SHELTERING ARMS HOSPITAL SOUTH.....	2,002					2,002
SHERIDAN REHABILITATION & HEAL.....	4,982					4,982
SHERMAN HOSPITAL.....	9,935					9,935
SHOUWEN WANG MD.....	2,466					2,466
SIERRA VISTA REGIONAL HEALTH C.....	15,437					15,437
SIGNATURE BEHAVIORAL HEALTHCARE.....	2,940					2,940
SILOAM SPRINGS MEMORIAL.....	3,259					3,259
SILVER CROSS HOSPITAL.....	6,615	2,613				9,228
SINGER ISLAND REC CENTER.....	2,570					2,570
SIRONA INFUSION LLC.....	2,005					2,005
SKAGGS REGIONAL MEDICAL CENTER.....	4,239					4,239
SKIES HEALTHCARE AND REHAB.....		2,882				2,882
SKY RIDGE MEDICAL CENTER.....	155,300				4,414	159,714
SKYLINE MEDICAL CENTER.....	3,680					3,680
SMITH AND NEPHEW INC.....	2,478					2,478
SMYTH COUNTY COMMUNITY HOSPITAL.....	4,167					4,167
SMYTH COUNTY COMMUNITY HOSPITAL.....	10,922	4,911				15,833
SOLARI HOSPICE CARE LLC.....					4,027	4,027
SOUTH BAY HOSPITAL.....	2,967					2,967
SOUTH FLORIDA BAPTIST HOSPITAL.....	6,165					6,165
SOUTH MIAMI HOSPITAL INC.....	2,164					2,164
SOUTH SHORE HOSPITAL.....	5,354					5,354
SOUTH SUBURBAN KIDNEY GROUP.....	93,301					93,301
SOUTH SUBURBAN REHABILITATION.....	3,010					3,010
SOUTH TEXAS REGIONAL MEDICAL CENTER.....	2,651					2,651
SOUTHEASTERN EMERGENCY PHYSICIANS INC.....	2,467					2,467
SOUTHERN HILLS HOSPITAL.....	121,432				270,295	391,727
SOUTHPOINT NURSING & REHAB CTR.....	6,311					6,311
SOUTHWOOD CARE CENTER LP.....	3,677				3,168	6,846
SPARKS REGIONAL MEDICAL CENTER.....	124,718					124,718
SPARTANBURG REGIONAL MED CTR.....	12,780					12,780
SPECIALTY HEALTHCARE & REHAB CENTER.....	5,553					5,553
SPECTRUM HOME HEALTH AGENCY.....	3,185					3,185
SPRING VALLEY HOSPITAL MEDICAL.....	205,092				685,761	890,853
SPRING VALLEY HOSPITAL MEDICAL CENTER.....	2,759					2,759
SPRING VIEW HOSPITAL.....	2,525					2,525
SPRINGFIELD OB/GYN GROUP LTD.....					2,389	2,389
SPRINGFIELD REHAB & HEALTHCARE.....	2,289					2,289
SPRINGHILL MEMORIAL HOSPITAL.....	9,692					9,692
SSH PENSACOLA.....		6,168				6,168
ST JOHN HOSPITAL.....	3,873					3,873
ST AGNES HOSPITAL.....	10,493					10,493
ST ALEXIUS HOSPITAL.....	4,172					4,172
ST ALEXIUS MEDICAL CENTER.....	31,361	5,109				36,470
ST ANTHONY CENTRAL HOSPITAL.....	11,173					11,173
ST ANTHONY CENTRAL REHAB.....	8,127					8,127
ST ANTHONY EMERGENCY SVCS.....					117,001	117,001
ST ANTHONY HOSPITAL.....	58,745					58,745
ST ANTHONY MEDICAL CENTER.....	54,934	5,308				60,242
ST ANTHONY NORTH HOSPITAL.....	4,359					4,359
ST ANTHONYS HOSPITAL.....	16,455					16,455
ST BENEDICT NURSING & REHAB.....					2,496	2,496

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
ST BERNARD HOSPITAL.....	4,721					4,721
ST CAMILLUS HEALTH CTR.....	2,818					2,818
ST CATHERINE REGIONAL HOSPITAL.....	3,019					3,019
ST CATHERINE REGIONAL HOSPITAL.....	3,086					3,086
ST CHARLES MEDICAL CENTER.....	2,840					2,840
ST CLARE HOSPITAL.....	4,326					4,326
ST ED MERCY MED CTR REHAB UNIT.....	7,236			2,797		10,033
ST EDWARD MERCY MEDICAL CENTER.....	63,374	17,098				80,473
ST ELIZABETH HEALTHCARE.....	161,686	7,807			49,694	219,187
ST ELIZABETH MEDICAL CENTER.....	2,158					2,158
ST FRANCIS HOSP OF EVANSTON.....	30,700	2,394				33,094
ST FRANCIS HOSPITAL.....	2,337					2,337
ST GREGORY CENTERS INC.....	3,930					3,930
ST JOHN HOSPITAL.....	6,667					6,667
ST JOHNS HOSPITAL LEBANON.....	6,498					6,498
ST JOHNS LEBANON.....	4,593					4,593
ST JOHN'S MERCY MEDICAL CENTER.....		2,449				2,449
ST JOHNS MERCY VILLAGE.....	5,864					5,864
ST JOHNS REGIONAL HEALTH CNTR.....	88,592	6,609				95,201
ST JOSEPH HOSPITAL.....	28,455	4,956				33,411
ST JOSEPH HOSPITAL OF ORANGE.....					24,946	24,946
ST JOSEPH MEDICAL CENTER.....	2,776					2,776
ST JOSEPHS COMMUNITY HOSPITAL.....	4,936					4,936
ST JOSEPHS HOSPITAL.....	70,117					70,117
ST JOSEPHS HOSPITAL INC.....	51,777					51,777
ST JOSEPHS HOSPITAL MEDICAL CENTER.....	13,943	14,078				28,022
ST JOSEPHS HOSPITAL NORTH.....	5,771					5,771
ST JOSEPHS HOSPITAL OF ATLANTA INC.....	4,783	4,750				9,533
ST JOSEPHS MEDICAL CENTER.....	50,748					50,748
ST JOSEPHS WOMENS HOSPITAL.....	9,957					9,957
ST LUCIE MEDICAL CENTER.....	13,972					13,972
ST LUKE HOSPITAL WEST.....	3,158					3,158
ST LUKES EAST HOSPITAL.....	7,924	4,405				12,329
ST LUKES HOSPITAL OF KANSAS.....	74,677	50,371				125,047
ST LUKES MAGIC VALLEY REGIONAL.....	33,535	10,237				43,772
ST LUKES MEDICAL CENTER.....	25,353	4,014	18,692			48,059
ST LUKES NORTHLAND HOSPITAL.....	15,232	6,919				22,151
ST LUKES REGIONAL MEDICAL CENTER.....	58,224	31,066				89,290
ST MARKS HOSPITAL.....	28,792					28,792
ST MARYS HOSPITAL.....	5,741	2,748				8,490
ST MARYS HOSPITAL MEDICAL CENTER.....	2,061					2,061
ST MARYS MANOR.....	3,520					3,520
ST MARYS MEDICAL CENTER.....	99,709	6,112				105,822
ST MARYS OZAUKEE.....	6,108					6,108
ST NICHOLAS HOSPITAL.....		2,431				2,431
ST PETERSBURG GENERAL HOSPITAL.....					70,280	70,280
ST ROSE DOMINICAN HOSPITAL.....	191,430	24,920	24,888		249,836	491,073
ST ROSE DOMINICAN SIENA HOSPITAL.....					811,873	811,873
ST TAMMANY PARISH HOSPITAL.....	3,252					3,252
ST THOMAS HOSPITAL.....	9,738					9,738
ST VINCENT HEART CENTER.....		3,199				3,199
ST VINCENT HOSPITAL.....	17,595	24,487				42,082
ST VINCENT HOSPITAL AND HEALTH.....	8,060	3,558				11,619
ST VINCENTS MEDICAL CENTER.....	10,284					10,284
STANFORD MEDICAL CENTER.....	11,404					11,404
STARR COMMONWEALTH.....		10,500				10,500

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
STATE OF FLORIDA.....	3,292					3,292
STEPHEN A GEPHARDT MD.....	2,488					2,488
STEPHEN BECKER.....	2,226					2,226
STEPHEN MEISSNER.....					4,411	4,411
STEPHEN SALMIERI.....	2,160					2,160
STEVEN A SANDLER MD.....		2,432				2,432
STEVEN ABRAM.....	3,555					3,555
STEVEN CHARAPATA.....	2,080					2,080
SULEIMAN B SALMAN MD.....	3,100					3,100
SUMMERLIN HOSPITAL MED CTR LLC.....					913,311	913,311
SUMMERLIN HOSPITAL MEDICAL CENTER.....	276,843	7,053	2,250		163,015	449,161
SUMMIT ANESTHESIA CONSULTANTS.....					3,876	3,876
SUMMIT MEDICAL CENTER.....	19,532					19,532
SUMMIT SURGERY CENTER.....	7,116					7,116
SUNRISE HOSPITAL AND MEDICAL.....					768,121	768,121
SUNRISE HOSPITAL AND MEDICAL CENTER.....	193,334	10,473	31,847	38,600	48,400	322,655
SUPERIOR A IR GROUND AMB SERVICE.....	2,687					2,687
SURESH GUPTA.....	3,633					3,633
SUREVISION EYE CENTERS LLC.....					49,600	49,600
SURGCENTER PINELLAS.....	2,666					2,666
SURGERY CENTER LLC.....	5,649					5,649
SURGICENTER OF GREATER MILWAKEE.....	4,284					4,284
SUSAN J ANDERSON NELSON.....	2,210					2,210
SUTTER COAST HOSPITAL.....					12,742	12,742
SWEDISH AMERICAN HOSPITAL ASSOCIATION.....					2,986	2,986
SWEDISH COVENANT HOSP HH.....	4,332					4,332
SWEDISH COVENANT HOSPITAL.....	23,322	4,684			62,809	90,816
SWEDISH EMERGENCY ASSOC PC.....					65,001	65,001
SWEDISH MEDICAL CENTER.....	11,434					11,434
SWEETWATER HOSPITAL ASSOCIATION.....	5,720					5,720
T H C LAS VEGAS.....	5,514				107,815	113,329
TAJ MEMORIAL HEALTH CENTER.....	3,337	2,275				5,612
TAMPA BAY ORTHOPAEDIC SPICALISTS.....	2,568					2,568
TAMPA BAY SPECIALTY SURGERY CENTER.....	8,051					8,051
TAMPA GENERAL HOSPITAL.....	154,501	5,177				159,678
TENNOVA HEALTHCARE.....	29,514	3,784				33,297
TEXAS HEALTH HARRIS METHODIST.....	8,526					8,526
THC CHICAGO.....	74,283					74,283
THE BROOK HOSPITAL DUPONT.....	6,143	6,944			7,566	20,653
THE BROOK HOSPITAL KMI.....	16,712	3,576		2,934		23,222
THE CAROLINA CENTER FOR.....	6,300		7,800			14,100
THE COTTAGES AT BRUSHY CREEK.....	2,036					2,036
THE HEALTH CARE AUTHORITY.....	8,871					8,871
THE IMPERIAL.....	3,573					3,573
THE NEBRASKA MEDICAL CENTER.....	7,547	55,102				62,649
THE RANCH.....	4,780					4,780
THE RECTOR AND VISTORS.....	3,644					3,644
THE REGENTS OF THE UNIV OF CA.....					23,327	23,327
THE SCOOTER STORE.....	2,195					2,195
THE SWEET LIFE AT ROSEHILL.....	10,468					10,468
THE WEALSHIRE.....	6,453					6,453
THIBODAUX REGIONAL MEDICAL CENTER.....	3,144					3,144
THOMAS DOERS.....	13,641					13,641
THOMAS HOSPITAL.....		18,592				18,592
THOMAS LINDENFELD.....	2,868					2,868
THOMAS SAUL.....	3,755					3,755

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
TIAN XIA DO.....					403,404	403,404
TILLERS NURSING & REHAB CENTER.....	9,449					9,449
TIMBERLAKE CARE CENTER.....	20,866					20,866
TIMOTHY KREMCHEK.....	3,340					3,340
TIMOTHY MORTON.....	2,485					2,485
TIMOTHY WELLS.....	6,418					6,418
TIMPANOGOS REGIONAL HOSPITAL.....	4,385					4,385
TISA REVELS.....	2,185					2,185
TJ SAMSON COMMUNITY HOSPITAL.....		4,522				4,522
TOBY COHEN.....	2,153					2,153
TODD ABEL.....	2,652					2,652
TODD MESSICK.....					9,931	9,931
TODD SWENSON.....	2,243					2,243
TORREY PINES CARE CENTER.....	68,498		4,697	5,688	30,344	109,227
TOTAL RENAL CARE INC.....		14,718	13,200			27,918
TOTAL RENAL CARE, INC.....	9,240					9,240
TRACE AMBULANCE INC.....	2,034					2,034
TRACI ASHCRAFT.....				3,979		3,979
TRANS HEALTH MANAGEMENT.....	3,560		2,276			5,836
TRANSFORMATIONS TREATMENT CENTER.....	3,640	2,740				6,380
TRANSITIONAL HOSP CORP OF NV.....				2,575	30,084	32,659
TRAVIS J KEMP MD.....	2,023					2,023
TRC INDIANA LLC.....	9,427					9,427
TRC PRINTERS PLC DLYS CNTR.....		12,193	12,076	7,021		31,290
TRC WAUSAU DIALYSIS.....	36,749					36,749
TRC WILLOW CREEK DIALYSIS.....		2,155				2,155
TREVINO RICHARD.....	2,794					2,794
TRINITY HOSPITAL OF AUGUSTA.....	8,976					8,976
TRINITY NURSING AND REHAB CETN.....	2,497					2,497
TROY NAPIER.....	2,147					2,147
TRUMAN MED CTR HOSP HILL.....	11,775	8,661				20,436
TRUMAN MEDICAL CENTER LAKEWOOD.....	20,496					20,496
TUCSON MEDICAL CENTER.....	51,347	7,501				58,848
TURFWAY PD TRAINING.....	9,542					9,542
TURNING POINT OF TAMPA.....	2,050					2,050
TWO RIVERS PSYCHIATRIC HOSP.....	3,077					3,077
TX MEDICAL D AND HC PARTNER.....	16,509					16,509
TX MEDICAID AND HC PARTNER.....	6,283					6,283
U OF L HOSPITAL AND JAMES.....	23,563	26,202				49,765
UCLA MEDICAL CENTER.....					71,201	71,201
UIC SURGER Y.....	3,324					3,324
UK HEALTHCARE HOSPITAL.....	105,139	7,437				112,576
UNA KIM.....		3,234				3,234
UNITED.....	2,122					2,122
UNITED HOSPITAL SYSTEM INC.....	3,394					3,394
UNITED SEA TING AND MOBILITY.....	8,411					8,411
UNITY HOSPITAL.....				4,655		4,655
UNIV COMMUNITY HSP CARROLLWOOD.....	48,045		42,958			91,003
UNIV OF MIAMI HOSPITAL AND CLINICS.....		14,367				14,367
UNIV OF TENNESSEE MEDICAL CENTER.....	78,491	11,681	3,256			93,428
UNIVERSITY COMMUNITY HOSPITAL.....	63,889					63,889
UNIVERSITY.....			28,696			28,696
UNIVERSITY HOSPITAL.....	126,355	2,892		2,024		131,271
UNIVERSITY HOSPITALS CASE MEDICAL CENTER.....		2,171				2,171
UNIVERSITY MEDICAL CENTER.....	653,448	124,033	2,480	38,541	976,506	1,795,009
UNIVERSITY OF ALABAMA HOSPITAL.....	28,380	8,328				36,708

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
UNIVERSITY OF CHICAGO MED CTR.	206,458	6,679				213,137
UNIVERSITY OF COLORADO HOSPITAL	33,938					33,938
UNIVERSITY OF COLORADO HOSPITAL	25,023					25,023
UNIVERSITY OF ILLINOIS CHICAGO	2,482					2,482
UNIVERSITY OF ILLINOIS MED CTR.	127,774	18,871			5,286	151,930
UNIVERSITY OF KANSAS HOSPITAL	374,695	18,273		5,339		398,306
UNIVERSITY OF KENTUCKY HOSPITAL			8,630			8,630
UNIVERSITY OF LOUISVILLE HOSPITAL	62,087	66,863				128,949
UNIVERSITY OF MIAMI HOSPITAL	7,691					7,691
UNIVERSITY OF MISSOURI HEALTH	4,749					4,749
UNIVERSITY PHYSICIANS HOSPITAL	5,919					5,919
UNM HEALTH SCIENCES CENTER	10,851	76,814		9,742		97,407
UNVERIFIABLE FACILITY	5,272					5,272
UPPER VALLEY MEDICAL CENTER	4,521					4,521
UROLOGICAL SERVICES LTD.					8,488	8,488
VALLEY HOSPITAL	10,760	8,080				18,840
VALLEY HOSPITAL MEDICAL CENTER	396,878	3,085	3,085		813,848	1,216,896
VAN BUREN HEALTH & REHABILITATION	2,228					2,228
VAN MATRE HEALTHSOUTH REHAB.	14,890					14,890
VANCOUVER HEALTH AND REHABILITATION	3,530					3,530
VANDERBILT CHILDRENS HOSPITAL	3,409					3,409
VANDERBILT UNIVERSITY MEDICAL CENTER	20,872					20,872
VANGUARD HEALTH SYSTEM	53,278	19,085				72,363
VCU HEALTH SYSTEM	38,455					38,455
VEGAS VALLEY REHABILITATION HOSPITAL					10,730	10,730
VEN ABIERA ADUANA MD.					46,800	46,800
VENKATESH G RAMAIAH MD.	3,748					3,748
VHS ACQUISITION SUBSIDIARY #3	7,838					7,838
VICTOR M HAYES MD.	13,757					13,757
VIERA HOSPITAL	12,461					12,461
VIET TRAN	2,219					2,219
VILLA SAINT JOSEPH	2,200					2,200
VILLAGES OF JACKSON CREEK	11,054					11,054
VILLASPRING HEALTH CARE CENTER	2,940					2,940
VINCENT SAMMARCO	6,900					6,900
VINCENT T PENG MD.					103,801	103,801
VISITING NURSE ASSOCIATION	3,097					3,097
VISTA HEALTH	5,565	5,830				11,395
VISTA HILLS MEDICAL CENTER					12,225	12,225
VISTA MEDICAL CENTER EAST	11,876				2,475	14,351
VISTA MEDICAL CENTER WEST		6,231				6,231
WADE MUELLER	6,953					6,953
WALGREENS INFUSION PHARMACY	24,251					24,251
WALGREENS INFUSION SERVICES	5,017					5,017
WALGREENS RESPIRATORY SERVICES	3,418					3,418
WALGREENS SPECIALTY INFUSION PHARMACY	5,893					5,893
WALMART STORES EAST	3,756					3,756
WALTER KNOX MEMORIAL HOSPITAL	2,616					2,616
WASHINGTON REG MED CENTER	66,900	70,968				137,868
WATERTOWN MEMORIAL HOSPITAL	8,523					8,523
WAUKESHA MEMORIAL HOSPITAL	63,635	3,433				67,067
WAYNE LEE	5,300					5,300
WAYNE VILLANUEVA	3,344					3,344
WEATHERFORD REGIONAL MEDICAL CENTER	8,404					8,404
WELLNESS TREATMENT CENTER	3,174					3,174

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**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
WELLSPRING HEALTH CENTER.....	3,114					3,114
WELLSTONE REGIONAL HOSPITAL.....	3,103					3,103
WESLEY CHAPEL DIALYSIS.....	2,751					2,751
WEST ALLIS MEMORIAL HOSPITAL INC.....	94,294					94,294
WEST CHESTER MEDICAL.....	31,086					31,086
WEST FLORIDA REGIONAL MEDICAL.....	3,243					3,243
WEST JEFFERSON MEDICAL CENTER.....	3,875					3,875
WEST SUBURBAN HOSP DIALYSIS.....	8,378	9,399				17,777
WEST SUBURBAN MEDICAL CENTER.....	169,549	36,978				206,527
WEST VALLEY HOSPITAL MEDICAL CENTER.....	15,207	2,433				17,640
WEST VALLEY MEDICAL CENTER INC.....	7,113					7,113
WESTERN BAPTIST HOSPITAL.....	7,468					7,468
WESTERN HILLS HEALTH CARE.....	3,063					3,063
WESTERN MISSOURI MED CENTER.....		5,068				5,068
WESTLAKE HOSPITAL.....	20,634					20,634
WESTLAKE MEDICAL PRACTICES.....					131,401	131,401
WHEATON FRANCISCAN INC.....	95,155					95,155
WHITE OAK HOME TRAINING.....	13,363					13,363
WILLARD CAMPBELL.....	3,395					3,395
WILLIAM A JOHNSON MD.....					407,904	407,904
WILLIAM APPELBAUM MD.....					33,200	33,200
WILLIAM BEERS MD.....	4,150					4,150
WILLIAM CAMP.....	2,203					2,203
WILLIAM DANNEMAN.....	2,436					2,436
WILLIAM KIBLER.....	3,430					3,430
WILLIAM MCCULLOUGH.....			3,855			3,855
WILLIAM REID JR.....	5,637					5,637
WILLIAM TOBLER.....	10,343					10,343
WILLIAM WASHBURN.....	3,547					3,547
WILLOWS HEALTH & REHAB CENTER.....	2,668					2,668
WMC A INC.....	2,323					2,323
WMC SA INC.....	3,723					3,723
WOMANS HOSPITAL AT RIVER OAKS.....	7,506					7,506
WOODLAWN HOME PROGRAM.....	6,697				3,321	10,018
WYANDOTTE COUNTY DIALYSIS.....	11,850					11,850
ZANE PREWITT.....	4,460					4,460
						0
						0
0199999 Individually listed claims unpaid.....	21,758,535	3,556,995	514,259	597,445	15,627,965	42,055,199
0299999 Aggregate accounts not individually listed-uncovered.....	635,849	102,206	17,829	17,613	454,881	1,228,378
0399999 Aggregate accounts not individually listed-covered.....	3,079,481	435,445	182,185	90,576	2,140,948	5,928,635
0499999 Subtotals.....	25,473,865	4,094,646	714,273	705,634	18,223,794	49,212,212
0599999 Unreported claims and other claim reserves.....						135,865,346
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						185,077,558
0899999 Accrued medical incentive pool and bonus amounts.....						1,196,921

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ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
<b>NONE</b>							
0199999 Individually listed receivables .....	0	0	0	0	0	0	0
0299999 Receivables not individually listed							
0399999 Total gross amounts receivable	0	0	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

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

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Humana Inc.....	Reimbursements from expenditures made..... directly by Humana Inc. for the benefit..... of Humana Health Plan for the services..... provided by Humana Inc. for the company..... The direct expenditures include payments..... for medical related items, trade..... payables, and payroll related items..... The services provided include and are..... not limited to actuarial underwriting..... billing enrollments, claim administra- tion, customer services, utilization..... management, prior authorization, quality..... management, accounting, financial..... analysis, legal, tax, budgeting, data..... processing, and marketing.....	8,378,127	8,378,127	
0199999 Individually listed payables.....		8,378,127	8,378,127	0
0299999 Payables not individually listed				
0399999 Total gross payables		8,378,127	8,378,127	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

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

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	441,043,404	22.8	397,622	100.0		441,043,404
2. Intermediaries .....	0	0.0		0.0		
3. All other providers .....	0	0.0		0.0		
4. Total capitation payments .....	441,043,404	22.8	397,622	100.0	0	441,043,404
<b>Other Payments:</b>						
5. Fee-for-service .....	5,214,016	0.3	XXX	XXX		5,214,016
6. Contractual fee payments .....	1,486,178,688	76.9	XXX	XXX		1,486,178,688
7. Bonus/withhold arrangements - fee-for-service .....	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	0	0.0	XXX	XXX		
9. Non-contingent salaries .....	0	0.0	XXX	XXX		
10. Aggregate cost arrangements .....	0	0.0	XXX	XXX		
11. All other payments .....	0	0.0	XXX	XXX		
12. Total other payments .....	1,491,392,704	77.2	XXX	XXX	0	1,491,392,704
13. Total (Line 4 plus Line 12)	1,932,436,108	100 %	XXX	XXX	0	1,932,436,108

**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
<b>NONE</b>					
9999999 Totals			XXX	XXX	XXX

**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 .....	16,576,375		10,359,473	6,216,902	6,216,902	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	16,576,375	0	10,359,473	6,216,902	6,216,902	0



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Alabama

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Alabama		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	1,741	0		0	0	25	0	1,716	0		
2. First Quarter .....	4,500	0		0	23	62	0	4,415	0		
3. Second Quarter .....	4,652	0		0	24	67	0	4,561	0		
4. Third Quarter .....	4,956	0		0	27	181	0	4,748	0		
5. Current Year	5,259	0		0	29	177	0	5,053	0		
6. Current Year Member Months	57,947	0		0	301	2,109	0	55,537	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	45,360							45,360			
8. Non-Physician .....	38,107							38,107			
9. Total	83,467	0	0	0	0	0	0	83,467	0	0	
10. Hospital Patient Days Incurred	6,811							6,811			
11. Number of Inpatient Admissions	1,251							1,251			
12. Health Premiums Written (b) .....	42,118,566				4,172	39,882		42,074,512			
13. Life Premiums Direct .....	0	0		0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	42,118,566				4,172	39,882		42,074,512			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	34,535,103				2,975	17,011		34,515,117			
18. Amount Incurred for Provision of Health Care Services	38,647,478				2,975	17,404		38,627,099			

(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 \$ .....42,074,512

29.AL



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Arizona

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Arizona		DURING THE YEAR 2011				NAIC Company Code			95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	34,436	0	19,151	0	530	1,095	408	13,252	0		
2. First Quarter .....	32,896	0	16,441	0	653	1,378		14,424	0		
3. Second Quarter .....	32,349	0	15,787	0	670	1,481		14,411	0		
4. Third Quarter .....	32,544	0	15,835	0	695	1,561		14,453	0		
5. Current Year	32,788	0	15,946	0	684	1,567		14,591	0		
6. Current Year Member Months	387,054	0	187,857	0	8,071	17,671	88	173,367	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	181,256		47,545				238	133,473			
8. Non-Physician .....	163,615		31,413				134	132,068			
9. Total	344,871	0	78,958	0	0	0	372	265,541	0	0	
10. Hospital Patient Days Incurred	22,650		2,906				15	19,729			
11. Number of Inpatient Admissions	5,210		883				9	4,318			
12. Health Premiums Written (b) .....	191,739,707		43,053,349		110,713	358,422	(1,764)	148,218,987			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	189,684,120		40,997,762		110,713	358,422	(1,764)	148,218,987			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	154,560,833		32,969,105		58,889	194,282	61,516	121,277,041			
18. Amount Incurred for Provision of Health Care Services	154,220,013		32,702,559		58,889	204,131	(145,298)	121,399,732			

(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 \$ .....148,218,987

29.AZ



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Arkansas

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Arkansas		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	4,491	0		0	641	0	0	3,850			
2. First Quarter .....	7,552	0		0	716	0	0	6,836			
3. Second Quarter .....	7,695	0		0	715	0	0	6,980			
4. Third Quarter .....	8,563	0		0	710	734	0	7,119			
5. Current Year	8,881	0		0	731	748	0	7,402			
6. Current Year Member Months	101,474	0		0	8,690	8,500	0	84,284			
Total Member Ambulatory Encounters for Year:											
7. Physician .....	72,229							72,229			
8. Non-Physician .....	68,443							68,443			
9. Total	140,672	0	0	0	0	0	0	140,672	0	0	
10. Hospital Patient Days Incurred	8,698							8,698			
11. Number of Inpatient Admissions	1,677							1,677			
12. Health Premiums Written (b) .....	60,426,969				119,698	158,796		60,148,475			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	60,426,969				119,698	158,796		60,148,475			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	48,445,389				69,375	86,349		48,289,665			
18. Amount Incurred for Provision of Health Care Services	52,242,454				69,375	86,349		52,086,730			

(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 \$ .....60,148,475

29.AR



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Colorado

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Colorado		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	23,169	.0	19,032		275	666	.0	3,196	.0		
2. First Quarter .....	22,440	.0	16,931	.0	330	1,491	.0	3,688	.0		
3. Second Quarter .....	22,390	.0	16,659	.0	357	1,639	.0	3,735	.0		
4. Third Quarter .....	21,881	.0	16,769	.0	364	904	.0	3,844	.0		
5. Current Year	24,857	2,563	17,041	0	371	903	0	3,979	0		
6. Current Year Member Months	260,755	4,452	197,190	0	4,245	9,462	0	45,406	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	78,744	111	47,072					31,561			
8. Non-Physician .....	64,644	31	27,098					37,515			
9. Total	143,388	142	74,170	0	0	0	0	69,076	0	0	
10. Hospital Patient Days Incurred	7,442		2,847					4,595			
11. Number of Inpatient Admissions	1,810		865					945			
12. Health Premiums Written (b) .....	82,246,358	566,089	48,085,393	4,626	58,590	241,311		33,290,349			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	79,604,587	545,487	45,464,224	4,626	58,590	241,311		33,290,349			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	70,451,752	36,212	41,013,825	2,222	31,021	122,539		29,245,933			
18. Amount Incurred for Provision of Health Care Services	71,198,358	79,544	40,824,943	1,953	31,021	134,041		30,126,856			

(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 \$ .....33,290,349

29.CO



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Idaho

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2011

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0	0		0	0	0	0	0	0	
2. First Quarter .....	2,243	0		0	208	0	0	2,035	0	
3. Second Quarter .....	2,312	0		0	218	0	0	2,094	0	
4. Third Quarter .....	3,079	0		0	227	706	0	2,146	0	
5. Current Year	3,203	0		0	248	715	0	2,240	0	
6. Current Year Member Months	36,160	0		0	2,655	8,290	0	25,215	0	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	14,239							14,239		
8. Non-Physician .....	27,981							27,981		
9. Total	42,220	0	0	0	0	0	0	42,220	0	0
10. Hospital Patient Days Incurred	1,379							1,379		
11. Number of Inpatient Admissions	372							372		
12. Health Premiums Written (b).....	16,909,990				37,030	182,001		16,690,959		
13. Life Premiums Direct.....	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	16,909,990				37,030	182,001		16,690,959		
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services .....	13,589,218				26,929	119,131		13,443,158		
18. Amount Incurred for Provision of Health Care Services	15,684,242				26,929	119,131		15,538,182		

(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 \$ .....16,690,959

29.ID



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Illinois

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Illinois		DURING THE YEAR 2011					NAIC Company Code		95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	99,007	281	53,097	.0	.0	821	17,205	27,603	.0		
2. First Quarter .....	101,952	275	53,976	.0	.64		17,019	30,618	.0		
3. Second Quarter .....	101,231	267	53,462	.0	.62		16,850	30,590	.0		
4. Third Quarter .....	88,080	250	38,840	.0	.65	1,546	16,770	30,609	.0		
5. Current Year	87,072	217	37,886	0	66	1,491	16,720	30,692	0		
6. Current Year Member Months	1,144,052	3,104	553,596	0	761	16,438	202,469	367,684	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	655,377	946	242,654				136,607	275,170			
8. Non-Physician .....	487,348	1,536	226,317				54,153	205,342			
9. Total	1,142,725	2,482	468,971	0	0	0	190,760	480,512	0	0	
10. Hospital Patient Days Incurred	47,190	104	15,191				3,525	28,370			
11. Number of Inpatient Admissions	10,745	22	3,809				1,315	5,599			
12. Health Premiums Written (b) .....	633,584,173	2,069,551	212,373,564		10,778	316,232	91,896,800	326,917,248			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	633,466,777	2,069,551	212,256,168		10,778	316,232	91,896,800	326,917,248			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	546,938,635	1,889,611	180,220,477		5,765	170,288	82,970,854	281,681,640			
18. Amount Incurred for Provision of Health Care Services	543,449,687	2,220,175	176,461,699		5,765	170,288	82,099,552	282,492,208			

(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 \$ .....326,917,248

29.1L



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Indiana

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2011

NAIC Company Code

95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	3,603	.0	2,801	.0	.0	.0	.0	.802	.0	
2. First Quarter .....	4,265	.0	2,729	.0	.14	.45	.0	1,477	.0	
3. Second Quarter .....	3,744	.0	2,175	.0	.19	.50	.0	1,500	.0	
4. Third Quarter .....	3,333	.0	1,701	.0	.17	.65	.0	1,550	.0	
5. Current Year	3,391	0	1,678	0	18	72	0	1,623	0	
6. Current Year Member Months	43,787	0	24,684	0	195	664	0	18,244	0	
Total Member Ambulatory Encounters for Year:										
7. Physician .....	19,135		7,904					11,231		
8. Non-Physician .....	18,243		4,438					13,805		
9. Total	37,378	0	12,342	0	0	0	0	25,036	0	0
10. Hospital Patient Days Incurred	2,319		271					2,048		
11. Number of Inpatient Admissions	507		102					405		
12. Health Premiums Written (b) .....	19,591,104		5,813,837		1,500	13,424		13,762,343		
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	19,591,104		5,813,837		1,500	13,424		13,762,343		
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	14,224,937		3,762,942		1,436	7,903		10,452,656		
18. Amount Incurred for Provision of Health Care Services	14,896,662		3,595,534		1,436	8,724		11,290,968		

(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 \$ .....13,762,343

29.IN



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Kansas

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kansas		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	13,301	.0	3,933	.0	.0	288	371	8,709	.0		
2. First Quarter .....	13,703	.0	1,467	.0	.0	297	384	11,555	.0		
3. Second Quarter .....	13,637	.0	1,417	.0	.0	314	378	11,528	.0		
4. Third Quarter .....	13,601	.0	1,413	.0	.0	329	356	11,503	.0		
5. Current Year	13,757	0	1,477	0	0	371	364	11,545	0		
6. Current Year Member Months	163,439	0	16,728	0	0	3,800	4,483	138,428	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	121,793		5,625				2,491	113,677			
8. Non-Physician .....	120,652		3,461				821	116,370			
9. Total	242,445	0	9,086	0	0	0	3,312	230,047	0	0	
10. Hospital Patient Days Incurred	18,160		332				41	17,787			
11. Number of Inpatient Admissions	3,780		78				21	3,681			
12. Health Premiums Written (b) .....	122,191,670		3,310,582			120,084	1,370,920	117,390,084			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	122,191,670		3,310,582			120,084	1,370,920	117,390,084			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	101,515,332		3,574,866			52,302	1,208,714	96,679,450			
18. Amount Incurred for Provision of Health Care Services	104,773,552		3,075,370			56,158	1,225,357	100,416,667			

(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 \$ .....117,390,084

29.KS



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Kentucky

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Kentucky		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	134,690	17,097	116,636	.0	.0	.0	.957	.0	.0		
2. First Quarter .....	123,556	17,125	102,129	.0	131	.0	1,094	3,077	.0		
3. Second Quarter .....	127,300	17,909	99,587	.0	132	.0	1,126	3,124	.0	5,422	
4. Third Quarter .....	126,120	19,263	96,910	.0	134	.0	1,158	3,151	.0	5,504	
5. Current Year	127,404	19,522	97,682	0	152	0	1,171	3,307	0	5,570	
6. Current Year Member Months	1,532,115	217,865	1,195,736	0	1,625	208	13,533	37,733	0	65,415	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	527,082	49,624	445,577				9,120	22,761			
8. Non-Physician .....	416,983	34,514	351,493				3,724	27,252			
9. Total	944,065	84,138	797,070	0	0	0	12,844	50,013	0	0	
10. Hospital Patient Days Incurred	28,679	945	22,086				147	5,501			
11. Number of Inpatient Admissions	7,338	268	6,036				75	959			
12. Health Premiums Written (b) .....	434,294,325	31,030,247	371,430,961		20,685	49,562	4,641,807	27,121,063			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	427,928,713	30,981,905	365,113,689		20,685	49,562	4,641,808	27,121,064			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	334,476,841	21,364,898	286,398,102		11,951		3,701,403	22,834,101		166,386	
18. Amount Incurred for Provision of Health Care Services	336,671,074	20,606,300	286,723,673		11,951		3,722,337	25,440,427		166,386	

(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 \$ .....27,121,063

29.KY



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Missouri

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Missouri		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	23,617	.0	1,751	.0	.0	426	5,759	15,681	.0		
2. First Quarter .....	24,564	.0	1,570	.0	126	170	5,702	16,996	.0		
3. Second Quarter .....	24,567	.0	1,428	.0	139	234	5,672	17,094	.0		
4. Third Quarter .....	25,215	.0	1,408	.0	152	652	5,642	17,361	.0		
5. Current Year	25,525	0	1,381	0	151	727	5,592	17,674	0		
6. Current Year Member Months	300,826	0	17,450	0	1,644	7,288	67,889	206,555	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	259,361		38,194				52,290	168,877			
8. Non-Physician .....	217,857		31,092				23,066	163,699			
9. Total	477,218	0	69,286	0	0	0	75,356	332,576	0	0	
10. Hospital Patient Days Incurred	27,773		1,850				1,418	24,505			
11. Number of Inpatient Admissions	5,946		455				424	5,067			
12. Health Premiums Written (b).....	204,607,600		6,705,828		16,163	163,987	30,881,902	166,839,720			
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	204,607,600		6,705,828		16,163	163,987	30,881,902	166,839,720			
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	170,298,497		5,216,661		14,785	106,231	27,087,775	137,873,045			
18. Amount Incurred for Provision of Health Care Services	173,762,700		5,708,010		14,785	108,368	26,903,363	141,028,174			

(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 \$ .....166,839,720

29.MO



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Nebraska

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Nebraska		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0	0		0	0	0	0	0	0		
2. First Quarter .....	1,534	0		0	0	0	0	1,534	0		
3. Second Quarter .....	1,577	0		0	0	0	0	1,577	0		
4. Third Quarter .....	1,937	0		0	0	305	0	1,632	0		
5. Current Year .....	2,055	0		0	0	325	0	1,730	0		
6. Current Year Member Months	22,728	0		0	0	3,564	0	19,164	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	13,441							13,441			
8. Non-Physician .....	11,972							11,972			
9. Total	25,413	0	0	0	0	0	0	25,413	0	0	
10. Hospital Patient Days Incurred	2,375							2,375			
11. Number of Inpatient Admissions	446							446			
12. Health Premiums Written (b) .....	12,685,669					56,292		12,629,377			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	12,685,669					56,292		12,629,377			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	11,634,615					31,785		11,602,830			
18. Amount Incurred for Provision of Health Care Services	12,808,140					31,785		12,776,355			

(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 \$ .....12,629,377

29.NE



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Nevada

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Nevada		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	31,279	0	0	0	1,027	3,692	0	26,560	0		
2. First Quarter .....	33,948	0	7	0	1,290	4,239	0	28,412	0		
3. Second Quarter .....	34,260	0	7	0	1,345	4,485	0	28,423	0		
4. Third Quarter .....	35,515	0	148	0	1,451	4,716	0	29,200	0		
5. Current Year	36,360	0	364	0	1,437	4,636	0	29,923	0		
6. Current Year Member Months	417,712	0	1,122	0	16,452	53,932	0	346,206	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	269,967		69					269,898			
8. Non-Physician .....	268,696		36					268,660			
9. Total	538,663	0	105	0	0	0	0	538,558	0	0	
10. Hospital Patient Days Incurred	1,923		4					1,919			
11. Number of Inpatient Admissions	347		1					346			
12. Health Premiums Written (b) .....	399,035,322		295,214		225,920	1,323,607		397,190,581			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	399,035,323		295,215		225,920	1,323,607		397,190,581			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	329,737,794		96,006		121,034	747,202		328,773,552			
18. Amount Incurred for Provision of Health Care Services	333,301,733		110,199		121,034	773,748		332,296,752			

(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 \$ .....397,190,581

29.NV



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. New Mexico

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF New Mexico		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	1,146	.0		.0	.0	62	.0	1,084	.0		
2. First Quarter .....	1,500	.0		.0	.0	73	.0	1,427	.0		
3. Second Quarter .....	1,537	.0		.0	.0	82	.0	1,455	.0		
4. Third Quarter .....	1,627	.0		.0	.0	106	.0	1,521	.0		
5. Current Year	1,793	0		0	0	120	0	1,673	0		
6. Current Year Member Months	18,945	0		0	0	1,080	0	17,865	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	7,961							7,961			
8. Non-Physician .....	18,918							18,918			
9. Total	26,879	0	0	0	0	0	0	26,879	0	0	
10. Hospital Patient Days Incurred	1,694							1,694			
11. Number of Inpatient Admissions	333							333			
12. Health Premiums Written (b) .....	12,692,409					34,792		12,657,617			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	12,692,409					34,792		12,657,617			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	9,987,646					18,880		9,968,766			
18. Amount Incurred for Provision of Health Care Services	10,461,718					18,895		10,442,823			

(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 \$ .....12,657,617

29.NM



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. South Carolina

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF South Carolina		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	785	.0		.0	.17	.0	.0	.768	.0		
2. First Quarter .....	2,440	.0		.0	.11	.28	.0	2,401	.0		
3. Second Quarter .....	2,518	.0		.0	.22	.32	.0	2,464	.0		
4. Third Quarter .....	2,598	.0		.0	.20	.34	.0	2,544	.0		
5. Current Year	2,823	0		0	24	34	0	2,765	0		
6. Current Year Member Months	30,591	0		0	223	376	0	29,992	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	24,494							24,494			
8. Non-Physician .....	23,500							23,500			
9. Total	47,994	0	0	0	0	0	0	47,994	0	0	
10. Hospital Patient Days Incurred	2,961							2,961			
11. Number of Inpatient Admissions	561							561			
12. Health Premiums Written (b) .....	21,994,027				3,664	6,940		21,983,423			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	21,994,027				3,664	6,940		21,983,423			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	17,122,673				2,087	2,910		17,117,676			
18. Amount Incurred for Provision of Health Care Services	18,441,825				2,087	3,058		18,436,680			

(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 \$ .....21,983,423

29.S.C



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Tennessee

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Tennessee		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	20,802	.0	20,802	.0	.0	.0	.0	.0	.0	.0	
2. First Quarter .....	20,523	.0	20,523	.0	.0	.0	.0	.0	.0	.0	
3. Second Quarter .....	19,872	.0	19,872	.0	.0	.0	.0	.0	.0	.0	
4. Third Quarter .....	18,862	.0	18,862	.0	.0	.0	.0	.0	.0	.0	
5. Current Year	18,677	0	18,677	0	0	0	0	0	0	0	
6. Current Year Member Months	233,384	0	233,384	0	0	0	0	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	108,718		108,718								
8. Non-Physician .....	43,804		43,804								
9. Total	152,522	0	152,522	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	3,550		3,550								
11. Number of Inpatient Admissions	849		849								
12. Health Premiums Written (b).....	69,576,652		69,576,652								
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	69,219,818		69,219,818								
16. Property/Casualty Premiums Earned.....	0										
17. Amount Paid for Provision of Health Care Services .....	50,170,983		50,170,983								
18. Amount Incurred for Provision of Health Care Services	50,375,852		50,375,852								

(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 \$ .....0

29.TN



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Virginia

NAIC Group Code	0119	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2011							(LOCATION)		
												NAIC Company Code	95885
				1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
Total	2	3	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 .....	734	.0		.0	.0	.0	.0	734	.0				
2. First Quarter .....	3,388	.0		.0	.0	.0	.0	3,388	.0				
3. Second Quarter .....	3,483	.0		.0	.0	.0	.0	3,483	.0				
4. Third Quarter .....	3,570	.0		.0	.0	.0	.0	3,570	.0				
5. Current Year	3,777	0		0	0	0	0	3,777	0				
6. Current Year Member Months	42,137	0		0	0	0	0	42,137	0				
Total Member Ambulatory Encounters for Year:													
7. Physician .....	28,824							28,824					
8. Non-Physician .....	33,396							33,396					
9. Total	62,220	0	0	0	0	0	0	62,220	0	0			
10. Hospital Patient Days Incurred	5,083							5,083					
11. Number of Inpatient Admissions	1,039							1,039					
12. Health Premiums Written (b) .....	30,327,493							30,327,493					
13. Life Premiums Direct .....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	30,327,493							30,327,493					
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	24,772,860							24,772,860					
18. Amount Incurred for Provision of Health Care Services	27,776,941							27,776,941					

(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 \$ .....30,327,493

29.VA



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	0										
2. First Quarter .....	0										
3. Second Quarter .....	0										
4. Third Quarter .....	0										
5. Current Year	0										
6. Current Year Member Months	0										
Total Member Ambulatory Encounters for Year:											
7. Physician .....	0										
8. Non-Physician .....	0										
9. Total	0	0	0	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	0										
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	0										
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	0										
18. Amount Incurred for Provision of Health Care Services	0										

NONE

(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 \$ .....

29.WA



ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2.

(LOCATION)

NAIC Group Code 0119

BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2011

NAIC Company Code 95885

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
Total Members at end of:										
1. Prior Year .....	0									
2. First Quarter .....	0									
3. Second Quarter .....	0									
4. Third Quarter .....	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Year:										
7. Physician .....	0									
8. Non-Physician .....	0									
9. Total	0	0	0	0	0	0	0	0	0	0
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (b) .....	0									
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	0									
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services .....	0									
18. Amount Incurred for Provision of Health Care Services	0									

NONE

29.WV

(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 2011 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Consolidated

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2011						NAIC Company Code	95885
	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefit Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other	
		2 Individual	3 Group								
Total Members at end of:											
1. Prior Year .....	392,801	17,378	237,203	.0	2,490	7,075	24,700	103,955	.0	.0	
2. First Quarter .....	401,004	17,400	215,773	.0	3,566	7,783	24,199	132,283	.0	.0	
3. Second Quarter .....	403,124	18,176	210,394	.0	3,703	8,384	24,026	133,019	.0	5,422	
4. Third Quarter .....	391,481	19,513	191,886	.0	3,862	11,839	23,926	134,951	.0	5,504	
5. Current Year .....	397,622	22,302	192,132	0	3,911	11,886	23,847	137,974	0	5,570	
6. Current Year Member Months .....	4,793,106	225,421	2,427,747	0	44,862	133,382	288,462	1,607,817	0	65,415	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	2,427,981	50,681	943,358	.0	0	0	200,746	1,233,196	.0	.0	
8. Non-Physician .....	2,024,159	36,081	719,152	0	0	0	81,898	1,187,028	0	0	
9. Total .....	4,452,140	86,762	1,662,510	0	0	0	282,644	2,420,224	0	0	
10. Hospital Patient Days Incurred .....	188,687	1,049	49,037	0	0	0	5,146	133,455	0	0	
11. Number of Inpatient Admissions .....	42,211	290	13,078	0	0	0	1,844	26,999	0	0	
12. Health Premiums Written (b) .....	2,354,022,034	33,665,887	760,645,380	4,626	608,913	3,065,332	128,789,665	1,427,242,231	.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 .....	2,342,484,835	33,596,943	749,177,123	4,626	608,913	3,065,332	128,789,666	1,427,242,232	.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 .....	1,932,463,108	23,290,721	603,422,967	2,222	346,247	1,676,813	115,030,262	1,188,527,490	.0	166,386	
18. Amount Incurred for Provision of Health Care Services .....	1,958,712,429	22,906,019	599,577,839	1,953	346,247	1,732,080	113,805,311	1,220,176,594	0	166,386	

(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 \$ .....1,427,242,231

29.GT

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

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

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Premiums	8 Unearned Premiums	9 Reserve Liability Other Than For Unearned Premiums	10 Reinsurance Payable on Paid and Unpaid Losses	11 Modified Coinsurance Reserve	12 Funds Withheld Under Coinsurance
<b>NONE</b>											
0999999 Total (Sum of 0399999 and 0699999)						0	0	0	0	0	0





**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

**SCHEDULE S - PART 4**

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5+6+7)	9 Letters of Credit	Letter of Credit Issuing or Confirming Bank (a)			13 Trust Agreements	14 Funds Deposited by and Withheld from Reinsurers	15 Other	16 Miscellaneous Balances (Credit)	17 Sum of Cols 9+13+14+15+16 But Not in Excess of Col. 8
									10 American Bankers Association (ABA) Routing Number	11 Letter of Credit Code	12 Bank Name					
NONE																
2599999 Total (Sum of 1599999 and 2299999)				0	0	0	0	0	XXX	XXX	XXX	0	0	0	0	0

33

(a)	Code	American Bankers Association (ABA) Routing Number	Bank Name
	.....	.....	.....
	.....	.....	.....
	.....	.....	.....

**Schedule S - Part 5**

Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2011	2 2010	3 2009	4 2008	5 2007
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	886	110,694	136,181	90,630	22,049
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.....	2	85,213	81,516	95,924	18,375
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	1	9,402	8,519	2,991
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 unpaid.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O).....	0	0	0	0	0

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

**SCHEDULE S - PART 6**

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	451,182,162		451,182,162
2. Accident and health premiums due and unpaid (Line 15).....	35,216,585		35,216,585
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	(213,256)	(213,256)
5. All other admitted assets (Balance).....	42,361,530		42,361,530
6. Total assets (Line 28)	528,760,277	(213,256)	528,547,021
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	185,077,257	301	185,077,558
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,196,921		1,196,921
9. Premiums received in advance (Line 8).....	15,015,630		15,015,630
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19).....	0		0
11. Reinsurance in unauthorized companies (Line 20).....	0		0
12. All other liabilities (Balance).....	61,993,368	(213,557)	61,779,811
13. Total liabilities (Line 24).....	263,283,176	(213,256)	263,069,920
14. Total capital and surplus (Line 33).....	265,477,101	XXX	265,477,101
15. Total liabilities, capital and surplus (Line 34)	528,760,277	(213,256)	528,547,021
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
16. Claims unpaid.....	301		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance .....	0		
19. Reinsurance recoverable on paid losses .....	0		
20. Other ceded reinsurance recoverables .....	0		
21. Total ceded reinsurance recoverables .....	301		
22. Premiums receivable .....	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
24. Unauthorized reinsurance .....	0		
25. Other ceded reinsurance payables/offsets .....	213,557		
26. Total ceded reinsurance payables/offsets .....	213,557		
27. Total net credit for ceded reinsurance	(213,256)		

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

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

Allocated By States and Territories

States, Etc.	Direct Business Only					Totals
	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	
1. Alabama AL						0
2. Alaska AK						0
3. Arizona AZ						0
4. Arkansas AR						0
5. California CA						0
6. Colorado CO						0
7. Connecticut CT						0
8. Delaware DE						0
9. District of Columbia DC						0
10. Florida FL						0
11. Georgia GA						0
12. Hawaii HI						0
13. Idaho ID						0
14. Illinois IL						0
15. Indiana IN						0
16. Iowa IA						0
17. Kansas KS						0
18. Kentucky KY						0
19. Louisiana LA						0
20. Maine ME						0
21. Maryland MD						0
22. Massachusetts MA						0
23. Michigan MI						0
24. Minnesota MN						0
25. Mississippi MS						0
26. Missouri MO						0
27. Montana MT						0
28. Nebraska NE						0
29. Nevada NV						0
30. New Hampshire NH						0
31. New Jersey NJ						0
32. New Mexico NM						0
33. New York NY						0
34. North Carolina NC						0
35. North Dakota ND						0
36. Ohio OH						0
37. Oklahoma OK						0
38. Oregon OR						0
39. Pennsylvania PA						0
40. Rhode Island RI						0
41. South Carolina SC						0
42. South Dakota SD						0
43. Tennessee TN						0
44. Texas TX						0
45. Utah UT						0
46. Vermont VT						0
47. Virginia VA						0
48. Washington WA						0
49. West Virginia WV						0
50. Wisconsin WI						0
51. Wyoming WY						0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. U.S. Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	39-1514846				CareNetwork, Inc.	WI	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95885	61-1013183				Humana Health Plan, Inc.	KY	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	54739	52-1157181				The Dental Concern, Inc.]	KY	IA	HumanaDental, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	52028	36-3654697				The Dental Concern, Ltd.]	IL	IA	HumanaDental, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95024	61-0994632				Humana Health Plan of Texas, Inc.]	TX	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1241225				Humana Military Healthcare Services, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1239538				Humco, Inc.	KY	NIA	Humana Health Plan, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1364005				HumanaDental, Inc.	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1237697				Emphesys, Inc.	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	88595	31-0935772				Emphesys Insurance Company	TX	IA	Emphesys, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-0647538		0000049071	NYSE	Humana Inc	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	42-1575099				Competitive Health Analytics, Inc.	IL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	71-0732385				Humana Health Plan Interests, Inc.	LA	NIA	Humana Insurance Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95642	72-1279235				Humana Health Benefit Plan of LA, Inc.	LA	IA	Humana Health Plan Interests, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CPHP Holdings, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	30-0117876				CPHP Holdings, Inc.	FL	UDP	Humana Inc	Ownership	100.0	Humana Inc	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	61-1478012				American Tax Credit Corp GA Fund III, LLC	DE	OTH	See Footnote 1	Other		Humana Inc	1
00119	Humana Inc	00000	59-3715944				Availity, L.L.C.	DE	OTH	See Footnote 2	Board of Directors		Humana Inc	2
00119	Humana Inc	00000	61-1279716				CHA Service Company	KY	IA	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95158	61-1279717				CHA HMO, Inc	KY	UDP	CHA Service Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-2620891				Green Ribbon Health, L.L.C.	DE	OTH	See Footnote 3	Other		Humana Inc	3
00119	Humana Inc	00000					Healthcare E-Commerce Initiative, Inc	PR	OTH	See Footnote 4	Other		Humana Inc	4
00119	Humana Inc	00000	20-4835394				Humana Active Outlook, Inc	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1717441				Humana Govt. Network Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 5	Other		Humana Inc	5
00119	Humana Inc	00000	20-3355580				Sensei, Inc	DE	OTH	See Footnote 6	Other		Humana Inc	6
00119	Humana Inc	00000	20-5309363				515-526W MainSt CondoCouncilofCo-Owners	KY	NIA	Preservation on Main, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-8236655				Corphealth Provider Link, Inc	TX	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	33-0916248				DefenseWeb Technologies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc	PR	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	12908	20-8411422				Humana Medical Plan of Utah, Inc	UT	IA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-8418853				Humana Veterans Healthcare Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	95107	56-1796975				American Dental Plan of N. C., Inc	NC	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	11559	58-2302163				American Dental Providers of Ark., Inc	AR	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-3185995				CompBenefits Corporation	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	59-1843760				Humana Dental Company	FL	UDP	CompBenefits Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	11228	36-3686002				Dental Care Plus Management Corporation	IL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	58-2228851				CompBenefits Direct, Inc	DE	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	12250	63-1063101				CompBenefits of Alabama, Inc	AL	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	58-2198538				CompBenefits of Georgia, Inc	GA	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	36-3512545				Dental Care Plus Management Corp	IL	UDP	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95161	76-0039628				DentiCare, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1245230				Kanawha HealthCare Solutions, Inc	TN	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1377270				KMG America Corporation	VA	UDP	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	65-0274594				HumanaCares, Inc	FL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	74-2352809				Texas Dental Plans, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	
00119	Humana Inc	95754	62-1579044				Cariten Health Plan Inc	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	60052	37-1326199				Humana Benefit Plan of Illinois, Inc	IL	IA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-3473328				Humana Health Plan of California, Inc	CA	IA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1552091				PHP Companies, Inc	TN	UDP	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	95749	62-1546662				Preferred Hlth Partnership of Tenn., Inc.	TN	IA	PHP Companies, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	62-1250945				Preferred Health Partnership, Inc	TN	NIA	PHP Companies, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-1323221				Humana Military Dental Services, Inc	DE	NIA	Humana Military Healthcare Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-3991410				Humana Medical Plan of Michigan, Inc	MI	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000					The Vitality Group, LLC	DE	OTH	See Footnote 7	Ownership	25.0	Humana Inc	7
00119	Humana Inc	00000	27-4535747				HumanaVitality, LLC	DE	OTH	See Footnote 7	Ownership	75.0	Humana Inc	7
00119	Humana Inc	00000	45-2254346				Humana Pharmacy Solutions, Inc.	DE	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	45-3023344				Humsol, Inc	DE	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	45-3116348				HomeCare Health Solutions, Inc.	FL	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-1981339				M.D. Care, Inc.	CA	IA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	77-0540040				Anvita, Inc.	DE	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	45-3777894				HUMphire, Inc	DE	NIA	Humana Inc.	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-8602074				American Current Care of Arizona, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3224187				American Current Care of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-0656668				Amer Current Care of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2043667				American Current Care of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2089664				American Current Care of HI, Prof. Corp.	HI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2104617				American Current Care of MA, P.C.	MA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-5997415				American Current Care of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	27-1160021				American Current Care of Missouri, P.C.	MO	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-1809492				American Current Care of Nebraska, P.C.	NE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-1961910				American Current Care of New Jersey PA.	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2018322				American Current Care of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	26-3239475				American Current Care of Ohio, P.A., Co	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-5805198				American Current Care, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2681597				Auto Injury Solutions, Inc	DE	NIA	Concentra Integrated Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	01-0510161				CM Occupational Health, L.L.C	ME	NIA	See Footnote 8	Joint Venture		Humana Inc	8
00119	Humana Inc	00000	20-0114482				Concentra Akron, L.L.C	DE	NIA	See Footnote 9	Joint Venture		Humana Inc	9
00119	Humana Inc	00000	62-1691148				Concentra Arkansas, L.L.C	DE	NIA	See Footnote 10	Joint Venture		Humana Inc	10
00119	Humana Inc	00000	75-2510547				Concentra Health Services, Inc	NV	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-3363415				Concentra Operating Corporation	DE	NIA	Concentra Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	04-2658593				Concentra Integrated Services, Inc	MA	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	76-0546504				Concentra Laboratory, L.L.C	DE	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P	PA	NIA	See Footnote 11	Joint Venture		Humana Inc	11
00119	Humana Inc	00000	75-2678146				Concentra Solutions, Inc	DE	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	75-2784513				Concentra South Carolina, L.L.C	DE	NIA	See Footnote 12	Joint Venture		Humana Inc	12
00119	Humana Inc	00000	75-2821236				Concentra St. Louis, L.L.C	DE	NIA	See Footnote 13	Joint Venture		Humana Inc	13
00119	Humana Inc	00000	27-1743694				Concentra Worksite of Arizona, P.A	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	27-2935870				Concentra Worksite of CA, A Med. Corp	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3675361				Concentra-UPMC, L.L.C	DE	NIA	See Footnote 14	Joint Venture		Humana Inc	14
00119	Humana Inc	00000	86-0751979				Managed Prescription Program	AZ	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	11-3273542				National Healthcare Resources, Inc	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	94-3418907				Occspecialists Corp., A Medical Corp	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2688160				Occupational Health Centers of AR, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	77-0469725				Occ Health Centers of CA, A Med. Corp	CA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	51-0376661				Occupational Health Centers of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	58-2285009				Occupational Health Centers of GA, P.C.	GA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	74-2891603				Occ Health Centers of LA, A Prof. Corp	LA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	38-2857561				Occupational Health Centers of MI, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, 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
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	47-0827928				Occupational Health Centers of NE, P.C.	NE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3473542				Occupational Health Centers of NJ, P.A.	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3187863				Occupational Health Centers of NY, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2484838				Occupational Health Centers of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3239286				Occ Health Centers of OH, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	86-0750222				Occ Health Centers of the Southwest, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2014828				Occ Health Centers of the Southwest, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	74-2731442				OHC of Hawaii, Inc	HI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 15	Joint Venture		Humana Inc	15
00119	Humana Inc	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 16	Joint Venture		Humana Inc	16
00119	Humana Inc	00000	98-0445802				OMP Insurance Company, Ltd.		NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	20-0513177				OnSite OccMed, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-2883662				Therapy Centers of South Carolina, P.A.	SC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3033507				Therapy Centers of the Southwest I, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-4101338				U.S. MedGroup of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3867212				U.S. MedGroup of Delaware, P.A.	DE	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	20-3760561				U.S. MedGroup of Massachusetts, P.C.	MA	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2972185				U.S. MedGroup of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	22-3869772				U.S. MedGroup of New Jersey, P.A.	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3598351				U.S. MedGroup of New York, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-2502158				U.S. MedGroup of North Carolina, P.C.	NC	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	26-3239579				U.S. MedGroup of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2612924				U.S. MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2645352				U.S. MedGroup, P.A.	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	13-3464527				Occupational Health + Rehabilitation LLC	DE	NIA	Concentra Health Services, Inc.	Ownership	100.0	Humana Inc	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

**SCHEDULE Y**  
**PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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00119	Humana Inc	00000	27-4757941				Concentra Health Care, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	32-0346082				Concentra Primary Care, P.A	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-2897046				Concentra Primary Care of New Jersey PA	NJ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	75-2891678				Texas MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-3637057				Concentra Primary Care of Arizona, PA	AZ	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-4041098				Concentra Primary Care of Illinois, P.C	IL	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	45-4091303				Concentra Primary Care of Ohio, P.A., Co	OH	NIA	See Footnote 17	Board of Directors		Humana Inc	17
00119	Humana Inc	00000	00-5893028				Humana Europe, Ltd	GB	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-3583438				HUM-Holdings International, Inc	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-3592783				HUM INT, LLC	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	17

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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	Green Ribbon Health, L.L.C., a Delaware limited liability company, was formed on December 14, 2004 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Pfizer Health Solutions, Inc. to implement the Centers for Medicare and Medicaid Disease Management Program. Humana Innovation Enterprises, Inc., a subsidiary of Humana Inc., is a Member with a 50% ownership interest and Pfizer Health Solutions, Inc., a subsidiary of Pfizer, Inc. is a Member with a 50% ownership interest.
4	Healthcare E-Commerce Initiative, Inc., a Puerto Rico non-profit corporation, formed for the purpose of promoting an electronic bill processing and other e-commerce transactions to the providers of health care services in Puerto Rico. This is a joint venture with 5 members including Cooperativa de Seguros de Vida de Puerto Rico, Inc., La Cruz Azul de Puerto Rico, Inc., Medical Card System, Inc., MMM Healthcare, Inc. and Humana Insurance of Puerto Rico, Inc. jointly with Humana Health Plans of Puerto Rico, Inc. Each of the 5 members has an equal vote.

**ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.**

Asterisk	Explanation
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	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.
9	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.
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 Maine limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Maine Health has a 49% ownership interest.
17	Professional Services Relationship/Agreement with Concentra health Services, Inc.

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
88595	31-0935772	Emphesys Insurance Company					(69,658)				(69,658)	
00000	61-0647538	Humana Inc	(1,072,500,000)	211,500,000			2,029,928,114				1,168,928,114	
73288	39-1263473	Humana Insurance Company	475,000,000				(842,544,023)				(367,544,023)	
00000	26-3473328	Humana Health Plan of California					(8,137,276)				(8,137,276)	
65110	57-0380426	Kanawha Insurance Co					(66,780,630)				(66,780,630)	
60052	37-1326199	Humana Benefit Plan of Illinois	25,000,000				(19,361,580)				5,638,420	
10126	65-1137990	Humana AdvantageCare Plan					(17,028,142)				(17,028,142)	
54739	52-1157181	The Dental Concern, Inc	1,000,000				(4,419,694)				(3,419,694)	
70580	39-0714280	HumanaDental Insurance Company	18,000,000				(18,594,044)				(594,044)	
52028	39-3654697	The Dental Concern, Ltd					(107,410)				(107,410)	
95348	31-1154200	Humana Health Plan of Ohio, Inc					(13,357,055)				(13,357,055)	
95342	39-1525003	Humana WI Health Org. Insurance Corp					(19,577,800)				(19,577,800)	
00000	27-3991410	Humana Medical Plan of Michigan, Inc		(5,000,000)							(5,000,000)	
95519	58-2209549	Humana Employers Health Plan of GA, Inc					(45,262,673)				(45,262,673)	
95270	61-1103898	Humana Medical Plan, Inc	276,000,000				(674,328,979)				(398,328,979)	
69671	61-1041514	Humana Health Insurance Co FL, Inc	36,000,000				148,704,216				184,704,216	
95754	62-1579044	Cariten Health Plan					(76,336,509)				(76,336,509)	
95885	61-1013183	Humana Health Plan, Inc	30,000,000				(378,636,153)				(348,636,153)	
60219	61-1311605	Humana Insurance Company of Kentucky					(2,541,089)				(2,541,089)	
95024	61-0994632	Humana Health Plan of Texas, Inc					(55,965,128)				(55,965,128)	
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc					9,605,031				9,605,031	
00000	66-0291866	Humana Insurance of Puerto Rico, Inc					(13,942,397)				(13,942,397)	
00000	61-1232669	Managed Care Indemnity, Inc	50,000,000				843,663				50,843,663	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc	50,000,000				(162,320,272)				(112,320,272)	
95092	59-2598550	CarePlus Health Plans, Inc	50,000,000				(67,713,678)				(17,713,678)	
00000	26-0010657	CAC-Florida Medical Centers, LLC					7,837,993				7,837,993	
12634	20-2888723	Humana Insurance Company of New York	17,000,000				(23,271,203)				(6,271,203)	
82740	62-0729865	Cariten Insurance Company	15,000,000				(3,451,049)				11,548,951	
00000	20-1981339	MD Care, Inc		(25,000,000)			(23,080)				(25,023,080)	
00000	61-1343508	Humana Marketpoint, Inc					407,163,357				407,163,357	
00000	61-1316926	Humana Pharmacy, Inc					(8,504,539)				(8,504,539)	
00000	61-1239538	Humco, Inc					15				15	
00000	61-1383567	HUM-e-FL, Inc					(789,760)				(789,760)	
00000	75-2043865	Corphealth, Inc					(4,592,289)				(4,592,289)	
95158	61-1279717	CHA HMO					(423,135)				(423,135)	
00000	33-0916248	DefenseWeb Technologies, Inc					(31,995,559)				(31,995,559)	
00000	00-5893028	Humana Europe, Ltd					(557,117)				(557,117)	
12908	20-8411422	Humana Medical Plan of Utah		(1,500,000)			(4,033,456)				(5,533,456)	
00000	59-1843760	Humana/CompBenefits, Inc					32,285,498				32,285,498	
95107	56-1796975	American Dental Plan of NC					(348,300)				(348,300)	
11559	58-2302163	American Dental Providers of AR					(69,078)				(69,078)	
52015	59-2531815	CompBenefits Company	7,500,000				(34,266,128)				(26,766,128)	

ANNUAL STATEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	61-1241225	Humana Military Healthcare Services, Inc.					67,474,688				67,474,688	
00000	20-1717441	Humana Government Network Services, Inc.					140				140	
00000	20-8418853						(35,714,693)				(35,714,693)	
60984	74-2552026	CompBenefits Insurance Company	15,000,000				(25,679,050)				(10,679,050)	
95161	76-0039628	DentiCare, Inc.	3,000,000				(10,664,420)				(7,664,420)	
00000	36-3512545	Dental Care Plus Mangement, Corp.					(5,004,974)				(5,004,974)	
11228	36-3686002	CompBenefits Dental, Inc.	1,000,000				(6,150,668)				(5,150,668)	
12250	63-1063101	CompBenefits of Alabama					(288,420)				(288,420)	
00000	58-2198538	CompBenefits of Georgia, Inc.					(2,357,874)				(2,357,874)	
95749	62-1546662		3,000,000				(233,470)				2,766,530	
00000	61-1237697	Emphesys, Inc.					30,310				30,310	
00000	26-3583438	Humana Holdings International					110,299				110,299	
00000	26-4522426	Humana WellWorks LLC					250				250	
00000	20-1377270	KMG America Corporation		(180,000,000)			(15,716,550)				(195,716,550)	
00000	86-1050795	Hummingbird Coaching Systems, LLC					(583,379)				(583,379)	
00000	62-1245230	Kanawha Healthcare Solutions					19,576				19,576	
00000	27-4535747	HumanaVitality, LLC					(5,077,995)				(5,077,995)	
00000	45-2254346	Humana Pharmacy Solutions, Inc.					1,007,508				1,007,508	
00000	62-1552091	PHP Companies Incorporated					3,073,116				3,073,116	
00000	45-3116348	HomeCare Health Solutions, Inc.					1,224				1,224	
00000	42-1575099	Competitive Health Analytics, Inc.					532,780				532,780	
00000	77-0540040	Anvita, Inc.					(597,425)				(597,425)	
00000	26-4823524	Concentra Inc.					(611,615)				(611,615)	
00000	71-0732385	Humana Health Plan Interests, Inc.					3,691				3,691	
00000	30-0117876	CPHP Holdings, Inc.					(4)				(4)	
00000	27-1323221	Humana Military Dental Services, Inc.					125				125	
00000	20-3364857	Humana MarketPOINT of Puerto Rico, Inc.					100				100	
00000	39-1514846	CareNetwork, Inc.					(876,789)				(876,789)	
00000	61-1223418	Health Value Management, Inc.					(4,555,684)				(4,555,684)	
00000	61-1364005	HumanaDental, Inc.					(1,854)				(1,854)	
00000	61-1343791	Humana Innovation Enterprises, Inc.					82,936				82,936	
00000	20-1724127	Preservation on Main Inc.					4,401,335				4,401,335	
00000	61-1279716	CHA Service Company					30,310				30,310	
00000	20-4835394	Humana Active Outlook, Inc.					45,801				45,801	
00000	20-5309363	West Main Street Condominium Council Inc.					15				15	
00000	04-3185995	CompBenefits Corporation					(2,179)				(2,179)	
00000	58-2228851	Compbenefits Direct					410,524				410,524	
00000	74-2352809	Texas Dental Plans, Inc.					2,023				2,023	
00000	20-2620891	Green Ribbon Health, LLC					3,854				3,854	
00000	62-1250945	Preferred Health Partnership, Inc.					(177,067)				(177,067)	
00000	65-0274594	HumanaCares, Inc.					44,501				44,501	

**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)
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.

### MARCH FILING

- |   | <u>Responses</u> |
|---|------------------|
| 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 Accountants 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 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?   | .....YES.....             |
| 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 the 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 with 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?                              | .....YES..... |
| 25. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report 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..... |
|--|---------------|

### Explanation:

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.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

22. This type of business is not written.

23. This type of business is not written.

**Bar code:**

12.   
9 5 8 8 5 2 0 1 1 2 0 5 0 0 0 0 0

13.   
9 5 8 8 5 2 0 1 1 2 0 7 0 0 0 0 0

14.   
9 5 8 8 5 2 0 1 1 4 2 0 0 0 0 0 0

15.   
9 5 8 8 5 2 0 1 1 3 7 1 0 0 0 0 0

16.   
9 5 8 8 5 2 0 1 1 3 7 0 0 0 0 0 0

17.   
9 5 8 8 5 2 0 1 1 3 6 5 0 0 0 0 0

21.   
9 5 8 8 5 2 0 1 1 3 0 6 0 0 0 0 0

22.   
9 5 8 8 5 2 0 1 1 2 1 1 5 9 0 0 0

23.   
9 5 8 8 5 2 0 1 1 2 1 3 0 0 0 0 0

**OVERFLOW PAGE FOR WRITE-INS**

M002 Additional Aggregate Lines for Page 02 Line 25.

\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2504. Prepaid Expenses.....	634,137	634,137	0	0
2505. ....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	634,137	634,137	0	0

M016 Additional Aggregate Lines for Page 16 Line 25.

\*EXNONADMIT - Exhibit of Nonadmitted Assets

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2504. Prepaid Expenses.....	634,137	43,706	(590,431)
2597. Summary of remaining write-ins for Line 25 from Page 16	634,137	43,706	(590,431)



SUPPLEMENT FOR THE YEAR 2011 OF THE Humana Health Plan, Inc.

**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**

For the Year Ended December 31, 2011  
 (To Be Filed by March 1)  
 FOR THE STATE OF Colorado

NAIC Group Code 0119 ..... NAIC Company Code 95885  
 Address (City, State and Zip Code) Louisville, KY 40202 .....  
 Person Completing This Exhibit ..... Telephone Number .....  
 Title .....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2008				Policies Issued in 2009, 2010, 2011			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes.....	MSC01.....	P.....	No.....	0000560.....	12/31/1986.....				Humana Coordinated Care.....	4,626	1,953	42.2	1			0.0	
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										4,626	1,953	42.2	1	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details: .....
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c) (3) (E) for this state
  - Address: 101 E. Main Street Louisville, KY 40202 .....
  - Contact Person and Phone Number: David Burianek Mr. 502-580-8683 .....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
  - Address: Waterside Bldg., 101 E. Main Steet Louisville, KY 40202 .....
  - Contact Person and Phone Number: Gracie Baldwin Ms. 502-580-7950 .....
- Explain any policies identified above as policy type "O" .....

360.CO

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