



**ANNUAL STATEMENT**  
**FOR THE YEAR ENDING DECEMBER 31, 2012**  
 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, Country and Zip Code)

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

Internet Web Site Address www.humana.com

Statutory Statement Contact Sarah Howard , 502-580-4076  
(Name) (Area Code) (Telephone Number) (Extension)  
DOIINQUIRIES@humana.com 502-580-2099  
(E-Mail Address) (Fax Number)

**OFFICERS**

Name	Title	Name	Title
<u>Bruce Dale Broussard #</u>	<u>President &amp; CFO</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>Elizabeth Diane Bierbower #</u>	<u>Pres., Employer Group Segment</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>VP &amp; Chief Compliance Officer</u>
<u>Peter James Edwards</u>	<u>PresProvDev/VP Hlth&amp;Well-being</u>	<u>Mark Sobhi El-Tawil</u>	<u>Regional CEO - West</u>
<u>Jeffrey Carl Fernandez #</u>	<u>Serv Seg</u>	<u>Michael Paul Franks</u>	<u>Reg.Pres.-Sr.Prod/West Coast Reg.</u>
<u>Roy Goldman Ph.D</u>	<u>Reg.Pres.-Sr.Prod/Gulf States Reg</u>	<u>Gary Edward Goldstein M.D.</u>	<u>VP &amp; Div. Leader - Central Div.</u>
<u>Morris Curt Howell</u>	<u>VP &amp; Chief Actuary</u>	<u>Paul Francis Kraemer</u>	<u>Regional CEO - East</u>
<u>Charles Frederic Lambert III</u>	<u>Market President-NV/AZ/UT</u>	<u>Brian Phillip LeClaire #</u>	<u>Sr.VP&amp;Chief Service&amp;Info Officer</u>
<u>Thomas Joseph Liston</u>	<u>Vice President</u>	<u>Clarence Evans Looney</u>	<u>Market President - Tennessee</u>
<u>Kenneth Scott Malcolmson</u>	<u>President, Retail Segment</u>	<u>Heidi Suzanne Margulis</u>	<u>Sr. Vice President</u>
<u>Kevin Ross Meriwether</u>	<u>Regional CEO - Southwest</u>	<u>Khalid Nazir</u>	<u>Vice President</u>
<u>Daniel Joseph Oftedahl</u>	<u>Reg. Pres.-Sr. Prod/East Region</u>	<u>Timothy Patrick O'Rourke #</u>	<u>RegPres-SrProd/Great Lakes Reg</u>
<u>Bruce Devereau Perkins #</u>	<u>Market President - Great Plains</u>	<u>Richard Donald Remmers #</u>	<u>Seg. VP, Employer Group Sales</u>
<u>George Renaudin</u>	<u>Pres., Health&amp;Well-Being Serv Seg</u>	<u>Oraida Maria Roman</u>	<u>RegPresSrProd/IntermountainReg</u>
<u>Larry Dale Savage</u>	<u>VP &amp; Div. Leader - Southern Div.</u>	<u>Debra Anne Smith</u>	<u>VP-Sr.Prod Strategy &amp; Prod Dev</u>
<u>William Joseph Tait</u>	<u>Regional CEO - Midwest</u>	<u>Pattie Dale Tye #</u>	<u>President, Large Group</u>
<u>Joseph Christopher Ventura</u>	<u>Vice President</u>	<u>Timothy Alan Wheatley</u>	<u>VP - Senior Products</u>
<u>Ralph Martin Wilson</u>	<u>Assistant Secretary</u>		
	<u>Vice President</u>		

**DIRECTORS OR TRUSTEES**

<u>James Harry Bloem</u>	<u>Bruce Dale Broussard #</u>	<u>James Elmer Murray</u>
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State of .....Kentucky.....

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County of .....Jefferson.....

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

Bruce Dale Broussard  
President & CEO

Joan Olliges Lenahan  
VP & Corporate Secretary

James Harry Bloem  
Sr. VP, CFO & Treasurer

Subscribed and sworn to before me this  
21st day of February, 2013

- 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 2012 OF THE Humana Health Plan, Inc.**

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

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 Total individuals .....	133,475	30,264		0	0	163,739
Group subscribers:						
DIXIE FUEL .....		528,634				528,634
DANA LIMITED .....	246,391					246,391
NORWOOD LIFE SOCIETY .....	72,410					72,410
ST. REGIS MANUFACTURING LLC .....	40,839					40,839
JACKSON COUNTY FISCAL COU. ....	34,224					34,224
LAFFERTY ENTERPRISES INC. ....	31,524					31,524
LAWRENCE CO FISCAL COURT .....	27,239					27,239
SHEET METALS .....	25,613					25,613
PAVCO TRUCKING CO INC. ....	21,482					21,482
CIRCLE FAMILY HEALTHCARE .....	19,875					19,875
HONEYWELL .....	2,533		3,922	13,131	13,131	6,455
QUESTCARE EMS LLC .....	19,582					19,582
COBRA .....	7,978	3,191		6,870	6,870	11,168
WINDOW WARMTH LLC .....				17,616	17,616	
BLUE GRASS PROVISIONS .....	16,711					16,711
THE PAIN INSTITUTE .....	16,061					16,061
HAMMOND TRANSPORTATION .....	14,970					14,970
GRAND AVENUE PRODUCE CO. ....	14,667					14,667
HALES FRANCISCAN HI .....	6,591	8,019				14,610
AREA TEAMSTERS INSURANCE .....	1,995	332		11,037	11,037	2,327
FEDERAL RESERVE BANK .....	13,337					13,337
A FINKL & SONS COMPANY .....	13,131					13,131
NEUROLOGICAL CONSULTANTS .....	11,845					11,845
EVERYDAY MATTERS LLC .....	11,799					11,799
AUTO MART USA LLC .....				11,247	11,247	
LAUREN'S INSTITUTE FOR ED .....	11,236					11,236
BRANSCUM CONSTRUCTION .....	10,947					10,947
MURRAY SUPPLY COMPANY INC. ....	10,865					10,865
FAMILY MEDICAL CENTER .....	10,835					10,835
0299997 Group subscriber subtotal .....	714,680	540,176	3,922	59,901	59,901	1,258,777
0299998 Premiums due and unpaid not individually listed .....	13,436,219	115,452	52,575	428,543	428,543	13,604,246
0299999 Total group .....	14,150,899	655,628	56,497	488,444	488,444	14,863,023
0399999 Premiums due and unpaid from Medicare entities .....	222,648	65,071	47,340	353,916	353,916	335,059
0499999 Premiums due and unpaid from Medicaid entities .....	0	0	0	0	0	0
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	14,507,022	750,963	103,837	842,360	842,360	15,361,821



**ANNUAL STATEMENT FOR THE YEAR 2012 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.....					16,227	16,227
PDN.....	8,525	4,391				12,916
WEST JOHN.....	3,389					3,389
WOMENS HEALTH.....					237,902	237,902
DUAL DCODEH (HOSPITAL).....	4,418					4,418
A UNABLE TO UPDATE PROVIDER INFORMATION.....	28,588					28,588
A. LEE DELLON.....	4,560					4,560
ABBAS A RANA MD.....	3,112					3,112
ABBOTT NORTHWESTERN HOSPITAL.....	4,812					4,812
ABOVE IT ALL.....	2,685					2,685
ACH BERGAN.....	9,679					9,679
ACH IMMANUEL.....	2,350					2,350
ACH LAKESIDE.....	8,570					8,570
ACH MIDLANDS.....	55,429					55,429
ACS STATE HEALTHCARE LLC.....			3,583			3,583
ADAM STURTZ.....	2,714					2,714
ADDISON RADIOLOGY ASSOCIATES.....					254,423	254,423
ADV GOOD SAMARITAN HOSPITAL.....	2,015					2,015
ADV LUTHERAN GEN HOSPITAL.....	37,356					37,356
ADVANCED FAMILY SURGERY CENTER.....	3,340					3,340
ADVANCED HOME CARE.....	5,079					5,079
ADVANCED PROSTHETICS OF EASLEY.....	5,514					5,514
ADVENTIST BOLINGBROOK HOSPITAL.....	9,326			5,047		14,373
ADVENTIST GLEN OAKS HOSPITAL.....	6,529					6,529
ADVENTIST HINSDALE HOSPITAL.....	32,712					32,712
ADVENTIST LA GRANGE MEMORIAL.....	15,634					15,634
ADVOCATE CHRIST HOSPITAL.....	3,164					3,164
ADVOCATE CONDELL MEDICAL CENTER.....	21,200					21,200
ADVOCATE CONDELL MEDICAL CTR.....		8,808				8,808
ADVOCATE GOOD SAMARITAN.....	36,880	12,382				49,262
ADVOCATE HOME CARE PRODUCT INC.....	2,132					2,132
ADVOCATE HOME HEALTH SERVICE.....	8,624					8,624
ADVOCATE ILLINOIS MASONIC.....	71,178	6,615			13,289	91,082
ADVOCATE ILLINOIS MASONIC MEDICAL CTR.....	2,708					2,708
ADVOCATE LUTHERAN GENERAL HOSPITAL.....	10,557					10,557
ADVOCATE SOUTH SUBURBAN HOSPITAL.....	16,385	2,568			24,206	43,159
ADVOCATE TRINITY HOSPITAL.....	67,097	4,326	6,192		48,541	126,156
AETNA HLTH INC.....		2,265				2,265
AIBIOTECH LLC.....	2,224					2,224
AKASH AHUJA MD.....	4,063					4,063
AL MEDICAID AGENCY.....			2,589			2,589
ALAN FEINER.....	4,313	3,582				7,895
ALAN KIMMEL.....	2,460					2,460
ALDEN ALMA NELSON MANOR.....	2,537					2,537
ALDEN DES PLAINES REHAB.....					2,584	2,584
ALDEN ESTATES OF EVANSTON.....	3,593					3,593
ALDEN ESTATES OF SHOREWOOD.....	5,076					5,076
ALDEN PARK STRATHMOOR.....	4,115					4,115
ALDEN TOWN MANOR REHAB.....	3,935					3,935
ALDEN WATERFORD REHAB.....	12,689					12,689
ALEGENT CREIGHTON HEALTH CREIGHTON.....	8,912					8,912
ALEGENT HEALTH HOME CARE.....	2,093					2,093
ALEXIAN BROTHERS MEDICAL CTR.....	15,792	37,623				53,415
ALL CARE PLUS INC.....	2,064					2,064
ALL CHILDRENS HOSPITAL.....	36,221				24,076	60,297

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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
ALL SAINTS MEDICAL CENTER.....	3,062					3,062
ALLEN COHN.....	4,717					4,717
ALLIANCE RADIOLOGY.....	2,416					2,416
ALLISON LIED.....	2,320	3,280				5,600
ALLPORT CLINIC LLC.....					26,400	26,400
ALPINE FIRESIDE HEALTH CENTER.....	2,100					2,100
ALPINE LIVING CENTER.....	2,811					2,811
AMBERWOOD CARE CENTRE LLC.....	2,224					2,224
AMBULATORY SURGERY INC.....		3,558	3,166			6,724
AMEDISYS HOME HEALTH OF LEES.....	4,081					4,081
AMEDISYS HOME HEALTH OF MISSOURI.....		2,574				2,574
AMEDISYS INC.....	11,593					11,593
AMEDYSIS INC.....	4,590					4,590
AMERICAN CLINICAL SOLUTIONS.....	5,520					5,520
AMERICAN MEDICAL RESPONSE.....	2,704					2,704
AMERICAN SENIOR CARE.....	2,245					2,245
AMERIGROUP GEORGIA.....				3,002		3,002
AMERIGROUP OHIO.....		5,133	7,905	8,083		21,121
AMERIGROUP TEXAS.....				7,948		7,948
AMISHI SAWLANI MD.....					80,801	80,801
AMISUB OF SOUTH CAROLINA.....	27,357					27,357
AMY CYR.....	2,150					2,150
ANCA NASTASA.....					2,026	2,026
ANDERSON DIALYSIS CLINIC.....	11,510					11,510
ANDREW GREENE.....		5,390				5,390
ANDREW H KIM MD.....	2,161					2,161
ANDREW J STINGO MD.....	2,703					2,703
ANDREW JEA.....	2,290					2,290
ANDREW LANGE.....	4,244					4,244
ANDREW PARK.....		4,956				4,956
ANESTHESIA ASSOCIATES OF CINCINNATI INC.....	6,869					6,869
ANESTHESIA ASSOCIATES OF LOUISVILLE PSC.....	2,161					2,161
ANESTHESIA ASSOCIATES.....	2,090					2,090
ANESTHESIA ASSOCIATES OF KCPC.....	6,732					6,732
ANESTHESIA SERVICES ASSOCIATES PLLC.....		5,760				5,760
ANMED HEALTH.....	82,373					82,373
ANTHEM BCBS OF INDIANA.....			2,455			2,455
ANTHONY PHILLIPS.....	2,768					2,768
ANTHONY RICCI.....	4,244					4,244
ANUJ GUPTA.....	2,290					2,290
APPLE RIDGE HEALTH AND REHABILITATION.....	2,209					2,209
APRIA HEALTHCARE INC.....	6,777					6,777
AR DHHS.....		8,916				8,916
ARCH AIR MEDICAL SERVICES.....	3,381					3,381
ARETE SLEEP LLC.....		2,680				2,680
ARH REGIONAL MEDICAL CENTER.....	5,359					5,359
ARIZONA SURGICAL SPECIALISTS CENTER.....	4,080					4,080
ARKANSAS HEART HOSPITAL.....	8,354					8,354
ARKANSAS SURGICAL HOSPITAL LLC.....	6,867					6,867
ARMC APACHE JUNCTION.....	2,847					2,847
ARROWHEAD HOSPITAL.....	37,779					37,779
ASHLEY HEALTH AND REHAB.....	7,649					7,649
ASHTON COURT CARE AND REHABILITATION.....	2,995					2,995
ASHTON PLACE HEALTH AND REHAB.....	2,931					2,931
ASPIRUS WAUSAU HOSPITAL.....	4,090					4,090
ASSOC ST JAMES RADIOLOGISTS.....					84,201	84,201

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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
ASTORIA PLACE LIVING & REHAB.....	3,568					3,568
ATHENS LIMESTONE HOSPITAL.....	60,748					60,748
ATMAN SHAH MD.....	8,921					8,921
ATTIC ANGEL HEALTH CENTER.....	3,006					3,006
AUBURN REGIONAL MEDICAL CENTER.....	10,212					10,212
AURORA BAYCARE MEDICAL CENTER.....	37,163					37,163
AURORA BEHAVIORAL HEALTH SYSTEM.....	5,110	2,105				7,215
AURORA CHICAGO LAKESHORE HOSPITAL.....	2,656					2,656
AURORA HEALTH CARE METRO INC.....	133,080		98,085			231,165
AURORA MEDICAL CENTER GRAFTON LLC.....	3,772					3,772
AURORA MEDICAL CENTER MANITOWOC.....	2,415					2,415
AURORA MEDICAL CENTER SUMMIT.....	11,381					11,381
AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER.....	2,525					2,525
AURORA WEST ALLIS MEMORIAL HOSPITAL.....	11,312					11,312
AVENTURA HOSPITAL AND MEDICAL CENTER.....	20,680					20,680
AZ PHYSICIANS IPA.....			7,545			7,545
BAILEY SQUARE SURGERY CENTER.....	8,223					8,223
BANNER BAYWOOD HEART HOSPITAL.....	15,128					15,128
BANNER BAYWOOD MEDICAL CENTER.....	53,067		11,792			64,859
BANNER BEHAVIORAL HEALTH HOSPITAL.....	2,780					2,780
BANNER BOSWELL MEDICAL CENTER.....	11,107					11,107
BANNER DEL E WEBB MEDICAL.....	32,524					32,524
BANNER DEL E WEBB MEDICAL CENTER.....	15,427					15,427
BANNER DEL E WEBB MEDICAL CENTER.....	10,925					10,925
BANNER DESERT MEDICAL CENTER.....	90,372					90,372
BANNER ESTRELLA MEDICAL CENTER.....	22,473					22,473
BANNER GATEWAY MEDICAL CENTER.....	33,881					33,881
BANNER GOOD SAM REHAB INSTITUTION.....		19,460				19,460
BANNER GOOD SAMARITAN MEDICAL.....	50,104					50,104
BANNER THUNDERBIRD BEHAVIORAL.....	4,546					4,546
BANNER THUNDERBIRD MED CENTER.....	49,992					49,992
BANNER THUNDERBIRD MEDICAL CENTER.....	6,507					6,507
BAPTIST EASLEY HOSPITAL.....	145,381					145,381
BAPTIST EASTPOINT SURGICAL CENTER.....	3,147					3,147
BAPTIST HEALTH.....			57,477			57,477
BAPTIST HEALTH MADISONVILLE.....	3,682					3,682
BAPTIST HEALTH MEDICAL CENTER.....	38,236	3,401				41,637
BAPTIST HOSPITAL.....	235,601		2,778			238,379
BAPTIST HOSPITAL EAST.....	139,275					139,275
BAPTIST HOSPITAL INC.....			3,778			3,778
BAPTIST HOSPITAL NORTHEAST.....	7,568					7,568
BAPTIST MEDICAL CENTER.....	2,520					2,520
BAPTIST MEDICAL CTR EAST.....	3,622					3,622
BAPTIST MEMORIAL MED CTR NLR.....	67,611					67,611
BAPTIST OUTPATIENT SERVICES INC.....	2,135					2,135
BAPTIST REGIONAL MEDICAL CENTER.....	12,667					12,667
BAPTIST WOMENS HEALTH CENTER.....	2,934					2,934
BARNES JEWISH EXTENDED CARE.....	3,388					3,388
BARNES JEWISH HOSPITAL.....	43,265					43,265
BARONESS ERLANGER HOSPITAL.....		8,178				8,178
BATAVIA DIALYSIS.....	3,717					3,717
BATES COUNTY MEMORIAL HOSPITAL.....	2,423					2,423
BAXTER REG MED CENTER.....	8,291					8,291
BAYADA HOME HEALTH CARE INC.....	7,555					7,555
BAYFRONT MEDICAL CENTER.....	100,792	5,646				106,438
BAYFRONT SAME DAY SURGERY CENTER LLC.....	3,193					3,193

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
BAYLOR UNIVERSITY MEDICAL CENTER.....					78,643	78,643
BEACON WEST SURGERY CENTER.....			3,141			3,141
BEAR CREEK CARE AND REHABILITATION.....	2,067					2,067
BELLA VITA HEALTH & REHAB.....	4,087					4,087
BELLIN MEMORIAL HOSPITAL INC.....	23,939					23,939
BELLIN ORTHOPEDIC SURGERY CENTER.....	3,688					3,688
BELTON REGIONAL MEDICAL CENTER.....	31,417					31,417
BENCHMARK HEALTHCARE OF LEES.....	2,834					2,834
BENCHMARK HEALTHCARE OF RAYTOWN.....	6,822	3,736				10,558
BENCHMARK PSYCH SERVICES LTD.....	2,515					2,515
BENSON HOSPITAL.....	15,766					15,766
BERKELEY HEARTLAB INC.....	3,381					3,381
BERT FISH MEDICAL CENTER.....	2,378					2,378
BETHANY AT PACIFIC.....	5,673					5,673
BETHANY AT SILVER LAKE.....					3,379	3,379
BETHANY MEDICAL ASSOCIATES.....					113,201	113,201
BETHANY METHODIST HOSPITAL.....	2,320					2,320
BETHESDA HOSPITAL INC.....	235,149					235,149
BETHESDA NEONATOLOGIST.....					2,686	2,686
BEVERLY DIALYSIS.....	15,085					15,085
BHC FAIRFAX HOSPITAL.....	6,720					6,720
BIO MEDICAL APPLICATIONS OF MICHIGAN.....	9,095					9,095
BIORX LLC.....	5,693					5,693
BIRINDER MARWAH MD.....					58,001	58,001
BJC HEALTHSOUTH REHAB.....	3,694					3,694
BLAKE MEDICAL CENTER.....	10,776					10,776
BLOUNT MEMORIAL HOSPITAL.....	19,255	2,063				21,318
BLUE RIVER REHABILITATION CTR.....	5,645					5,645
BLUEGRASS COMMUNITY HOSPITAL.....	2,606					2,606
BLUEWOUND DIALYSIS.....	10,858	3,288				14,146
BLUEWOUND PD.....	15,180					15,180
BLUEWOUND SURGERY CENTER LLC.....		2,872				2,872
BLUFFTON REGIONAL MEDICAL CENTER.....	8,154					8,154
BMA EAST LOUISVILLE.....	23,242					23,242
BMA LEES SUMMIT.....	12,444					12,444
BMA OF KANSAS CITY.....	10,190					10,190
BMA OF TENNESSEE BARTLETT.....	9,564					9,564
BMHC OF LEXINGTON LLC.....	11,334					11,334
BOBBY TAY.....	2,237					2,237
BON SECOURS AMBULATORY SURGERY.....	2,247					2,247
BON SECOURS DEPAUL MEDICAL CENTER.....	29,288					29,288
BON SECOURS MEMORIAL REGIONAL.....	58,223					58,223
BON SECOURS ST FRANCIS HEALTH.....	208,263					208,263
BONNER GENERAL HOSPITAL.....	5,167					5,167
BOONEVILLE COMMUNITY HOSPITAL.....	15,257					15,257
BOULDER COMMUNITY HOSPITAL.....		12,840				12,840
BRADBURY SKIDMORE.....		4,096				4,096
BRADFORD HEALTH SERVICES.....	3,262	3,058				6,320
BRANDON AMBULATORY SURGERY CENTER LLC.....	2,419					2,419
BRANDON REGIONAL HOSPITAL.....	162,042					162,042
BRENT GABRIEL.....					3,103	3,103
BRENTWOOD SUBACUTE HEALTHCARE.....					2,276	2,276
BRIAN C CHO MD.....					30,600	30,600
BRIAN COLE.....			5,399			5,399
BRIAN KEUER.....	24,220					24,220

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**ANNUAL STATEMENT FOR THE YEAR 2012 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		
BRIAN MAIOCCO.....	2,887					2,887	
BRIAN MANNION.....	4,112					4,112	
BRIAN POWELL.....		2,871				2,871	
BRIAN SUBACH.....	6,535					6,535	
BRIAN THORNTON.....		3,000				3,000	
BRIAN VANDERBRINK.....	2,080					2,080	
BRIARWOOD HEALTH CARE CENTER.....	4,295					4,295	
BRIDGEPORT HOSPITAL.....					62,707	62,707	
BRIDGEWAY CHRISTIAN VILLAGE.....	2,162					2,162	
BRISTOL HEALTH AND REHAB.....	2,788					2,788	
BRISTOL REG MED CTR.....	73,810					73,810	
BROOKESTONE VILLAGE INC.....	2,282					2,282	
BROOKHAVEN MANOR.....	2,500					2,500	
BROOKLINE DIALYSIS.....	6,861					6,861	
BROOKVILLE REGIONAL HOSPITAL.....	5,211					5,211	
BROOKWOOD DIALYSIS CENTER.....	12,383					12,383	
BROOKWOOD MEDICAL CENTER.....	47,098	2,462	10,615			60,175	
BROWN HAND CENTER PHOENIX LLC.....	3,750					3,750	
BRYAN MEDICAL CENTER EAST.....	10,394					10,394	
BULLOCK COUNTY HOSPITAL.....	3,057					3,057	
BUREAU OF TENNCARE.....	8,730	2,008	5,179	30,010		45,927	
CAMBRIDGE BEHAVIORAL HOSPITAL.....	2,400					2,400	
CAMC TEAYS VALLEY HOSPITAL.....	3,071					3,071	
CAMELOT NURSING AND REHABILITATION.....	4,622					4,622	
CAMERON G MCDUGALL MD.....	2,200					2,200	
CAMP LOWELL SURGERY CENTER.....	2,215					2,215	
CANCER CENTERS ANDREWS GMH.....	2,339					2,339	
CANCER CENTERS EASTSIDE GMH.....	8,842					8,842	
CANCER CENTERS FARIS GMH DEPT.....	12,167					12,167	
CANCER CENTERS SPARTANBURG GMH.....	7,734					7,734	
CANNON MEMORIAL HOSPITAL.....	22,061					22,061	
CAPITOL CARE CENTER.....	5,638					5,638	
CAPRI AT THE POINTE REHAB.....	3,117					3,117	
CARDINAL HILL REHABILITATION.....	9,879					9,879	
CARE MANOR NURSING & REHAB.....	2,345					2,345	
CAREMARK INC.....	2,947					2,947	
CARESOURCE OH.....		6,075	6,365	4,634		17,074	
CARILION FRANKLIN MEMORIAL.....	6,080					6,080	
CARILION NEW RIVER VALLEY MEDICAL CENTER.....	6,341					6,341	
CARILION ROANOKE MEMORIAL HOSPITAL.....	66,937					66,937	
CARILION TAZEWELL COMMUNITY HOSPITAL.....	4,574					4,574	
CARMEL HILLS HEALTHCARE.....	21,130					21,130	
CAROLINAS MEDICAL CENTER PINEVIEW.....	6,558					6,558	
CARONDELET HEART AND VASCULAR.....	6,281	13,054				19,335	
CARONDELET MANOR.....	3,880					3,880	
CARONDELET ST JOSEPHS HOSPITAL.....	73,576	6,598				80,174	
CARONDELET ST MARYS HOSPITAL.....	51,006	8,010				59,016	
CARTER COOPER.....	4,074					4,074	
CARTHAGE HEALTH & REHAB CENTER.....	9,791					9,791	
CARY R TEMPLIN MD.....					7,157	7,157	
CASCADE VALLEY HOSPITAL.....	5,457					5,457	
CASS REGIONAL MEDICAL CENTER.....	49,432					49,432	
CATHOLIC HEALTH PARTNERS SVS.....	5,923					5,923	
CCS MEDICAL.....	3,161					3,161	
CEDAR LAKE VILLAGE.....	17,862					17,862	

**ANNUAL STATEMENT FOR THE YEAR 2012 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
CEDAR PARK REGIONAL MED CENTER.....	17,900					17,900
CEDARS SINAI MEDICAL CENTER.....	6,093					6,093
CENTENE GEORGIA.....				2,272		2,272
CENTENE INDIANA.....				2,727		2,727
CENTENE MANAGEMENT CORP.....			2,288			2,288
CENTENE TEXAS.....				10,391		10,391
CENTENNIAL HILLS HOSPITAL MEDICAL.....	2,045				450,293	452,338
CENTENNIAL MEDICAL CENTER.....	10,905					10,905
CENTENNIAL PEAKS HOSPITAL.....	2,982					2,982
CENTER FOR ORTHOTIC & PROSTHETICS.....	2,228					2,228
CENTER FOR SPECIAL SURGERY AT TCA.....	19,329					19,329
CENTERPOINT MEDICAL CENTER.....	196,795					196,795
C UNABLE TO UPDATED PROVIDER INFORMATION.....	92,963					92,963
CENTRAL BAPTIST HOSPITAL.....	92,661				25,323	117,984
CENTRAL DUPAGE HOSPITAL.....	140,116	7,861			3,480	151,457
CENTRAL TEXAS MEDICAL CENTER.....	15,400					15,400
CENTRASTATE MEDICAL CENTER.....	3,615					3,615
CENTRUM SURGICAL CENTER.....	2,427	5,330				7,757
CEP AMERICA ILLINOIS PC.....					144,602	144,602
CHAD PRUSMACK.....	2,885					2,885
CHANDLER HEALTH CARE CTR.....	6,048					6,048
CHANDLER REGIONAL HOSPITAL.....	154,801					154,801
CHARLES BRUSO MD.....	6,445					6,445
CHARLES HANEY.....	2,072					2,072
CHARLES MEHLMAN.....	5,459					5,459
CHARLOTTE HARBOR HEALTHCARE.....	2,691					2,691
CHC OF NORFOLK.....	2,058					2,058
CHESAPEAKE GENERAL HOSPITAL.....	32,229					32,229
CHESAPEAKE HEALTH AND REHAB.....	3,929					3,929
CHEYENNE MOUNTAIN CARE AND REHAB.....	5,789					5,789
CHICAGO DE PT REV CFD EMS.....	3,677					3,677
CHILDRENS HOSPITAL HOME HEALTH.....	12,724					12,724
CHILDRENS HOSPITAL.....	53,248					53,248
CHILDRENS HOSPITAL DME.....	2,549					2,549
CHILDRENS HOSPITAL MEDICAL CENTER.....	524,113	173,967			100,392	798,472
CHILDRENS HOSPITAL OF PITTSBURGH.....				30,940		30,940
CHILDRENS HOSPITAL OF WISCONSIN.....	60,829					60,829
CHILDRENS MERCY SOUTH.....	3,323					3,323
CHIPPENHAM & JOHNSTON WILLIS.....	83,680	21,102				104,782
CHRIST HOSPITAL.....	399,780	80,871				480,651
CHRIST MED CENTER.....	164,096	56,960				221,056
CHRIST SPINE SURGERY CENTER.....	48,558					48,558
CHRISTIAN G ZIMMERMAN MD.....	3,463					3,463
CHRISTIAN HEALTH AND REHABILITATION.....	6,461					6,461
CHRISTIAN HLTH CNTR OF HOPKINS.....	11,760					11,760
CHRISTIAN HOSPITAL.....	10,446					10,446
CHRISTOPHER MCPHERSON.....	2,881					2,881
CHRISTOPHER NORTHERN.....		2,138				2,138
CHRISTOPHER POLLOCK.....	6,769					6,769
CHRISTOPHER VANSADERS.....		3,523				3,523
CHRISTOPHER WILSON.....			2,181			2,181
CHRISTOPHER WOLFLAKE.....		13,715				13,715
CHRISTUS NEW BRAUNFELS OP SURGERY.....	3,241					3,241
CHRISTUS SPOHN CC MEMORIAL HOSPITAL.....	8,514	13,367				21,881
CHS INC MERCER CAMPUS.....	24,391	24,391				48,782
CITIZENS MEMORIAL HOSPITAL.....	9,304					9,304

**ANNUAL STATEMENT FOR THE YEAR 2012 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
CITY OF PHOENIX ETS.....	2,020					2,020
CLARIAN HEALTH NORTH LLC.....	2,472					2,472
CLARK MEMORIAL HOSPITAL.....	11,161				10,196	21,357
CLARK REGIONAL MEDICAL CENTER.....	9,602					9,602
CLEAR CREEK SURGERY CENTER.....	2,324					2,324
CLERMONT COUNTY DIALYSIS.....	4,673					4,673
CLEVELAND CLINIC FOUNDATION.....	16,745					16,745
CLIFFORD JOHNSON JR.....	4,243					4,243
CODY NIKOLAI.....	2,659					2,659
COLORADO ACUTE LONG TERM HOSPITAL.....		42,947				42,947
COLORADO DHCPF.....			4,421	4,811		9,232
COLORADO STATE HOSPITAL.....	2,016					2,016
COLUMBIA HEALTHCARE CENTER.....	3,276					3,276
COLUMBIA ST MARYS HOSPITAL MILWAUKEE INC.....	4,512	3,813				8,325
COMMUNITY ALLIANCE HOME HEALTH.....	3,310					3,310
COMMUNITY CARE CTR OF AURORA.....	7,003					7,003
COMMUNITY ENDOSCOPY CENTER LLC.....	2,027					2,027
COMMUNITY HOME HEALTH SERVICES.....	5,362					5,362
COMMUNITY HOSPITAL ANDERSON.....	7,571					7,571
COMMUNITY HOSPITAL OF NOBLE.....	6,209					6,209
COMMUNITY HOSPITALS OF IN INC.....	47,644					47,644
COMMUNITY MEDICAL CENTER INC.....	10,133					10,133
COMMUNITY MEMORIAL HOSPITAL.....	3,888					3,888
CONTINUING CARE HOSPITAL.....	46,380					46,380
COOSA VALLEY MEDICAL CENTER.....	18,094					18,094
COPLEY MEMORIAL HOSPITAL.....	135,157	5,061			3,008	143,226
COPPER QUEEN COMMUNITY HOSPITAL.....	4,377					4,377
CORAL GABLES HOSPITAL.....	5,597					5,597
CORAM ALTERNATE SITE SERVICES.....	6,518			3,022	4,533	14,073
CORAM ALTERNATE SITE SERVICES INC.....	14,836					14,836
CORAM HEALTHCARE.....	45,966				6,283	52,249
CORAM HEALTHCARE CAROLINA HOME.....	7,894					7,894
CORDOVA HEALTH & REHABILITATION.....	3,636					3,636
CORNERSTONE OF RECOVERY INC.....	3,950					3,950
CORONADO HEALTHCARE CENTER.....	5,877					5,877
CORY STROBEL.....		2,162				2,162
COUNTRYSIDE CARE CENTRE.....	2,822					2,822
COVENTRY CARES KY.....		18,795	4,511	2,866		26,172
COVINGTON COURT HEALTH.....	12,939					12,939
COX MONETT HOSPITAL INC.....	2,443					2,443
CRESTWOOD MEDICAL CENTER LP.....	12,751					12,751
CRITICAL CARE SYSTEMS INC.....	2,080					2,080
CROWNE HEALTH CARE OF MOBILE.....	3,443					3,443
CROWNE HEALTH CARE OF SPRINGHILL.....	2,498					2,498
CROZER TAYLOR SPRINGFIELD.....					6,757	6,757
CTVSA WISCONSIN SC.....		2,459				2,459
CUSHING MEMORIAL HOSPITAL.....	5,972					5,972
D JAMES SCEATS JR.....	3,461					3,461
DANIEL L BRUNING MD.....	2,175					2,175
DANIEL L KITCHENS MD.....	5,177					5,177
DANIEL M LIEBERMAN MD.....	3,102					3,102
DANIEL MURILLO MD.....	2,447					2,447
DANIEL T KUESIS MD.....	2,135					2,135
DANIEL WEBER.....		2,070				2,070
DAVID ARGO.....	9,104					9,104
DAVID BERTLER.....	2,467					2,467

ANNUAL STATEMENT FOR THE YEAR 2012 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
DAVID C FARAGHER MD.....	2,054					2,054
DAVID HAUGE.....	2,387					2,387
DAVID HAYNES.....		2,482				2,482
DAVID YORK.....			4,115			4,115
DAVISS COMMUNITY HOSPITAL.....		2,868				2,868
DAY SURGERY FACILITIES.....	9,614				96,225	105,839
DCA BERWYN.....	20,610					20,610
DCA OF CINCINNATI LLC.....	16,844					16,844
DCH REGIONAL MEDICAL CENTER.....	17,933					17,933
DEACONESS HOSPITAL.....	13,461					13,461
DEACONESS HOSPITAL INC.....	35,331					35,331
DEARBORN COUNTY HOSPITAL.....	5,253					5,253
DEBRA S MORRIS NP.....	2,033					2,033
DECATUR MORGAN HOSPITAL.....	2,412					2,412
DEHLI DIALYSIS.....	11,256					11,256
DEKALB MEDICAL CENTER INC.....	8,554					8,554
DEKALB MEMORIAL HOSPITAL.....	4,080					4,080
DELL CHILDRENS MEDICAL CENTER.....	18,467					18,467
DELMAR GARDENS OF LENEXA.....	7,003					7,003
DELMAR GARDENS OF OVERLAND.....	5,892					5,892
DELNOR COMMUNITY HOSPITAL.....	18,472					18,472
DELRAY MEDICAL CENTER INC.....	12,118					12,118
DEMETRIUS K LOPES MD.....	3,804					3,804
DENNIS DEVITO.....		3,443				3,443
DENNIS MAIMAN.....	3,309					3,309
DENVER STANFIELD.....	3,853					3,853
DEPAUL HEALTH CENTER.....	6,594					6,594
DES PERES HOSPITAL.....	11,338					11,338
DESERT SPRINGS HOSPITAL MEDICAL.....	14,719				749,636	764,355
DESERT TERRACE NURSING CENTER.....	3,043					3,043
DESERT VIEW REGIONAL MEDICAL CENTER.....					102,529	102,529
DESTINATION HOPE INC.....	4,280					4,280
DETAR HEALTHCARE SYSTEMS.....	56,391					56,391
DIAGNOSTIC IMAGING ASSOCIATES.....					68,001	68,001
DIALYSIS CLINIC INC.....	33,176					33,176
DIALYSIS CTRS OF AMERICA.....	18,946					18,946
DIALYSIS CTRS OF AMERICA.....	24,996					24,996
DIALYSIS SVS WILLOWBROOK.....	10,145					10,145
DICKINSON COUNTY MEMORIAL HOSPITAL.....	3,108					3,108
DINAMIC HEALTH CARE LLC.....	2,173					2,173
DIRECT DIALYSIS.....	7,268					7,268
DIRK FRANZEN.....	6,680					6,680
DMG SURGICAL CENTER LLC.....	2,278					2,278
DMITRY S RUBAN MD.....	9,312					9,312
DONALD WACKWITZ.....	2,428					2,428
DONGWOO J CHANG MD.....	4,872					4,872
DONOVAN TAPPER.....		4,238				4,238
DOUGLAS FEHRMAN.....	10,408	3,540				13,948
DOUGLAS HAWLEY.....	2,112					2,112
DR P PHILLIPS HOSPITAL.....	2,118					2,118
DSI DENHAM SPRINGS.....	2,197					2,197
DSI HAYDEN DIALYSIS.....	14,534					14,534
DSI NORTHEAST PHOENIX RENAL CENTER.....	20,151					20,151
DSI NORWOOD RENAL CENTER.....	16,386					16,386
DSI PANHANDLE DIALYSIS.....	2,016					2,016
DSI TAMPA CENTRAL RENAL CENTER.....		12,834				12,834

**ANNUAL STATEMENT FOR THE YEAR 2012 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
DUKE UNIVERSITY HEALTH SYSTEM.....	4,423					4,423
DUKE UNIVERSITY HOSPITAL.....	2,881					2,881
DUPONT HOSPITAL.....	19,385					19,385
EAGLE HIGHLANDS SURGERY CENTER.....	9,507					9,507
EAST CAMPUS SURGERY CENTER LLC.....	14,440	4,723				19,163
EASTERN REGIONAL MEDICAL.....	9,273					9,273
EASTGATE HOME TRAINING.....	4,791					4,791
EATING RECOVERY CENTER LLC.....	2,720					2,720
EDEN MEDICAL CENTER.....	3,060					3,060
EDGE PARK MEDICAL SUPPLIES.....	3,994					3,994
EDGEWOOD MANOR NH.....	13,575					13,575
EDWARD CRANE.....	4,900					4,900
EDWARD HOSPITAL.....	33,152	5,495				38,647
EDWARD WHITE HOSPITAL INC.....	8,201					8,201
ELIZABETH HARDEN.....	2,584					2,584
ELK GROVE LAB PHYSICIANS.....					43,000	43,000
ELLENBURG NURSING CENTER INC.....	8,037					8,037
ELMHURST EXTENDED CARE CTR INC.....	3,768					3,768
ELMHURST MEMORIAL HOSPITAL.....	104,294			13,742		118,036
ELMHURST MEMORIAL HOSPITAL URGENT.....	8,193					8,193
ELMS HAVEN CARE AND REHABILITATION.....	2,630					2,630
EMORY UNIVERSITY.....	3,470					3,470
EMPIRE EYE SURGERY CENTER.....	2,694					2,694
ERIC WALL.....	4,160					4,160
EUREKA SPRINGS HOSPITAL HOMECARE.....	2,342					2,342
EVANGELICAL HOSPITAL CORP.....					47,008	47,008
EVENDALE MEDICAL CENTER LLC.....	11,012					11,012
EVERETT CARE AND REHABILITATION.....	2,521					2,521
EVERETT TRANSITIONAL CARE SERVICES.....	12,148					12,148
EVERGREEN HEALTHCARE CENTER.....	16,229					16,229
EVERGREEN HOME HEALTH.....	3,258					3,258
EVERGREEN WASHINGTON HEALTHCARE.....	7,608					7,608
EVERGREENHEALTH MEDICAL CENTER.....	19,196					19,196
EXEMPLA GOOD SAMARITAN MED.....	3,372					3,372
EXEMPLA LUTHERAN MEDICAL CTR.....	4,626	3,651				8,277
EXEMPLA SAINT JOSEPH HOSPITAL.....	47,832					47,832
EYECARE CONSULTANTS SURG CTR.....	2,291					2,291
FAIRMONT CARE CENTER.....					4,293	4,293
FAIRVIEW HOSPITAL.....	13,986					13,986
FAIRWINDS TREATMENT CENTER.....	2,860					2,860
FANTUS HEALTH CENTER.....	2,590					2,590
FATIMA MOHIUDDIN.....					31,000	31,000
FAYETTE COMMUNITY HOSPITAL.....	3,070					3,070
FAYETTEVILLE HEALTH & REHAB.....	2,508					2,508
FERNANDO BURSTEIN.....	3,187					3,187
FL AHCA.....	79,891	30,903	19,238	79,396	5,476	214,904
FLAGET MEMORIAL HOSPITAL.....	3,166					3,166
FLAGLER HOSPITAL INC.....					13,569	13,569
FLAGSTAFF MEDICAL CENTER.....	5,338					5,338
FLORIDA CANCER SPECIALISTS PLLC.....	14,053					14,053
FLORIDA HOSPITAL CENTRE CARE.....					55,801	55,801
FLORIDA HOSPITAL TAMPA.....	65,173					65,173
FLORIDA HOSPITAL ZEPHYRHILLS.....	8,506					8,506
FLORIDA ORTHOPAEDIC INSTITUTE.....	17,357	2,082				19,439
FLOYD MEDICAL CENTER.....	34,789					34,789

ANNUAL STATEMENT FOR THE YEAR 2012 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
FLOYD MEMORIAL HOSPITAL.....	22,424					22,424
FMC DIALYSIS SERVICES.....	20,119					20,119
FMC DIALYSIS SERVICES RAYTOWN.....	27,004					27,004
FMC LETHOLT DIALYSIS CENTER.....	5,134					5,134
FMCNA POWELL.....	33,069					33,069
FORT COLLINS HEALTH CARE CTR.....	4,281					4,281
FORT HAMILTON HOSPITAL.....	22,811					22,811
FORT VANCOUVER CONVALESCENT CENTER.....	2,433					2,433
FORT WAYNE SOUTH.....	12,256					12,256
FORT WAYNE WEST DIALYSIS.....	9,061					9,061
FOUR COURTS AT CHEROKEE PARK.....	11,548					11,548
FOX VALLEY DIALYSIS LTD.....	6,351					6,351
FRANCESCO MANGANO.....		3,460				3,460
FRANCISCAN HEALTHCARE CENTER.....	4,328					4,328
FRANCISCAN PHYSICIAN HOSPITAL.....	38,622					38,622
FRANCISCAN ST FRANCIS INDIANA.....	3,567					3,567
FRANCISCAN ST JAMES HTLH MICHIGAN.....	14,426	6,622				21,048
FRANCISCAN ST MARGARET HEALTH.....	3,873					3,873
FRANCISCAN ST MARGARET HLTH.....	5,201	3,793				8,994
FRANK DAVID BARRANCO MD.....	7,320					7,320
FRANK HUX.....	3,962					3,962
FRANKLIN CARLTON CLINIC HOME.....	2,562					2,562
FRANKLIN HEALTH AND REHAB.....	3,810					3,810
FRAZIER REHAB INSTITUTE.....	18,933					18,933
FREDERICK DEWEESE.....		2,643				2,643
FREDERICK WORK JR.....			2,200			2,200
FREEDOM FERTILITY PHARMACY.....	2,061					2,061
FREEMAN HOSPITAL.....	32,713					32,713
FREEMAN HOSPITAL EAST CAMPUS.....	17,511					17,511
FREEMAN NEOSHO HOSPITAL.....	13,508					13,508
FRESENIUS MEDICAL CARE MIDWAY.....	10,062	11,036				21,098
FRESENIUS MEDICAL CARE MORRISTOWN.....	4,645					4,645
FRESENIUS MEDICAL CARE RIVER.....	6,021					6,021
FRESNO COMMUNITY HOSPITAL.....	14,703					14,703
FROEDTERT MEMORIAL LUTHERAN HOSPITAL.....	43,042					43,042
FT LOUDOUN MEDICAL CENTER.....	2,240					2,240
FT SANDERS REGIONAL INFUSION SERVICES.....	2,239					2,239
FT SANDERS REGIONAL MEDICAL CENTER.....	41,740					41,740
FULLERTON KIMBALL MEDICAL GRP.....					70,161	70,161
F UNABLE TO UPDATE PROVIDER INFORMATION.....					2,894	2,894
GA DEPT OF COMMUNITY HEALTH.....	10,537		27,636			38,173
GABRIEL ALDEA MD.....	2,007					2,007
GABRIEL JACKSON.....	2,572					2,572
GARDEN VALLEY NURSING.....	4,045					4,045
GARRICK D BROWN MD.....	7,590					7,590
GARTH DAVIS.....	3,043					3,043
GATEWAY REGIONAL MED CTR.....	8,376					8,376
GATEWAY SURGERY CENTER, LLC.....	8,138					8,138
GATEWAYS.....	2,138					2,138
GENERAL FACILITY SERVICES.....	113,175					113,175
GENERAL PHYSICIAN SERVICES.....	4,663					4,663
GENOPTIX CLINICAL LABORATORY.....	5,110					5,110
GENTIVA HEALTH SERVICES.....	34,301					34,301
GEORGE CANIZARES.....		2,794				2,794
GERALD MCNAMARA.....	2,823					2,823

ANNUAL STATEMENT FOR THE YEAR 2012 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
GERARD ADLER.....	5,075					5,075
GNNSC INDEPENDENCE II LLC.....	10,679					10,679
GILBERT HOSPITAL.....	7,331					7,331
GILBERT M NYAMUSWA MD.....	2,429					2,429
GLEN RIDGE HEALTH CAMPUS.....	2,888					2,888
GLENNON PLACE LLC.....	3,096					3,096
GLENVIEW DIALYSIS CENTER.....	13,705					13,705
GLENVIEW TERRACE NURSING CTR.....					3,183	3,183
GLORIFIED HEALTH & REHAB.....	3,961					3,961
GOLDEN LIVINGCENTER-ELIZABETH.....	5,741					5,741
GOLDEN LIVINGCENTER-FOLEY.....	4,279					4,279
GOLDEN LIVINGCENTER-NEW HAVEN.....	4,133					4,133
GOLDEN LIVINGCENTER-OMAHA.....	4,129					4,129
GOLDEN LIVINGCENTER-PORTSMOUTH.....	2,554					2,554
GOLDEN LIVINGCENTER-SMITHVILLE.....	3,251					3,251
GOOD SAMARITAN HOME AND REHABILITATION.....	2,476					2,476
GOOD SAMARITAN HOSPITAL.....	564,334	2,918	145,185		14,651	727,088
GOOD SHEPHERD MEDICAL CENTER.....	3,346					3,346
GOTTLIEB MEMORIAL HOSPITAL.....	95,183					95,183
GRANDVIEW HOSPITAL.....	2,066					2,066
GRANT MEDICAL CENTER.....	4,725					4,725
GRANT SINSON.....		3,356				3,356
GREAT MIDWEST MEDICAL INC.....	5,070					5,070
GREEN VALLEY CARE CENTER.....	4,197					4,197
GREENVILLE MEMORIAL HOSPITAL.....	140,542	6,220				146,762
GREER MEMORIAL HOSPITAL.....	11,310					11,310
GREGG G HENDRICKSON DDS.....	4,153					4,153
GREGORY CORRADINO.....	2,348					2,348
GREGORY NAZAR.....		2,628				2,628
GROVE HILL MEMORIAL HOSPITAL.....	9,807					9,807
GROVE NORTH LIVING & REHAB CTR.....					3,516	3,516
GROVE OF LA GRANGE LIVING.....	4,113					4,113
GSS - FT COLLINS VILLAGE.....	3,442					3,442
GSS - LOVELAND VILLAGE.....	4,676					4,676
GSS - MANZANO DEL SOL VILLAGE.....	2,941					2,941
GSS - PRESCOTT VALLEY.....	2,151	2,399				4,550
GSS-OLATHE.....	3,696					3,696
GULF BREEZE DIALYSIS CENTER.....	12,685					12,685
GULF BREEZE HOSPITAL.....					15,741	15,741
GULF COAST MEDICAL CENTER.....	3,467					3,467
GULF TO BAY ANESTHESIOLOGY ASSOCIATES.....	3,529					3,529
GWINNETT HOSPITAL SYSTEM.....	8,950					8,950
H LEE MOFFITT CANCER CENTER.....	35,485					35,485
HANCOCK REGIONAL HOSPITAL.....	7,864					7,864
HARBOUR POINTE MEDICAL.....	4,573					4,573
HARESH B SAWLANI.....					28,000	28,000
HARMONY NURSING & REHAB CENTER.....		4,234				4,234
HARMONY SURGERY CENTER LLC.....	2,740					2,740
HARRISON MEMORIAL HOSPITAL.....	2,403					2,403
HARRISON SURGERY CENTER.....	4,382					4,382
HAVASU NURSING CENTER.....	4,281					4,281
HAVASU REGIONAL MEDICAL CENTER.....	15,759					15,759
HAZEL CREST RENAL CENTER.....	14,521					14,521
HAZELDEN.....	5,399					5,399
HEALTH & HOSPITAL CORPORATION.....	7,688					7,688
HEALTH DIAGNOSTIC LABORATORY.....	2,395					2,395

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
H UNABLE TO UPDATE PROVIDER INFORMATION.....	11,878					11,878
HEALTHSOUTH REHAB HOSPITAL.....	2,100	7,589				9,689
HEALTHSOUTH REHAB INSTITUTE.....	4,845					4,845
HEALTHSOUTH REHABILITATION.....	23,406				7,589	30,995
HEALTHSOUTH SCOTTSDALE REHAB.....	9,276					9,276
HEARING HEALTH CENTER INC GROUP.....	2,338					2,338
H UNABLE TO UPDATE PROVIDER INFORMATION.....	14,792					14,792
HEARTLAND KIDNEY CENTER LLC.....	4,275					4,275
HEMA AZAD MD.....	5,050					5,050
HEMET VALLEY MEDICAL CENTER.....	2,574					2,574
HENDERSONVILLE MEDICAL CENTER.....		3,089	2,763			5,852
HENRICO DOCTORS HOSPITAL.....	102,176				62,290	164,466
HENRICO HEALTH & REHAB.....	7,250					7,250
HERME O SYLORA.....					33,160	33,160
HIGHLAND HEALTHCARE AND REHAB.....	11,007					11,007
HIGHLINE MEDICAL CENTER.....	8,202					8,202
HILLDALE NURSING CARE LTD.....	5,883	6,458				12,341
HILLCREST MEMORIAL HOSPITAL.....	6,081					6,081
HILLHAVEN.....					35,694	35,694
HILLSBORO REHABILITATION.....	4,816					4,816
HILTON HEAD HOSPITAL.....					2,547	2,547
HIOAKS DIALYSIS.....	10,913					10,913
HIRAM SHADDOX GERIATRIC CENTER.....	6,177					6,177
HMS AAF MERCY CARE PLAN.....		4,893	12,623	23,258	4,641	45,415
HOLSTON VALLEY MED CTR.....	91,965					91,965
HOLY CROSS HOSPITAL.....	28,415					28,415
HOLY FAMILY MEDICAL CENTER.....	2,542					2,542
HOLY FAMILY MEMORIAL MEDICAL CENTER.....	11,793					11,793
HORIZON HOME CARE AND HOSPICE INC.....	2,317					2,317
HORIZON MEDICAL CENTER.....	3,093					3,093
HOUSTON ORTHOPEDIC AND SPINE.....	25,109					25,109
HOUSTON PHYSICIANS HOSPITAL.....	26,840					26,840
HPI SOUTH PHYSICIANS HOSPITAL.....		2,977				2,977
HS LABS LLC.....	2,760					2,760
HUGHES SPALDING CHILDRENS HOSPITAL.....	2,350					2,350
HUI CHEN.....		2,080				2,080
HUNTSVILLE HOSPITALITAL BEHAVIOR CTR.....	2,407					2,407
HUNTSVILLE HOSPITAL.....	352,662					352,662
IDAHO ELKS REHABILITATION HOSPITAL.....	13,700					13,700
IGG AMERICA.....	16,046					16,046
IGOR R YUSUPOV MD.....	7,224					7,224
ILAN SHAPIRO.....	2,005					2,005
I UNABLE TO UPDATE PROVIDER INFORMATION.....		3,333	7,383			10,716
ILLINOIS ORTHOPAEDIC AND HAND.....		3,795				3,795
ILLINOIS VALLEY COMMUNITY HOSPITAL.....	2,172					2,172
ILLINOIS VALLEY COMMUNITY HOSPITAL.....	4,102					4,102
IMELDIA SIA MD SC.....					28,600	28,600
INDEPENDENCE CENTERPOINT.....	5,958					5,958
INDIAN PATH MEDICAL CENTER.....	68,219					68,219
INDIANA HEART HOSPITAL.....	5,286					5,286
INDIANA HEART HOSPITAL LLC.....	19,256					19,256
INDIANA MEDICAID.....	2,443					2,443
INDIANA UNIVERSITY HEALTH.....	41,149		14,855			56,004
INDIANA UNIVERSITY HEALTH INC.....	50,378					50,378
INDIANAPOLIS ENDOSCOPY CENTER.....	3,957					3,957
INFUSION PARTNERS INC.....	15,746					15,746

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ANNUAL STATEMENT FOR THE YEAR 2012 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
INGALLS MEMORIAL HOSPITAL.....	23,794					23,794
INGALLS MEMORIAL.....		4,511				4,511
INLAND NORTHWEST RENAL CARE.....	13,062					13,062
INNOVATIVE SENIOR CARE.....	6,880					6,880
INOVA LOUDOUN HOSPITAL.....	3,982					3,982
INSIGHT HE ALTH CORP DBA THOMAS.....	2,158					2,158
INSIGHT HEALTH CORP.....	8,327					8,327
INTERIM HEALTHCARE OF GREENVILLE.....	12,576	3,130				15,706
INTERIM HEALTHCARE OF KC INC.....	3,708					3,708
INTERIM HEALTHCARE OF WICHITA.....	2,606					2,606
IOARA HINSHAW.....	4,203					4,203
IRENE KAZHDAN.....	4,213					4,213
ISAAC O DELL.....	2,165					2,165
ISADORA ASMAN.....	4,683					4,683
J CHANNING TASSONE.....	4,151					4,151
JACKSON MEDICAL CENTER.....	2,574					2,574
JACKSON PARK HOSPITAL.....	23,037	25,773				48,810
JACKSON PURCHASE MEDICAL CTR.....	6,421					6,421
JAMES ALBERT.....	3,938					3,938
JAMES B BLANKENSHIP MD.....	10,966					10,966
JAMES B HAGGIN MEMORIAL HOSPITAL.....	17,958					17,958
JAMES BAILEY IV.....	2,743					2,743
JAMES C MARSH MD.....	2,092					2,092
JAMES CASSIDY.....	2,806					2,806
JAMES CRAIGIE.....	8,350					8,350
JAMES HOLLOWELL.....	2,068					2,068
JAMES RIVER CARE AND REHAB CENTER.....	4,061					4,061
JAMES RIVER CONVALESCENT.....	2,688					2,688
JAMES ROTH.....	4,045					4,045
JAMES SPEARS.....	2,530					2,530
JAMESTOWN NURSING AND REHAB LLC.....	8,782					8,782
JANAKIRAMAN SUBRAMANIAN.....		2,365				2,365
JANALYN PROWS MD.....		4,066				4,066
JARED CARTER PA.....	2,004					2,004
JASON A SALGANICK MD.....	5,485					5,485
JASON C DATTA MD.....	5,231	3,451				8,682
JAY SHAPIRO.....	5,854					5,854
JEFFERSON REGIONAL MEDICAL CENTER.....	32,341					32,341
JEFFREY ALFORD.....					3,056	3,056
JEFFREY AMBORD.....	2,085					2,085
JEFFREY BURKETT.....	2,844					2,844
JEFFREY LEEF.....	7,498					7,498
JEFFREY SALIN.....		5,613				5,613
JEFFREY SHOVERS.....	2,139					2,139
JENNIFER HOFER MD.....					46,361	46,361
JENNIFER LINDSTEDT.....	3,309					3,309
JEWISH HOSPITAL INC.....	110,747	2,637				113,384
JEWISH HOSPITAL LLC.....	92,409					92,409
JEWISH HOSPITAL/ST MARYS HEALTH.....	18,180					18,180
JH STROGER HOSPITAL OF COOK.....	3,325					3,325
JOANNA STANKIEWICZ MD.....	2,487					2,487
JOHN C LINCOLN HOSPITAL DEER VALLEY.....	38,167					38,167
JOHN C LINCOLN HOSPITAL DEER VALLEY.....	2,782					2,782
JOHN C LINCOLN HOSPITAL NORTH.....	27,890					27,890
JOHN C LINCOLN HOSPITAL NORTH MOUNTAIN.....	10,123					10,123
JOHN COWAN JR.....	4,565					4,565

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ANNUAL STATEMENT FOR THE YEAR 2012 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
JOHN HIJJAWI		2,237				2,237
JOHN LINZ	2,944					2,944
JOHN LOGIUDICE					2,135	2,135
JOHN ROBERTS V.	3,750					3,750
JOHN Z CHEN MD	2,604					2,604
JOHNSTON MEMORIAL HOME HEALTH	2,795					2,795
JOHNSTON MEMORIAL HOSPITAL	22,072					22,072
JON CHERNEY		2,299				2,299
JONATHAN HODES	2,359					2,359
JONATHAN POND	10,240					10,240
JORDAN JUDE					3,920	3,920
JOSEPH CHENG	5,577					5,577
JOSEPH NEWCORNER	2,770					2,770
JOSEPH PIDKOWICZ	2,101					2,101
JOSEPH WERNER	3,863					3,863
JOSEPHINE SUNSET HOME	5,344					5,344
JOSHUA MILLER	3,587					3,587
JOURNEYLITE OF CINCINNATI LLC	15,000					15,000
JUAN TELLEZ MD					58,801	58,801
JUAN URIBE		2,392				2,392
KANSAS CITY ORTHOPAEDIC INSTITUTION	18,362					18,362
KARCHER ESTATES	2,560					2,560
KAREN R REINHARD ACNP BC	2,141					2,141
KATHRYN S KOLIBABA MD	4,591					4,591
KCI USA INC	11,050					11,050
KCI USA INC	2,215					2,215
KEITH MYRICK		2,372				2,372
KELLE LOVAS		3,143				3,143
KELLY L RHODES-STARK MD	2,594					2,594
KEN SINERVO	2,034					2,034
KENAN ARNAUTOVIC	2,932					2,932
KENDALL REGIONAL MEDICAL CENTER			8,972			8,972
KENNETH A PETTINE MD	2,575					2,575
KENNETH COX		2,174				2,174
KENTUCKY KDMS		5,830	18,098		4,516	28,444
KENWOOD SURGERY CENTER	8,883					8,883
KETTERING MEDICAL CENTER	47,062					47,062
KEVIN MCCHORD			2,290			2,290
KEVIN REILLY	2,078					2,078
KHALIL B DAHDAH MD	2,581					2,581
KIDNEY CENTER OF BEAR CREEK LLC	11,304					11,304
KIDNEY CENTER OF LAKEWOOD	19,659					19,659
KIDNEY CENTER OF WESTMINSTER	3,546					3,546
KIERNAN EXTENDED CARE					23,647	23,647
KINDRED HOSPITAL BAY AREA TAMPA	13,058					13,058
KINDRED HOSPITAL DENVER		127,655				127,655
KINDRED HOSPITAL KANSAS CITY		140,953		113,298		254,251
KINDRED HOSPITAL LAS VEGAS			5,231			5,231
KINDRED HOSPITAL LOUISVILLE	15,742					15,742
KINDRED HOSPITALS ARIZONA PHOENIX	7,585					7,585
KINDRED HOSPITALS TUCSON	11,485					11,485
KINDRED NURS & REHAB-NAMPA	2,322					2,322
KINDRED NURSING					3,317	3,317
KINDRED TRANS & REHAB-BRIGHTON	2,020					2,020
KINDRED TRANSITIONAL CARE	3,248					3,248

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**ANNUAL STATEMENT FOR THE YEAR 2012 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					
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
KINDRED TRANSITIONAL CARE & REHAB.....	11,654					11,654
KINDRED TRANSITIONAL CARE.....	23,500					23,500
KINGMAN REGIONAL MEDICAL CENTER.....	32,096		117,842	31,362	13,232	194,532
KINGS DAUGHTERS HOSPITAL.....	7,054					7,054
KLEINERT KUTZ AND ASSOCIATES MRI.....	2,392					2,392
KNAPP MEDICAL CENTER.....	2,340					2,340
KNOXVILLE EYE SURGERY CENTER.....	3,962					3,962
KOOTENAI MEDICAL CENTER.....	16,348					16,348
KOSAIR CHILDRENS HOSPITAL.....	217,748	2,038				219,786
KOSCIUSKO COMMUNITY HOSPITAL.....	17,489					17,489
KRISTEN REYNOLDS PHD.....	4,647					4,647
KU MEDWEST SURGERY CENTER LLC.....	11,169					11,169
KURT LEUENBERGER JR.....	2,941					2,941
KURUBAARAHALLI R SAROJA MD.....		2,898				2,898
KYLE WEAVER.....		2,764				2,764
L E COX MEDICAL CENTERS.....	52,833					52,833
LA ESTANCIA NURSING & REHABILITATION.....	3,932					3,932
LA PAZ REGIONAL HOSPITAL.....	2,388					2,388
LABCORP OF AMERICA HOLDINGS.....	8,577					8,577
LADERA CARE AND REHABILITATION.....	2,179					2,179
LAFAYETTE GENERAL MEDICAL CENTER.....	19,496					19,496
LAFAYETTE REGIONAL HEALTH CTR.....	16,806					16,806
LAKE CUMBERLAND REGIONAL HOSPITAL.....					7,036	7,036
LAKE HEARN DIALYSIS.....	7,936		2,533			10,469
LAKE OF THE OZARKS GEN HOSPITAL.....	10,593					10,593
LAKE VILLA DIALYSIS.....	2,772					2,772
LAKELAND REGIONAL MEDICAL CENTER.....	36,619					36,619
L UNABLE TO UPDATE PROVIDER INFORMATION.....	4,724					4,724
LAKEVIEW REGIONAL MEDICAL CENTER.....	8,371					8,371
LAKEVIEW VILLAGE INC.....	6,208					6,208
LAKESIDE REGIONAL HOSPITAL.....	25,388					25,388
LAKESIDE RANCH MEDICAL CENTER.....	17,068					17,068
LANCASTER MANOR REHABILITATION.....	2,060					2,060
LAPEER SURGERY CENTER.....	10,780					10,780
LAREDO MEDICAL CENTER.....	26,068					26,068
LARNED STATE HOSPITAL.....	3,891					3,891
LAS COLINAS MEDICAL CENTER.....	3,106					3,106
LAS FUENTES CARE CENTER.....	2,826					2,826
LAS VEGAS HEALTHCARE AND REHAB.....					12,905	12,905
LAWRENCE MACCREE.....	2,481					2,481
LCC OF GRANDVIEW.....	3,351					3,351
LCC OF KANSAS CITY.....	13,460					13,460
LCC OF WICHITA.....	2,310					2,310
LECONTE MEDICAL CENTER.....	2,318					2,318
LEE REG MED CTR.....	6,550					6,550
LEES SUMMIT MEDICAL CENTER.....	44,551	13,540				58,091
LEGACY EMANUEL HOSPITAL.....	3,125					3,125
LEGACY HEALTH & REHAB CTR.....	3,073					3,073
LEGACY SALMON CREEK HOSPITAL.....	14,670					14,670
LENEXA DIALYSIS.....	20,464					20,464
LENOX HILL HOSPITAL.....	11,635					11,635
LEONARD J CERULLO MD.....					45,870	45,870
LEWIS ANDRES.....	5,309					5,309
LEWIS GALE MEDICAL CENTER.....	10,086					10,086
LEWIS MEMORIAL CHRISTIAN.....	7,656					7,656
LEXINGTON CLINIC AMBULATORY.....	8,428					8,428

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ANNUAL STATEMENT FOR THE YEAR 2012 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
L UNABLE TO UPDATE PROVIDER INFORMATION.....					3,131	3,131
LEXINGTON HC CNT CHICAGO RIDGE.....	3,065					3,065
LEXINGTON HC CNTR ELMHURST.....	3,928					3,928
LEXINGTON HC CNTR LAGRANGE.....	6,267					6,267
LEXINGTON HC CNTR LOMBARD.....	2,793					2,793
LEXINGTON HEALTHCARE CENTER.....	4,296					4,296
LEXINGTON MEDICAL CENTER.....	4,821					4,821
LIBERTY DIALYSIS KENWOOD.....	23,945					23,945
LIBERTY HOSPITAL.....	26,164					26,164
LIBERTY TERRACE HEALTHCARE.....	10,574					10,574
LIFE CARE CENTER OF AURORA.....	3,186					3,186
LIFE CARE CENTER OF GREELEY.....	7,858					7,858
LIFE CARE CENTER OF S MOUNTAIN.....	3,293					3,293
LIFE CARE CENTER OF SANDPOINT.....	3,391					3,391
LIFE CARE CENTER OF TUCSON.....	5,723					5,723
LIFE CARE CENTER OF WESTMINSTER.....	2,873					2,873
LIFE CARE CENTER SCOTTSDALE.....	3,894					3,894
LIFE CARE CNTR OF SIERRA VISTA.....	2,888					2,888
LIFECARE CENTER OF CO SPRNGS.....	3,425					3,425
LIFECARE CNTR PARADISE VALLEY.....	7,914					7,914
LINCARE INC.....	2,657					2,657
LINCOLN PARK PHYSICAL THERAPY.....					46,161	46,161
LINDEN GROVE INC.....	4,468					4,468
LINDENHURST SURGERY CENTER LLC.....	3,939					3,939
LINDNER CENTER OF HOPE.....	5,263					5,263
LINKIA LLC.....	11,360					11,360
LITTLE CO OF MARY HOSPITAL.....	19,983					19,983
LITTLE COMPANY OF MARY HOSPITAL.....	10,661					10,661
LITTLETON ADVENTIST HOSPITAL.....	36,805					36,805
LLC OF COEUR D ALENE.....	3,548					3,548
LLC OF MARYSVILLE.....	12,438					12,438
LLC OF OMAHA.....	4,026					4,026
LLC OF TREASURE VALLEY.....	5,030					5,030
LONESOME PINE HOSPITAL.....	38,471					38,471
LONGMONT UNITED HOSPITAL.....	9,446					9,446
LOOMIS ROAD DIALYSIS.....	10,525					10,525
LOOP RENAL CENTER.....	21,828					21,828
LOUISVILLE SURGERY CENTER.....	12,398					12,398
LOURDES HOSPITAL.....	22,663					22,663
LOVELACE HOSPITAL DOWNTOWN.....	6,917					6,917
LOWELL BARROW MD.....					12,391	12,391
LOYOLA UNIVERSITY MED CTR.....	35,444	8,347				43,791
LOYOLA UNIVERSITY MEDICAL CENTER.....		7,618				7,618
LUIS BARAJAS.....		2,740				2,740
LUTHER MANOR.....	3,823					3,823
LUTHERAN HOSPITAL.....	46,396					46,396
LYNWOOD NURSING HOME.....	11,779					11,779
MACNEAL HOSPITAL.....	261,211	28,640			2,604	292,455
MADONNA REHABILITATION HOSPITAL.....	11,766					11,766
MAGNOLIA MANOR INMAN.....	2,127					2,127
MAGNOLIA PLACE AT SPARTANBURG.....	3,797					3,797
MAGNOLIA RIDGE CARE AND REHABILITATION.....		2,938		6,019		8,957
MAGNOLIA SQUARE NURSING AND REHAB.....	2,779					2,779
MAHMOUD K MAHAFZAH MD.....	14,178					14,178
MAJESTY HEALTH & REHAB OF EASLAKE.....	8,662					8,662
MANAGEMENT AND NETWORK SERVICE.....	22,124					22,124

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ANNUAL STATEMENT FOR THE YEAR 2012 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
MANATEE MEMORIAL HOSPITAL.....	14,564					14,564
MANJUSHA KOTA MD.....	2,286					2,286
MANNA HEALTH & REHAB OF PICKEN.....	6,694					6,694
MANOR CARE OF OAK LAWN EAST.....	2,552					2,552
MANOR CARE OF OAK LAWN WEST LLC.....	6,091					6,091
MANOR CARE OF PALOS HEIGHTS.....	3,971					3,971
MANOR CARE OF SPOKANE.....	2,512					2,512
MANOR CARE OF TACOMA.....	7,284					7,284
MANOR CARE OF WILMETTE IL LLC.....					3,694	3,694
MANORCARE HEALTH SERVICES.....	11,118					11,118
MANORCARE HEALTH SERVICES LLC.....	14,021					14,021
MANORCARE HEALTH SERVICES.....	4,732					4,732
MANORCARE HEALTH SERVICES.....	3,746					3,746
MANORCARE HEALTH SERVICES UTICA RIDGE.....		2,407				2,407
MANORCARE HEALTH SERVICES.....	3,257					3,257
MANORCARE OF SOUTH HOLLAND LLC.....	5,104					5,104
MANUEL F ROSADO MD.....		3,037				3,037
MAPLE CREST CARE CENTER.....	3,932					3,932
MARC BAUDER MD.....	6,992					6,992
MARC BENNETT.....		2,886				2,886
MARCUS P BRAUN.....	2,981					2,981
MARGARET R NETTLETON MD.....					39,740	39,740
MARIANJOY REHABILITATION HOSPITAL.....	7,650					7,650
MARICOPA HEALTH SYSTEM.....	27,327	90,942				118,269
MARICOPA, SOUTHWEST.....	2,306					2,306
MARIN GENERAL HOSPITAL.....	4,908					4,908
MARISSA TENENBAUM.....		2,120				2,120
MARK CRAWFORD.....		4,331				4,331
MARK DUBIN MD LLC.....					60,801	60,801
MARK GIACOMIN.....					686,807	686,807
MARK HAMMOND.....					2,075	2,075
MARK KEHRES.....	19,896					19,896
MARK SALISZ.....		3,389				3,389
MARK SNYDER.....		2,710				2,710
MARK WICHMAN.....		3,540				3,540
MARK ZARNKE.....	2,480					2,480
MARSHALL MEDICAL CENTER NORTH.....	7,558					7,558
MARY ALBERS.....	6,661					6,661
MARY BLACK MEMORIAL HOSPITAL.....	167,252					167,252
MARYVALE HOSPITAL.....	8,224					8,224
MARYVIEW MEDICAL CENTER.....	23,272					23,272
MATRIX MEDICAL NETWORK OF ARIZONA.....	6,960					6,960
MATTHEW BLISS.....		3,467				3,467
MATTHEW BUSAM.....	2,130					2,130
MAX STEUER.....	6,077					6,077
MAXIM HEALTHCARE SERVICES INC.....		2,898				2,898
MAYO CLINIC ARIZONA.....	2,688					2,688
MCCULLOUGH HYDE MEMORIAL HOSPITAL.....	13,098					13,098
MCKEE MEDICAL CENTER.....	3,689					3,689
MD ANDERSON CANCER CENTER.....	2,223					2,223
MEA ELK GROVE LLC.....					477,605	477,605
MEADOWBROOK MANOR BOLINGBROOK.....	5,930					5,930
MEADOWBROOK MANOR OF LAGRANGE.....	3,186					3,186
MEADOWBROOK OF NAPERVILLE.....	4,848					4,848
MEADOWBROOK REHABILITATION HOSPITAL.....	5,115					5,115
MEASE COUNTRYSIDE HOSPITAL.....					5,317	5,317

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ANNUAL STATEMENT FOR THE YEAR 2012 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
MECHANICSVILLE DIALYSIS.....	4,168	2,439				6,607
MEDICAL CENTER AT BOWLING GREEN.....	48,075					48,075
MEDICAL CENTER OF AURORA.....	80,409					80,409
MEDICAL CENTER OF PLANO.....	38,353					38,353
MEDICAL CENTER OF THE ROCKIES.....	13,104					13,104
MEDICAL UNIV HOSPITALITAL AUTHORITY.....	4,254					4,254
MEDICALODGE POST ACUTE CARE.....	5,079					5,079
MEDICARE SECONDARY PAYOR.....			6,619			6,619
MEMORIAL HEALTH SYSTEM.....	282,312					282,312
MEMORIAL HERMANN HOSPITAL.....	21,513					21,513
MEMORIAL HOSPITAL AT GULFPORT.....	9,580					9,580
MEMORIAL HOSPITAL FOR CANCER.....			3,529			3,529
MEMORIAL HOSPITAL OF TAMPA.....	3,100					3,100
MEMORIAL HOSPITAL OF TAMPA LP.....		2,082				2,082
MEMORIAL MEDICAL CENTER.....	18,792					18,792
MEMORIAL REGIONAL HOSPITAL.....			11,113			11,113
MENA MEDICAL CENTER HOME HEALTH.....	3,953					3,953
MENORAH MEDICAL CENTER.....	185,795					185,795
MERCY FRANCISCAN HOSPITAL.....	3,661					3,661
MERCY GILBERT MEDICAL CENTER.....	26,868					26,868
MERCY HARVARD HOSPITAL.....	2,637					2,637
MERCY HOME CARE.....	2,780					2,780
MERCY HOSPITAL & MEDICAL CTR.....	6,725					6,725
MERCY HOSPITAL A CAMPUS OF PGH.....	21,203					21,203
M UNABLE TO UPDATE PROVIDER INFORMATION.....	12,502					12,502
MERCY HOSPITAL ANDERSON.....	31,327					31,327
MERCY HOSPITAL AURORA.....	4,070					4,070
MERCY HOSPITAL BERRYVILLE.....	12,247	2,027				14,274
MERCY HOSPITAL CLERMONT.....	42,827					42,827
MERCY HOSPITAL FAIRFIELD.....	64,720					64,720
MERCY HOSPITAL FORT SMITH.....	39,343					39,343
MERCY HOSPITAL JANESVILLE.....	25,981					25,981
MERCY HOSPITAL JOPLIN.....	10,240					10,240
MERCY HOSPITAL LEBANON.....	2,558					2,558
MERCY HOSPITAL MOUNT AIRY.....	4,174					4,174
MERCY HOSPITAL ROGERS.....	4,987					4,987
MERCY HOSPITAL SPRINGFIELD.....	121,674	37,007			11,244	169,925
MERCY HOSPITAL WESTERN HILLS.....	23,515					23,515
MERCY MEDICAL.....	7,309					7,309
MERCY MEDICAL CENTER.....	143,074					143,074
METHODIST HOSPITAL.....	30,172				29,466	59,638
METHODIST HOSPITALS.....		2,458				2,458
METHODIST MEDICAL CENTER.....	41,845	5,219				47,064
METHODIST SPECIALTY TRANSPLANT HOSPITAL.....		2,976				2,976
METHODIST WEST HOUSTON HOSPITAL.....	10,134					10,134
METRO SOUTH MEDICAL CENTER.....	45,953					45,953
METRO SPECIALTY SURGERY CENTER LLC.....	16,311	11,217		3,210		30,738
MHHS MEMORIAL CITY HOSPITAL.....	8,104					8,104
MHHS SOUTHEAST HOSPITAL.....				3,796		3,796
MIAMI CHILDRENS HOSPITAL.....	12,904					12,904
MIAMI VALLEY HOSPITAL.....	9,451					9,451
MICHAEL A MUSCI MD.....	2,208					2,208
MICHAEL ANDERSON.....		2,605				2,605
MICHAEL BRESTICKER.....	3,738					3,738
MICHAEL FROMKE.....	3,476					3,476
MICHAEL IOSSI.....	4,056					4,056

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
MICHAEL J EISENBERG.....					3,657	3,657
MICHAEL PARK.....	4,614					4,614
MICHAEL RUTIGLIANO.....	3,640					3,640
MICHAEL TARANTINO.....	16,229					16,229
MICHAEL TRESSLER.....		3,039				3,039
MID AMERICA REHAB HOSPITAL.....	17,865					17,865
MIDDLE TENNESSEE MEDICAL CENTER.....	10,178					10,178
MIDTOWN SURGICAL CENTER.....			2,274			2,274
MIDWEST DIALYSIS CENTER INC.....	3,119					3,119
M UNABLE TO UPDATE PROVIDER INFORMATION.....	10,122					10,122
MIDWEST SURGICAL HOSPITAL LLC.....	6,128					6,128
MILES GRAIVIER.....					4,254	4,254
MILLERS MERRY MANOR.....	3,047					3,047
MILWAUKEE COUNTY MHC.....	4,136					4,136
MINERAL AREA REGIONAL MEDICAL.....	6,145					6,145
MINIMED DISTRIBUTION CORP.....	7,481					7,481
MISSION TRAIL BAPTIST.....	3,059					3,059
MISSOURI BAPTIST MEDICAL CENTER.....	20,861					20,861
MITCHELL SIMONS.....					2,869	2,869
MOBILE INFIRMARY MEDICAL CENTER.....	11,147					11,147
MOBILE INFIRMARY MEDICAL CNTR.....	103,889					103,889
MOBILE MED CARE.....	7,647					7,647
MOBILE SURGERY CENTER.....		2,601				2,601
MOHAMMED A RAHEEM MD.....	2,432					2,432
MONTEREY PARK NURSING CENTER.....	5,457					5,457
MORENO JOSEPH SPINE AND SCOLIOSIS.....			7,551			7,551
MORENO JOSEPH SPINE AND SCOLIOSIS.....			3,848			3,848
MORRISTOWN HAMBLEN HOSPITAL.....	2,272					2,272
MORTON PLANT HOSPITAL.....	184,343					184,343
MOUNT CARMEL EAST.....	8,805					8,805
MOUNT SINAI HOSPITAL.....	108,312					108,312
MOUNT SINAI MEDICAL CENTER.....	42,686					42,686
MOUNTAIN HOME SURGERY CENTER.....	3,024					3,024
MOUNTAIN HOME VAMC.....	2,305					2,305
MOUNTAIN STATES HEALTH ALLIANCE.....	20,519					20,519
MOUNTAIN VIEW CARE CENTER.....	11,530					11,530
MOUNTAIN VIEW HOSPITAL.....	5,260				442,872	448,132
MOUNTAIN VISTA MEDICAL CENTER.....	28,889					28,889
MOUNTAIN VISTA ORTHOPAEDIC SURGERY.....	4,202					4,202
M UNABLE TO UPDATE PROVIDER INFORMATION.....	2,578					2,578
MT AUBURN DIALYSIS.....	6,444					6,444
MYRIAD GENETICS LABORATORIES.....	4,950					4,950
NACOGDOCHES MEDICAL CENTER.....	4,338					4,338
NADER KREIT.....					2,890	2,890
NANDINI KOLIMAS.....	8,671					8,671
NAPERVILLE DIALYSIS CENTER.....	18,849					18,849
NATIONAL JEWISH HEALTH.....	3,658					3,658
NATIONAL PARK MEDICAL CENTER.....	10,734					10,734
NATIONAL SEATING & MOBILITY.....	9,523					9,523
NATIONWIDE CHILDRENS HOSPITAL.....	3,474					3,474
NATURAL MOLECULAR TESTING CORPORATION.....	14,113					14,113
NAVJOT KOHLI.....	3,404					3,404
NEBRASKA METHODIST HOSPITAL.....	39,523					39,523
NEBRASKA ORTHOPAEDIC HOSPITAL.....	16,035					16,035
NED SNYDER IV.....	16,800					16,800

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ANNUAL STATEMENT FOR THE YEAR 2012 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
NEEL B SHAH MD.....	8,824					8,824
NEOMEDICA HAZEL.....	22,020					22,020
NEOMEDICA EVERGREEN PARK.....	52,220					52,220
NEUROSURGERY UFJPI.....	2,153					2,153
N UNABLE TO UPDATE PROVIDER INFORMATION.....	4,420					4,420
NEVADA CITY HOSPITAL.....	4,168					4,168
N UNABLE TO UPDATE PROVIDER INFORMATION.....	2,794					2,794
NEW MARK CARE CENTER.....	7,630					7,630
NEWTON MEDICAL CENTER.....	6,597					6,597
NHC HEALTHCARE ANDERSON.....	19,052					19,052
NHC HEALTHCARE BRISTOL.....	6,560					6,560
NHC HEALTHCARE GREENVILLE.....	7,691					7,691
NHC HEALTHCARE MAULDIN.....	2,944					2,944
NICHOLAS WEBBER.....				3,210		3,210
NIX HEALTH CARE SYSTEM.....	2,763					2,763
NOAH A TAYLOR MD.....	4,888					4,888
NORFOLK HEALTH & REHABILITATION.....	3,114					3,114
NORRIDGE NURSING HOME.....	2,951					2,951
NORTH AMER PARTNERS IN ANESTHESIA.....	15,884					15,884
NORTH ARKANSAS REGIONAL MEDICAL.....	54,145					54,145
NORTH AUBURN REHAB AND HEALTH.....	6,276					6,276
NORTH AUSTIN MEDICAL CENTER.....	24,066	2,846				26,912
NORTH CAMPUS SURGERY CENTER LLC.....	5,106					5,106
NORTH CENTRAL BAPTIST HOSPITAL.....	19,932		17,010			36,942
NORTH COLORADO MEDICAL CENTER.....	81,464					81,464
NORTH CYPRESS MEDICAL CENTER.....	9,420					9,420
NORTH FULTON HOSPITAL.....	6,587					6,587
NORTH GREENVILLE HOSPITAL LTAC.....	4,719					4,719
NORTH HILLS SURGERY CENTER.....	64,805					64,805
NORTH IDAHO ENDOSCOPY CENTER.....	4,396					4,396
NORTH KANSAS CITY HOSPITAL.....	259,718					259,718
NORTH METRO MEDICAL CENTER.....	2,550					2,550
NORTH MOUNTAIN MEDICAL AND REHAB.....	5,678					5,678
NORTH SHORE MEDICAL CENTER.....	5,382					5,382
NORTH ST LOUIS COUNTY DIALYSIS.....	12,256					12,256
NORTH SUBURBAN MEDICAL CENTER.....	42,731					42,731
NORTH SUBURBAN SURGERY CENTER.....	2,033					2,033
NORTH SUBURBAN SURGERY CENTER LP.....	10,190					10,190
NORTH VISTA HOSPITAL.....					108,881	108,881
NORTHBAY MEDICAL CENTER.....	6,157					6,157
NORTHEAST GEORGIA MEDICAL CENTER INC.....	8,153					8,153
NORTHERN COLORADO REHABILITATION.....	4,902					4,902
NORTHERN ILLINOIS MEDICAL CTR.....	6,139					6,139
NORTHERN ILLINOIS SURGERY CTR.....	8,124					8,124
NORTHLAKE SURGICAL CENTER.....	2,411					2,411
NORTHSHORE UNIVERSITY HEALTH.....	2,420					2,420
NORTHSHORE UNIVERSITY HEALTHSYSTEMS.....	44,678	4,060				48,738
NORTHSIDE CHEROKEE HOSPITAL INC.....	7,085					7,085
NORTHSIDE FORSYTH.....	24,341					24,341
NORTHSIDE HOSPITAL.....	25,222				2,088	27,310
NORTHWEST COMMUNITY HOSPITAL.....	92,858					92,858
NORTHWEST HOSPITAL AND MEDICAL.....	12,496					12,496
NORTHWEST INDIANA DIALYSIS.....	3,531					3,531
NORTHWEST MEDICAL CENTER.....	28,694	2,084				30,778
NORTHWEST MEDICAL CENTER BENTON.....	6,166					6,166
NORTHWEST REGIONAL ASC.....	2,627					2,627

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ANNUAL STATEMENT FOR THE YEAR 2012 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
NORTHWEST SPECIALTY HOSPITAL.....	4,069					4,069
NORTHWESTERN LAKE FOREST HOSPITAL.....	2,859					2,859
NORTHWESTERN MEMORIAL HOSPITAL.....	72,122				6,973	79,095
NORTON AUDUBON HOSPITAL.....	140,922				11,335	152,257
NORTON BROWNSBORO HOSPITAL.....	62,379	5,876	2,659			70,914
NORTON COMMUNITY HOME HEALTH.....	2,563					2,563
NORTON COMMUNITY HOSPITAL.....	7,639					7,639
NORTON HEALTHCARE PAVILION.....	138,016			14,232		152,248
NORTON HOSPITAL INC.....	42,429					42,429
NORTON SUBURBAN HOSPITAL.....	81,670	2,267				83,937
NORWEGIAN AMERICAN HOSPITAL.....	2,529					2,529
NOVOCURE INC.....	2,800					2,800
NW MED CTR WILLOW CREEK WOMENS.....	46,529					46,529
NY PRESBY-PAYNE WHITNEY WESTCHESTER.....	3,582					3,582
OAK HILL HOSPITAL.....	37,390					37,390
OAK PARK DIALYSIS CENTER.....	6,345					6,345
OAK PARK MEDICAL PRACTICES.....					94,501	94,501
OAKFIELD DRIVE EMERGENCY PHYSICIANS.....	2,807					2,807
OAKLAWN RADIOLOGY IMAGING.....					27,400	27,400
OAKMONT EAST.....	4,740					4,740
OCHSNER FOUNDATION HOSPITAL.....	25,281					25,281
OHIO DJFS.....		5,925	39,782			45,707
OHIO STATE UNIV HOSPITALS.....	16,530					16,530
OKAY ONAN.....		3,510				3,510
OLATHE DIALYSIS.....	8,254					8,254
OLATHE MEDICAL CENTER INC.....	63,854					63,854
OMAR DARR.....	2,005					2,005
OPTIONS TREATMENT CENTER.....	3,900					3,900
ORLAND PARK SURGICAL CENTER.....	4,408					4,408
ORO VALLEY HOSPITAL.....	2,297					2,297
OSAMA ZAIDAT.....		3,726				3,726
OSCAR CASTELLANOS.....					2,617	2,617
OSF SAINT FRANCIS MEDICAL CENTER.....	79,559	2,081				81,640
OTTAWA REGIONAL HOSPITAL & HEALTH.....	7,180					7,180
OUR LADY OF BELLEFONTE HOSPITAL INC.....	3,406	2,243			6,655	12,304
OUR LADY OF PEACE.....	2,135	3,840				5,975
OUR LADY OF THE RESURRECTION.....	64,565					64,565
OVERLAND PARK REGIONAL MEDICAL.....	197,738					197,738
OVERLAND PARK REGIONAL MEDICAL CENTER.....	10,276					10,276
OWENSBORO MEDICAL HEALTH SYSTEM.....	15,239				2,117	17,356
OZARKS COMMUNITY HOSPITAL.....	8,301					8,301
PA PETERSON CENTER FOR HEALTH.....					5,827	5,827
PALMETTO HEALTH ALLIANCE.....	2,836					2,836
PALO VERDE MENTAL HEALTH.....	3,188					3,188
PALOMA BLANCA HEALTH AND REHAB.....	4,088					4,088
PALOS COMMUNITY HOSPITAL.....	11,308	2,064				13,372
PALOS HILLS HEALTHCARE LLC.....		2,535				2,535
PARADISE VALLEY HOSPITAL.....	11,387	5,209				16,596
PARK ROSE CARE CENTER.....	2,824					2,824
PARKER ADVENTIST HOSPITAL.....	119,340					119,340
PARKER VALLEY HOPE.....	2,399					2,399
PARKLAND HEALTH CENTER.....	4,984					4,984
PARKVIEW HEALTH CARE FACILITY.....	5,780					5,780
PARKVIEW HOSPITAL INC.....	29,330					29,330
PARKVIEW MEDICAL CENTER.....	2,800					2,800
PARKWEST MEDICAL CENTER.....	166,909					166,909

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**ANNUAL STATEMENT FOR THE YEAR 2012 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		
PARKWEST MEDICAL CENTER PENINSULA.....	3,417					3,417	
PASSPORT HEALTH PLAN.....	2,406	25,137	16,887	5,671	8,630	58,731	
PATEWOOD MEMORIAL HOSPITAL.....	9,134					9,134	
PATHOLOGY PARTNER.....					67,001	67,001	
PATRICK MCKENZIE.....	2,210					2,210	
PAUL B HALL REGIONAL MED CTR.....	9,869				17,593	27,462	
PAUL BRADY.....		2,659				2,659	
PAUL CELESTRE.....	3,154					3,154	
PAUL COHEN.....		4,426				4,426	
PAUL J LYNCH MD.....	2,056					2,056	
PAUL MILLER.....		3,143				3,143	
PAUL NITZ.....	2,763					2,763	
PAULA TERMUHLEN.....		2,702				2,702	
PEACE RIVER REGIONAL MEDICAL CENTER.....	6,469					6,469	
PEACEHEALTH SOUTHWEST MEDICAL.....	3,700	34,418				38,118	
PEAK VIEW BEHAVIORAL HEALTH.....	2,700					2,700	
PEDIATRIC PLASTIC SURGERY.....	2,249					2,249	
PEKIN HOSPITAL.....	2,593					2,593	
PENROSE HOSPITAL.....	17,312					17,312	
PENROSE ST FRANCIS.....	93,140				49,017	142,157	
PEORIA DAY SURGERY CENTER.....	8,296					8,296	
PETER A ALEXANDER MD.....	2,123					2,123	
PETER CHA.....	6,755		2,582			9,337	
PETER ROSE.....		11,618				11,618	
PHARMACY IV ASSOC OF DEXTER.....		3,748				3,748	
PHARMACY RIGHTSOURCE.....	4,896					4,896	
PHILIP LEMING.....	17,682					17,682	
PHKC CLEVELAND LLC DBA GREGORY.....	15,981					15,981	
P UNABLE TO UPDATE PROVIDER INFORMATION.....	23,468					23,468	
P UNABLE TO UPDATE PROVIDER INFORMATION.....					5,469	5,469	
PHYSICIAN SURGERY CENTER.....	2,549					2,549	
PHYSICIANS ANESTHESIA SERVICES INC GROUP.....	2,397					2,397	
PHYSICIANS SPECIALTY HOSPITAL.....	4,742					4,742	
PHYSICIANS SURGERY CTR OF KNOXVILLE.....		3,603				3,603	
PHYSMED INC.....	3,002					3,002	
PIEDMONT HOSPITAL.....	8,914					8,914	
PIKES PEAK REGIONAL HOSPITAL.....	13,871					13,871	
PIKEVILLE MEDICAL CENTER INC.....	12,554					12,554	
PINNACLE HEALTH FACILITIES XVI.....			9,455			9,455	
PINNACLE HEALTHCARE.....	10,610					10,610	
P UNABLE TO UPDATE PROVIDER INFORMATION.....	6,140					6,140	
PLAINFIELD RENAL CENTER.....	18,988					18,988	
PLAS JAMES.....		8,240				8,240	
PLATTE VALLEY MEDICAL CENTER.....	2,110					2,110	
PLAZA DEL RIO CARE CENTER.....	2,353					2,353	
PLEASANT HILL HEALTH AND REHAB.....	2,419					2,419	
POCOLA NURSING CENTER.....	3,676					3,676	
PORTER ADVENTIST HOSPITAL.....	103,627	75,744			3,331	182,702	
POUDRE VALLEY HOSPITAL.....	19,771					19,771	
POUDRE VALLEY MEDICAL GROUP.....	27,870					27,870	
PREETI MALLADI.....	4,238					4,238	
PREMIER PAIN SPECIALISTS LLC.....					50,601	50,601	
PRESBYTERIAN HOSPITAL.....	13,900	64,626				78,526	
PRESBYTERIAN RUST MED CTR.....	6,974					6,974	
PRESBYTERIAN ST LUKES MED CTR.....	28,472					28,472	
PRESBYTERIAN ST LUKES MEDICAL.....	25,848					25,848	

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
PRINCETON BAPTIST MED CENTER.....	48,576	4,743				53,319
PROCTOR HOSPITAL.....	20,627	2,171				22,798
PROFESSIONAL RADIOLOGY INC.....	4,475					4,475
PROSTHETIC ORTHOTIC ASSOCIATES.....	2,151					2,151
PROVENA MCAULEY MANOR.....	23,932					23,932
PROVENA MERCY MED CENTER.....	51,222					51,222
PROVENA PINEVIEW CARE CENTER.....	2,420					2,420
PROVENA ST JOSEPH MEDICAL CENTER.....	11,626					11,626
PROVENA ST MARYS HOSPITAL.....					9,040	9,040
PROVENA ST MARYS OF KANK.....					4,780	4,780
PROVENA VILLA FRANCISCAN.....	4,211					4,211
PROVIDENCE HOSPITAL.....	24,483					24,483
PROVIDENCE MEDICAL CENTER.....	191,562	38,917				230,479
PROVIDENCE PLACE.....	19,904					19,904
PROVIDENCE REGIONAL MEDICAL.....	161,558			31,904		193,462
PROVIDENCE REGIONAL MEDICAL CENTER.....	26,265		17,821			44,086
PROVIDENCE ST JOSEPH CARE.....	4,956					4,956
PROVIDENCE WA ANESTHESIA SERVICES.....	2,550					2,550
PROVIDER NOT AVAILABLE.....					6,028	6,028
PUEBLO SPRINGS REHABILITATION.....					2,979	2,979
PUTNAM MEDICAL CENTER.....		2,277				2,277
P UNABLE TO UPDATE PROVIDER INFORMATION.....	4,017					4,017
QUEST DIAGNOSTICS.....	11,495					11,495
QUEST DIAGNOSTICS.....	5,670					5,670
R ANDERSON.....	3,084					3,084
RADIATION ONCOLOGY CONSULTANTS.....					26,800	26,800
RADIOLOGICAL CONS OF WOODSTOCK.....					174,402	174,402
RADIOLOGICAL PHYSICIANS.....					46,581	46,581
RADIOLOGY LTD.....	3,430					3,430
RAI CENTRE WEST SPRINGFIELD.....	12,275					12,275
RAINER W G GRUENNER MD.....	3,704					3,704
RAJEEV MALIK MD.....	6,613					6,613
RANDALL K MCGIVNEY DO.....	2,520					2,520
RAPIDES REGIONAL MEDICAL CENTER.....	6,656					6,656
RAY COUNTY MEMORIAL HOSPITAL.....	7,237					7,237
RCG MERCY DES MOINES DIALYSIS.....	5,011					5,011
RCG MERRIONETTE PARK.....	20,591					20,591
RCG SOUTHEAST VALLEY.....		5,409				5,409
RCG VILLA PARK.....	15,448					15,448
RED ROCK CARE AND REHAB INC.....	5,142					5,142
REDBANK VILLAGE DIALYSIS.....	10,998					10,998
REEDER HEALTH & REHAB.....	3,637					3,637
REFAT M BARIDI MD.....	26,716					26,716
REGENCY CARE CENTER AT MONROE.....	4,453					4,453
REGIONAL CARE OF SPRINGFIELD.....	4,919					4,919
REGIONAL HOSPITAL FOR RESPIRATORY.....	10,220					10,220
REGIONS HOSPITAL.....		7,677				7,677
RENAISSANCE AT MIDWAY.....	14,583					14,583
RENAL CTR MOUNTAIN HOME.....	41,249					41,249
RENEE BURKE.....	2,428					2,428
RENNES HEALTH & REHAB CENTER WESTON.....	7,946					7,946
RESEARCH MEDICAL CENTER.....	465,957	9,999				475,956
RESEARCH PSYCHIATRIC CENTER.....	8,622					8,622
RESURRECTION HOSPITAL.....					57,601	57,601
RESURRECTION MED CENTER REHAB.....		7,271				7,271
RESURRECTION MEDICAL CENTER.....	41,090	6,196				47,286

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

Account	1	2	3	4	5	6	7
		1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
RESURRECTION NURSING & REHAB.....		2,894					2,894
REX ARENDALL.....		2,908					2,908
REX HEALTHCARE HOSPITAL INC.....		6,612					6,612
RHONDA FINDLEY RNFA.....		5,268					5,268
RICHARD A CHASE MD.....		3,124					3,124
RICHARD ASSING.....						2,086	2,086
RICHARD BEATY DO.....						23,000	23,000
RICHARD BOYER.....		5,045					5,045
RICHARD FREE.....						5,077	5,077
RICHARD HOLT.....		2,161					2,161
RICHARD KLINE JR.....		8,579					8,579
RICHARD LEE.....		3,900					3,900
RICHARD PICCIOCCA.....			8,548				8,548
RICHMOND BEACH REHAB.....		9,495					9,495
RICHMOND COMMUNITY HOSPITAL.....		12,363		21,223			33,586
RICK PAPANDREA.....		5,047					5,047
RIDGE BEHAVIORAL HEALTH SYSTEM.....		5,313					5,313
RIDGE CREST NURSING CENTER.....		2,507					2,507
RIDGE VIEW ENDOSCOPY CENTER.....		2,423					2,423
RIGHTSOURCE.....		35,255					35,255
RIVERBEND HEALTH CARE CENTER.....		2,960					2,960
RIVERSIDE MEDICAL CENTER.....		4,501					4,501
RIVERSIDE REGIONAL MEDICAL CENTER.....		60,606					60,606
RIVERSIDE REHABILITATION INSTITUTION.....		10,521					10,521
RIVERSIDE REHABILITATON CENTER.....		4,081					4,081
RIVERSIDE RENAL CENTER.....		3,236					3,236
RIVERVIEW HEALTH INSTITUTION.....		4,788					4,788
RIVERVIEW SURGERY CENTER.....		4,413					4,413
RIVERWOODS BEHAVIORAL HEALTH SYSTEM.....		2,600	2,030				4,630
RML HEALTH PROVIDERS LP.....		17,191					17,191
ROANE COUNTY MEDICAL CENTER.....		4,642					4,642
ROANOKE CARILION CLINIC HOME CENTER.....		2,136					2,136
ROBBY AMIOT.....		3,428	3,890				7,318
ROBERT BAGNRAUH.....			2,294				2,294
ROBERT BOHINSKI.....		4,929	4,758			3,886	13,573
ROBERT BURGER.....		4,037	2,008				6,045
ROBERT CHURCHILL.....		8,297					8,297
ROBERT HOYLE.....		2,413					2,413
ROBERT JOTTE.....			2,048				2,048
ROBERT KNETSCHKE.....		2,558					2,558
ROBERT M LAPORTE MD.....		2,463					2,463
ROBERT MANN.....			6,185				6,185
ROBERT NOWINSKI.....			2,727				2,727
ROBERT OWEN JR.....		2,640					2,640
ROBERT RAINES.....		2,054					2,054
ROBERT WHITFIELD.....		16,850					16,850
ROCK HILL SURGERY CENTER LP.....		3,343					3,343
ROCKFORD MEMORIAL HOSPITAL.....		6,910					6,910
ROCKTON COMMUNITY HEALTH CENTER.....		2,077				42,200	44,277
RODNEY SAMUELSON.....			3,743				3,743
ROGER C PEACE HOSPITAL REHABILITATION.....		4,595					4,595
ROGER CORNWALL.....			2,615				2,615
ROGER D SUNG MD.....		4,439	5,530				9,969
ROGER N CHAMS MD.....				2,412			2,412
ROGER OWENS.....		3,226					3,226

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**ANNUAL STATEMENT FOR THE YEAR 2012 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		
ROGER P THOMAS MD.....	2,610					2,610	
ROKEYA BEGUM AKHTAR M D.....					491,205	491,205	
ROLANDO PUNO.....	2,737					2,737	
RONALD SHADE.....	2,328					2,328	
ROSE DELIMA HOSPITAL.....					580,904	580,904	
ROSE MEDICAL CENTER.....	19,387					19,387	
ROSE SURGICAL CENTER.....	3,279					3,279	
ROSELAND COMMUNITY HOSPITAL ASSOCIATION.....	9,042	3,373				12,415	
ROSEWOOD CARE CENTER OF JOLIET.....	11,292					11,292	
ROSEWOOD CARE CENTER OF ROCKFORD.....	2,498					2,498	
ROSEWOOD CARE CTR OF ST LOUIS.....	2,507					2,507	
ROSEWOOD HEALTH AND REHAB CENTER.....	8,012					8,012	
ROTECH OXY GEN MEDICAL EQUIPMENT.....	2,811					2,811	
ROTECH OXYGEN AND MEDICAL EQUIPMENT.....	4,565					4,565	
ROUND ROCK MEDICAL CENTER.....		2,101				2,101	
ROYA FAMILY MEDICAL CENTER.....					175,002	175,002	
ROYAL MANOR.....	3,670					3,670	
ROYAL TERRACE NURSING AND REHAB.....					4,303	4,303	
RSVP HOMECARE INC.....	3,352					3,352	
RUDOLPH KLUIBER.....	2,725					2,725	
RUSH COPLEY MEDICAL CENTER.....	3,883					3,883	
RUSH UNIVERSITY MEDICAL CTR.....	16,595					16,595	
RUSSELL COUNTY MEDICAL CENTER.....	10,895					10,895	
RUTH WARREN.....		7,081	7,206			14,287	
RYAN KEHOE.....		2,501				2,501	
RYAN MURDOCK.....	2,927					2,927	
S BALDWIN REGIONAL MEDICAL CTR.....	70,674					70,674	
SAAD HEALTHCARE SERVICES INC.....	25,717					25,717	
SACRED HEART MEDICAL CENTER.....	20,310					20,310	
SAINT ALPHONSUS REGIONAL MEDICAL.....	69,545					69,545	
SAINT FRANCIS MEDICAL CENTER.....			15,138			15,138	
SAINT JOSEPH BERIA.....	2,733					2,733	
SAINT JOSEPH EAST.....	30,464					30,464	
SAINT JOSEPH EAST HOSPITAL.....	4,339					4,339	
SAINT JOSEPH HEALTH SYSTEM.....	66,446					66,446	
SAINT JOSEPH HOSPITAL.....	29,163	8,422				37,585	
SAINTS MARY & ELIZABETH MEDICAL.....	46,806				6,373	53,179	
SAINTS MARY AND ELIZABETH HOSPITAL.....	11,369					11,369	
SALLY HEBERT.....					2,879	2,879	
SAMER SAIEDY.....	11,480					11,480	
SAMUEL FINCK.....				2,463		2,463	
SAMUEL M YUNEZ MD.....					32,400	32,400	
SAMUEL OVERHOLT.....	2,450					2,450	
SAN RAMON REGIONAL MEDICAL CENTER.....	27,508					27,508	
SANJAY DESHPANDE.....	2,155					2,155	
SANTA FE DIALYSIS.....	3,538					3,538	
SARASOTA MEMORIAL HOSPITAL.....	2,456					2,456	
SCHWAB REHAB CENTER.....	4,963					4,963	
SCOT SEDLACEK.....	2,057	2,048				4,105	
SCOTT C COZAD MD.....	5,836					5,836	
SCOTT HICKS.....		2,415				2,415	
SCOTTSDALE HERITAGE COURT.....	2,161					2,161	
SCOTTSDALE NURSING & REHAB CTR.....	2,406					2,406	
SCOTTSDLE HLTH OSB.....	82,035	9,816				91,851	
SCOTTSDLE HLTH.....	87,619					87,619	
SCOTTSDLE HLTH TPK.....	17,704	7,740				25,444	

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ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

Account	1	2	3	4	5	6	7
	Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
SEAN BARAN			2,323				2,323
SEAN LEW		13,163					13,163
SENTARA CAREPLEX HOSPITAL		25,771					25,771
SENTARA HOME CARE SERVICES		3,098					3,098
SENTARA LEIGH HOSPITAL		27,858					27,858
SENTARA NORFOLK GENERAL HOSPITAL		24,424					24,424
SENTARA NURSING CENTER		3,265					3,265
SENTARA OBICI HOSPITAL		6,732					6,732
SENTARA PRINCESS ANNE HOSPITAL		10,805					10,805
SENTARA VIRGINIA BEACH GENERAL		7,013					7,013
SEPEHR B SANI MD		2,377					2,377
SEQUENOM CMM		4,297					4,297
SETON MEDICAL CENTER AUSTIN		114,449					114,449
SETON MEDICAL CENTER HAYS		12,272					12,272
SHANGRI LA REHAB & LIVING CENTER		2,629					2,629
SHANNON MEDICAL CENTER		2,334					2,334
SHARON LANE HEALTH SERVICES		6,895					6,895
SHARON M ONDREYCO MD		2,311					2,311
SHAWNEE GARDENS HEALTHCARE AND		11,289					11,289
SHAWNEE MISSION MEDICAL CENTER		10,412					10,412
SHAWNEE MISSION MEDICAL CTR		65,355	9,289	46,071			120,715
SHEBOYGAN DIALYSIS						2,393	2,393
SHEBOYGAN SURGERY CENTER LLC			3,472				3,472
SHELBY BAPTIST MEDICAL CENTER		2,597					2,597
SHELTERING ARMS HOSPITAL		2,961					2,961
SHEPHERD CENTER		66,818					66,818
SHERI MERCHANT			2,350				2,350
SHERIDAN SHORES		4,769					4,769
SHERIF AWADALLA		2,300					2,300
SHERMAN HOSPITAL		4,062					4,062
SHERWOOD NURSING AND REHAB CENTER		3,070					3,070
SHITAL PARIKH		2,493					2,493
SIERRA MEDICAL CENTER		17,295					17,295
SIERRA PROVIDENCE EAST MEDICAL CENTER			5,011				5,011
SIERRA VISTA REGIONAL HEALTH CENTER		16,165					16,165
SIGNATURE HEALTHCARE		2,921					2,921
SILOAM SPRINGS MEMORIAL HOSPITAL		4,135					4,135
SILVER CROSS HOSPITAL		9,882					9,882
SIMHA KUKUNOORU						2,062	2,062
SKAGGS REGIONAL MEDICAL CENTER		7,089					7,089
SKAGIT VALLEY HOSPITAL		2,918					2,918
SKY RIDGE MEDICAL CENTER		28,330					28,330
SKYLINE MEDICAL CENTER		10,564					10,564
SMYTH COUNTY COMMUNITY HOSPITAL		10,227					10,227
SOLARI HOSPITALITALICE CARE LLC						4,027	4,027
SONORA QUE ST LABORATORIES		2,967					2,967
SOUTH CAMPUS SURGERY CENTER LLC		4,499					4,499
SOUTH HOLLAND RENAL CENTER		10,516					10,516
SOUTH SHORE HOSPITAL		14,527					14,527
SOUTH SIDE DIALYSIS CENTER		10,742					10,742
SOUTH SUBURBAN KIDNEY GROUP		2,275					2,275
S UNABLE TO UPDATE PROVIDER INFORMATION		3,059					3,059
SOUTH TEXAS SURGICAL HOSPITAL			2,665				2,665
SOUTHEAST ALABAMA MEDICAL CTR		4,926					4,926
SOUTHEASTERN EMERGENCY PHYSICIANS INC		2,008					2,008
SOUTHERN HILLS HOSPITAL						272,880	272,880

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
SOUTHWEST HEALTHCARE SYSTEM.....					8,854	8,854
SOUTHWEST KIDNEY DAVITA DIALYSIS.....	7,669					7,669
SOUTHWOOD CARE CENTER LP.....					3,168	3,168
SPALDING REGIONAL HOSPITAL.....	4,032					4,032
SPARKS REGIONAL MEDICAL CENTER.....	98,511	3,459	26,097			128,067
SPARTANBURG REGIONAL MED CTR.....	8,426					8,426
SPECIAL DESIGN HEALTH CARE.....				3,870		3,870
SPECIALTY HEALTHCARE & REHAB CENTER.....	16,063					16,063
SPECTRUM HOME HEALTH AGENCY.....	2,774					2,774
SPRING VALLEY HOSPITAL MEDICAL.....					789,747	789,747
SPRING VALLEY HOSPITAL MEDICAL CENTER.....	4,490					4,490
SPRINGBROOK BEHAVIORAL HEALTH.....	8,501					8,501
SPRINGDALE HEALTH AND REHAB.....	5,269					5,269
SPRINGDALE WEST.....	8,096	4,960				13,056
SPRINGFIELD REHAB & HEALTHCARE.....	5,427					5,427
SPRINGHILL MEMORIAL HOSPITAL.....	24,466	16,138				40,604
SSM HEALTH CARE ST LOUIS.....	3,330					3,330
ST AGNES HOSPITAL.....	14,446					14,446
ST ALEXIUS MEDICAL CENTER.....	36,109					36,109
ST ALPHONSUS NAMPA.....	11,375					11,375
ST ANTHONY EMERGENCY SVCS PHYSICIANS.....					117,001	117,001
ST ANTHONY HOSPITAL.....	74,242	3,787				78,029
ST ANTHONY MEDICAL CENTER.....	27,544		144,297			171,841
ST ANTHONY NORTH HOSPITAL.....	21,962					21,962
ST ANTHONYS MEDICAL CENTER.....	11,100					11,100
ST BENEDICT NURSING & REHAB.....					2,496	2,496
ST CATHERINE HOSPITAL.....	6,005					6,005
ST CLAIRE MEDICAL CENTER.....	3,175					3,175
ST DAVIDS HOSPITAL.....	56,583					56,583
ST ELIZABETH HEALTHCARE.....	225,854	20,223		2,138	7,086	255,301
ST ELIZABETH HEALTHCARE IN FLORENCE.....		5,110			2,309	7,419
ST ELIZABETH HOSPITAL.....	2,782					2,782
ST FRANCIS EASTSIDE.....	62,697					62,697
ST FRANCIS HOMECARE.....	4,935					4,935
ST FRANCIS HOSPITAL OF EVANSTON.....	13,199					13,199
ST FRANCIS HOSPITAL.....	92,825					92,825
ST FRANCIS HOSPITAL BARTLETT.....	9,286					9,286
ST FRANCIS MEDICAL CENTER.....	18,705					18,705
ST FRANCIS WOMENS AND FAMILY HOSPITAL.....	10,275					10,275
ST JAMES MANOR & VILLAS.....	3,081					3,081
ST JOHN HOSPITAL.....	5,000					5,000
ST JOSEPH HEALTH CENTER WEST.....	4,255					4,255
ST JOSEPH HOSPITAL.....	26,260				11,308	37,568
ST JOSEPH HOSPITAL OF ORANGE.....					24,946	24,946
ST JOSEPH MEDICAL CENTER.....	15,957			2,174		18,131
ST JOSEPHS COMMUNITY HOSPITAL.....	4,374					4,374
S UNABLE TO UPDATE PROVIDER INFORMATION.....	6,551					6,551
ST JOSEPHS HOSPITAL AND MED CTR.....	50,435					50,435
ST JOSEPHS HOSPITAL INC.....	4,315					4,315
ST JOSEPHS HOSPITAL MEDICAL CENTER.....	2,038					2,038
ST JOSEPHS HOSPITAL OF ATLANTA INC.....				9,318		9,318
ST JOSEPHS MEDICAL CENTER.....	123,138	7,720				130,858
ST JOSEPHS MERCY HEALTH CENTER.....	6,353					6,353
ST JOSEPHS WOMENS HOSPITAL.....	13,673	3,235				16,908
ST LOUIS UNIVERSITY HOSPITAL.....	3,144					3,144
ST LUKES BAPTIST HOSPITAL.....	40,415					40,415

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**ANNUAL STATEMENT FOR THE YEAR 2012 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 LUKES BEHAVIORAL HOSPITAL LP	17,021					17,021
ST LUKES BEHAVIORAL HOSPITAL LP	3,236					3,236
ST LUKES EAST HOSPITAL	7,370					7,370
ST LUKES HOSPITAL OF KANSAS	82,821	32,643	13,448			128,912
ST LUKES MAGIC VALLEY REGIONAL	56,583	5,620	13,225			75,428
ST LUKES MEDICAL CENTER	47,053					47,053
ST LUKES REGIONAL MEDICAL CENTER	82,687	21,427				104,114
ST LUKES REGIONAL MEDICAL CENTER	8,042					8,042
ST LUKES ROOSEVELT HOSPITAL	11,626					11,626
ST LUKES SOUTH HOSPITAL	5,458					5,458
ST LUKES SUGAR LAND HOSPITAL		7,631				7,631
ST MARY MEDICAL CENTER	7,197					7,197
ST MARYS HOSPITAL	96,989					96,989
ST MARYS HOSPITAL MED CTR MADISON	3,242					3,242
ST MARYS MANOR	16,418					16,418
ST MARYS MEDICAL CENTER	152,068					152,068
ST MARYS OZAUKEE	3,617					3,617
ST MARYS REGIONAL MEDICAL CENTER	8,916					8,916
ST MATTHEW LUTHERAN HOME					2,260	2,260
ST MATTHEWS SURGERY CENTER LLC	3,152					3,152
ST PAUL ELDER SERVICES INC	2,199					2,199
ST PAULS HOUSE & HEALTH CARE					4,115	4,115
ST PETERSBURG GENERAL HOSPITAL	39,783					39,783
ST RITAS MEDICAL CENTER	11,991					11,991
ST ROSE DOMINICAN HOSPITAL					141,902	141,902
ST ROSE DOMINICAN HOSPITAL					69,215	69,215
ST ROSE DOMINICAN HOSPITAL					88,126	88,126
ST ROSE DOMINICAN SIENA HOSPITAL					811,245	811,245
ST TAMMANY PARISH HOSPITAL	2,296					2,296
ST THERESA HEALTHCARE AND REHAB	5,859					5,859
ST VINCENT HEALTH SYSTEM	5,076	43,686				48,762
ST VINCENT HOSPITAL	31,868	7,621				39,489
ST VINCENT HOSPITAL AND HEALTH	5,868					5,868
S UNABLE TO UPDATE PROVIDER INFORMATION		33,380				33,380
ST VINCENT REHAB HOSPITAL	11,705					11,705
ST VINCENT ST CLAIR	16,000					16,000
ST VINCENT STRESS CENTER	2,005					2,005
ST VINCENTS BIRMINGHAM	21,468					21,468
ST VINCENTS MED CTR SOUTHSIDE	15,685					15,685
STANISLAW BURZYNSKI		2,250				2,250
STEPHEN DELAHUNT		17,868				17,868
STEPHEN E DORAN	3,092					3,092
STEVE EDWARDS					2,499	2,499
STEVEN BAILEY	3,755					3,755
STEVEN CASEY	2,063	2,036				4,099
STEVEN CHARAPATA					2,985	2,985
SUMMERLIN HOSPITAL MED CTR LLC					913,311	913,311
SUMMERLIN HOSPITAL MEDICAL CENTER					67,334	67,334
SUMMIT MEDICAL CENTER	5,734					5,734
SUN CITY HEALTH & REHAB CENTER	4,852					4,852
SUNRISE HOSPITAL AND MEDICAL					727,698	727,698
SUNRISE HOSPITAL AND MEDICAL CENTER	17,811	106,769			155,272	279,852
SUNRISE VIEW CONVALESCENT CTR	2,195					2,195
SURESH NAYAK	2,547					2,547
SUREVISION EYE CENTERS LLC					49,600	49,600
SURGECENTER OF LOUISVILLE	5,062					5,062

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ANNUAL STATEMENT FOR THE YEAR 2012 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
SURGICAL ONCOLOGY.....	2,049					2,049
SURGICENTER OF GREATER MILWAUKEE LLC.....	2,028					2,028
SUSAN LEMENS.....	2,179					2,179
SUTTER COAST HOSPITAL.....					12,742	12,742
SWEDISH CHERRY HILL.....	3,356					3,356
SWEDISH COVENANT HOSPITAL.....	117,778	23,115		24,464	117,690	283,047
SWEDISH EDMONDS.....	12,051					12,051
SWEDISH EMERGENCY ASSOC.....					65,001	65,001
SWEDISH MEDICAL CENTER.....	120,625					120,625
SWEDISH MEDICAL CENTER FIRST.....	21,175					21,175
T H C LAS VEGAS.....					77,783	77,783
TACOMA GENERAL ALLENMORE.....	88,938	14,785				103,723
TAJ MEMORIAL HEALTH CENTER.....	4,029	2,793				6,822
TAMPA GENERAL HOSPITAL.....	75,584	49,108				124,692
TAYLOR REGIONAL HOSPITAL.....	5,384	11,479				16,863
TENNOVA BEHAVIORAL SERVICES.....	3,901					3,901
TENNOVA HEALTHCARE.....	369,281	3,203	7,577			380,061
T UNABLE TO UPDATE PROVIDER INFORMATION.....	5,301					5,301
THC CHICAGO.....	43,636					43,636
THE BROOK HOSPITAL DUPONT.....	2,385					2,385
THE BROOK HOSPITAL KMI.....	6,095					6,095
THE CAROLINA CENTER.....	21,975					21,975
THE CHRIST HOSPITAL.....		14,732				14,732
THE CHRIST HOSPITAL APOTHECARY.....					14,504	14,504
THE CLAREMONT OF HANOVER PRK.....	3,236					3,236
THE CLAREMONT REHAB.....	3,186					3,186
THE COTTAGES AT BRUSHY CREEK.....	3,873					3,873
THE FORUM AT OVERLAND PARK.....	14,129					14,129
THE HEART HOSPITAL AT DEACONES.....	16,450					16,450
THE LAURELS OF UNIVERSITY PARK.....	7,555					7,555
THE MANOR AT ELFINDALE.....	5,882					5,882
THE NEBRASKA MEDICAL CENTER.....	54,703					54,703
THE ORTHOPAEDIC HOSPITAL.....	30,277					30,277
THE PAIN CENTER OF ARIZONA, PC.....	2,707					2,707
THE PAVILION FOUNDATION.....	2,998					2,998
THE RANCH.....					4,780	4,780
THE REGENTS OF THE UNIV OF CA.....					23,327	23,327
THE REHABILITATION CENTER.....	13,040					13,040
THE SWEET LIFE AT ROSEHILL.....	23,548					23,548
THE UNIVERSITY OF ARIZONA MEDICAL.....	40,888					40,888
THEDA CLARK MEDICAL CENTER.....	7,992					7,992
THI OF KANSAS.....		23,357				23,357
THOMAS DOERS.....					2,222	2,222
THOMAS HOSPITAL.....	49,141					49,141
THOMAS K SLABAUGH JR MD.....	2,249					2,249
THOMAS KINNEY.....	2,470					2,470
THOMAS KNOX.....	2,187					2,187
THOMAS PERLEWITZ.....	3,519					3,519
THOMAS SIMPSON.....	3,228					3,228
THOMAS SULLIVAN.....	3,535					3,535
THREE RIVERS CENTER BEHAVIOR.....	2,592					2,592
TIAN XIA DO.....					403,404	403,404
TILLERS NURSING & REHAB CENTER.....		3,199				3,199
TIMOTHY J AVERION MAHLOCH MD.....	2,168					2,168
TIMOTHY KREMCHER.....	7,113					7,113

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
TINA WILLIAMS.....	3,867					3,867
TJ SAMSON COMMUNITY HOSPITAL.....	14,335					14,335
TODD ABEL.....	4,288					4,288
TODD P GUYNN MD.....	2,778					2,778
TOM YAO.....					2,990	2,990
TORREY PINES CARE CENTER.....					51,087	51,087
TOWN AND COUNTRY HOSPITAL.....	8,333					8,333
TRACY PARK.....	3,058					3,058
TRANSITIONAL HOSPITALITAL CORP OF NV.....					18,522	18,522
TRC LOWRY DIALYSIS CENTER.....	12,256					12,256
TREASURER STATE NJ.....			2,084			2,084
TREATMENT CTR OF PALM BEACHES.....	5,565					5,565
TRINITY MEDICAL CENTER.....	18,675					18,675
TRINITY MISSION OF ROCKY.....	4,255					4,255
TRINITY NURSING AND REHAB CENTER.....	12,886					12,886
TRUMAN MED CTR HOSPITALITAL HILL.....	33,098	2,534				35,632
TRUMAN MEDICAL CENTER LAKEWOOD.....	34,410					34,410
TUCSON MEDICAL CENTER.....	74,494					74,494
TUN JIE MD MS.....	3,353					3,353
TWIN FALLS CARE AND REHABILITATION.....	4,974					4,974
TWIN LAKES THERAPY AND LIVING.....	5,354					5,354
TWO RIVERS PSYCHIATRIC HOSPITAL INC.....	2,258					2,258
TX MEDICAID & HC PARTNER.....		24,255	2,037	2,148		28,440
TYLERS RETREAT AT IRON BRIDGE.....	4,613					4,613
U OF L HOSPITAL AND JAMES GRAHM BROWN.....	6,963					6,963
JAMS FAMILY MEDICAL CENTER.....	2,062					2,062
JAMS HOSPITAL.....	21,025					21,025
UCLA MEDICAL CENTER.....					71,201	71,201
UH REGIONAL HOSPITALS.....	2,978					2,978
UHC RIVER VALLEY.....	2,526	3,778	6,732	8,805		21,841
UHC WI.....			2,409			2,409
UHS OF RIDGE.....	3,036					3,036
UIC MEDICINE.....	7,730					7,730
UIC RADIOLOGY.....	2,353					2,353
UIC SURGER.....	10,740					10,740
UK HEALTHCARE HOSPITAL.....	139,430					139,430
UK HEALTHCARE HOSPITALS.....	9,075					9,075
U UNABLE TO UPDATE PROVIDER INFORMATION.....	2,348					2,348
UNIHEALTH SOLUTIONS.....	2,012					2,012
UNION COUNTY GENERAL HOSPITAL.....	2,011					2,011
UNITED MEDICAL.....	2,617					2,617
UNIV OF MIAMI HOSPITAL AND CLINICS.....	15,914	17,061	27,858			60,833
UNIV OF TENNESSEE MEDICAL CENTER.....	212,777	5,347	17,842			235,966
UNIV OF WIS HOSPITAL.....	9,037					9,037
UNIVERSAL ORAL FLUID LAB OF PA LLC.....		5,488				5,488
UNIVERSITY HOSPITAL.....	248,922					248,922
UNIVERSITY HOSPITALS CLEVELAND.....				19,105		19,105
UNIVERSITY MEDICAL CENTER.....	51,603				1,811,698	1,863,301
UNIVERSITY OF ALABAMA HOSPITAL.....	7,960					7,960
U UNABLE TO UPDATE PROVIDER INFORMATION.....		6,656				6,656
UNIVERSITY OF CHICAGO MED CTR.....	115,305					115,305
UNIVERSITY OF CHICAGO MEDICAL CENTER.....	8,649	53,552				62,201
UNIVERSITY OF ALABAMA HOSPITALS.....	7,287					7,287
U UNABLE TO UPDATE PROVIDER INFORMATION.....	71,090					71,090
UNIVERSITY OF ILLINOIS MED CTR.....	48,401	83,945				132,346
UNIVERSITY OF KANSAS HOSPITAL.....	246,291					246,291

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ANNUAL STATEMENT FOR THE YEAR 2012 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 KANSAS HOSPITAL AUTHORITY.....	51,485	3,508				54,993
UNIVERSITY OF KENTUCKY HOSPITAL.....	39,608		60,727			100,335
UNIVERSITY OF LOUISVILLE HOSPITAL.....	136,511	14,147				150,658
UNIVERSITY OF MISSOURI HEALTH.....	48,955					48,955
UNM HEALTH SCIENCES CENTER.....	70,556					70,556
UNM HEALTH SCIENCES CTR AHD.....	3,702					3,702
UROLOGY CENTER LLC.....	2,437					2,437
USA MEDICAL CENTER.....	3,854					3,854
UTPALA DAS.....	2,547					2,547
VALERIE ALBERS.....		4,986				4,986
VALLEY GENERAL HOSPITAL.....	3,855					3,855
VALLEY HOSPITAL.....	16,830					16,830
VALLEY HOSPITAL MEDICAL CENTER.....					849,243	849,243
VALLEY MANOR & REHABILITATION.....	4,466					4,466
VALLEY MEDICAL CENTER.....	5,902					5,902
VALLEY VIEW HEALTH AND REHABILITATION.....	5,191					5,191
VALLEY VIEW MEDICAL CTR.....	7,664					7,664
VALLEYCARE HEALTH SYSTEMS.....				2,686	2,640	5,326
VAN MATRE HEALTHSOUTH REHAB.....	5,379					5,379
VANDERBILT CHILDRENS HOSPITAL.....	106,608					106,608
VANDERBILT UNIVERSITY MEDICAL CENTER.....	124,057					124,057
VANGUARD HEALTH SYSTEM.....	70,813					70,813
VCU HEALTH SYSTEM.....	215,723					215,723
VEN ABIERA ADUANA MD.....					46,800	46,800
VENCOR HOSPITALITAL CHICAGO CENTRAL.....		2,633				2,633
VENCOR HOSPITAL SEATTLE.....		32,615				32,615
VENU NAIR MD.....	2,786					2,786
VERDE VALLEY MEDICAL CENTER.....	21,167					21,167
VHS ACQUISITION SUBSIDIARY #3.....	8,060					8,060
VIA CHRISTI HOME HEALTH WICHITA.....	4,642					4,642
VIA CHRISTI ST FRANCIS CAMPUS.....	25,785	2,820	2,100			30,705
VILLA SAINT JOSEPH.....	4,278					4,278
VILLAGES OF JACKSON CREEK.....	6,837					6,837
VINCENT T PENG MD.....					103,801	103,801
VIRAL JAIN.....					6,110	6,110
VIRGINIA BEACH HEALTHCARE.....	2,380					2,380
VIRGINIA BEACH PSYCHIATRIC CENTER.....	2,472					2,472
VISHNU D GAIHA MD.....	2,932					2,932
VISITING NURSE ASSOCIATION.....	4,041					4,041
VISTA HEALTH.....	5,275					5,275
VISTA HILLS MEDICAL CENTER.....					12,225	12,225
VISTA MEDICAL CENTER EAST.....	16,250					16,250
VITAS HEALTHCARE CORP.....		3,071				3,071
VNA OF WISCONSIN.....	3,111					3,111
VOLUNTEER STATE HEALTH PLAN.....			3,466	11,025		14,491
WADLEY REGIONAL MEDICAL CENTER.....	2,613					2,613
WALGREENS INFUSION AND RESPIRATION.....	2,105					2,105
WALGREENS INFUSION SERVICES.....	17,338					17,338
WALGREENS RESPIRATORY SERVICES.....	3,683					3,683
WALNUT GROVE MANAGEMENT LLC.....	4,529					4,529
WALTER KNOX MEMORIAL HOSPITAL.....	3,146					3,146
WARREN BOLLING JR.....	2,469					2,469
WARREN W BOLLING JR MD.....	4,614					4,614
WARRENSBURG MANOR CARE CENTER.....	2,046					2,046
WARSAW HEALTH & REHAB CENTER.....	2,274					2,274
WASHINGTON REG MED CENTER.....	164,774	11,319				176,093

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**ANNUAL STATEMENT FOR THE YEAR 2012 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
WATERSHED TREATMENT CENTER.....	3,125					3,125
WAUKEGAN RENAL CENTER.....	7,709					7,709
WAUKESHA MEMORIAL HOSPITAL.....	10,988				2,758	13,746
WAYNE LEE.....	15,550					15,550
WELLCARE GA MEDICAID.....		3,611	2,909	7,412		13,932
WELLSPRING HEALTH CENTER.....	2,403					2,403
WELLSTAR COBB HOSPITAL INC.....	9,372					9,372
WELLSTAR KENNESTONE HOSPITAL.....	4,346					4,346
WESLEY GRIFFITT.....	2,179					2,179
WESLEY MEDICAL CENTER.....	9,590					9,590
WEST ANAHEIM MEDICAL CENTER.....	7,783					7,783
WEST CHESTER MEDICAL.....	72,008		12,417			84,425
WEST RIVER HEALTH CAMPUS.....	2,610					2,610
WEST SUBURBAN HOSPITAL DIALYSIS.....	26,094					26,094
WEST SUBURBAN MEDICAL CENTER.....	110,327	3,130				113,457
WEST VALLEY HOSPITAL MEDICAL CENTER.....	10,400					10,400
WEST VALLEY HOSPITAL MEDICAL CENTER.....	271,328	3,090				274,418
WESTERN ARIZONA REGIONAL MEDICAL.....	26,725					26,725
WESTERN BAPTIST HOSPITAL.....		5,553				5,553
WESTERN MISSOURI MED CENTER.....	23,025					23,025
WESTLAKE HOSPITAL.....	31,222					31,222
WESTLAKE MEDICAL PRACTICES.....					131,401	131,401
WESTRIDGE GARDENS NURSING.....	11,383					11,383
WESTSIDE REGIONAL MEDICAL CENTER.....	12,324					12,324
WESTVIEW HOSPITAL.....	2,079					2,079
WEXFORD HOUSE NURSING AND REHAB.....	2,009					2,009
WHEATON FRANCISCAN INC.....	12,998					12,998
WHITE MEMORIAL MEDICAL CENTER.....	2,587					2,587
WHITE OAK DIALYSIS.....	5,331					5,331
WHITE OAK NURSING & REHABILITATION.....	4,241					4,241
WHITESBURG GARDENS HEALTH CARE.....	6,222					6,222
WHITLEY MEMORIAL HOSPITAL INC.....	4,807					4,807
WICKENBURG COMMUNITY HOSPITAL.....	2,184					2,184
WILLARD CARE CENTER.....	3,662					3,662
WILLIAM A JOHNSON MD.....					407,904	407,904
WILLIAM APPELBAUM MD.....					33,200	33,200
WILLIAM CHOI.....			3,003			3,003
WILLIAM JOHNSON JR.....	2,197					2,197
WILLIAM OWENS.....	2,671					2,671
WILLIAM REID.....	12,388					12,388
WILLIAM SNYDER.....	3,625					3,625
WILLIAM TOBLER.....	6,498	5,312				11,810
WISCONSIN RENAL CARE CENTER.....	8,832					8,832
WITHAM MEMORIAL HOSPITAL.....	4,008					4,008
WRMC HOME HEALTH.....	2,334					2,334
YAVAPAI REGIONAL MEDICAL CENTER.....	15,432					15,432
YEH CHUNEW OO HU VICTOR.....	2,152					2,152
YING ZHUO MD.....	2,633					2,633
ZEV ELIAS MD.....	2,816					2,816
0199999 Individually listed claims unpaid.....	29,201,432	2,775,374	1,224,437	534,440	16,249,594	49,985,277
0299999 Aggregate accounts not individually listed-uncovered.....	1,362,193	135,175	56,958	25,447	767,942	2,347,715
0399999 Aggregate accounts not individually listed-covered.....	2,103,627	331,202	84,548	50,389	1,399,084	3,968,850
0499999 Subtotals.....	32,667,252	3,241,751	1,365,943	610,276	18,416,620	56,301,842
0599999 Unreported claims and other claim reserves.....						192,668,338
0699999 Total amounts withheld.....						0
0799999 Total claims unpaid.....						248,970,180

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ANNUAL STATEMENT FOR THE YEAR 2012 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
0899999 Accrued medical incentive pool and bonus amounts						1,387,294

ANNUAL STATEMENT FOR THE YEAR 2012 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 2012 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 .....	.611,382,123	24.5	.476,778	100.0	.0	.611,382,123
2. Intermediaries .....	.0	.0		.0	.0	.0
3. All other providers .....	.0	.0		.0	.0	.0
4. Total capitation payments .....	.611,382,123	24.5	.476,778	100.0	.0	.611,382,123
<b>Other Payments:</b>						
5. Fee-for-service .....	15,132,724	.6	XXX	XXX	.0	15,132,724
6. Contractual fee payments .....	1,871,991,801	74.9	XXX	XXX	.0	1,871,991,801
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0	XXX	XXX	.0	.0
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0	XXX	XXX	.0	.0
9. Non-contingent salaries .....	.0	.0	XXX	XXX	.0	.0
10. Aggregate cost arrangements .....	.0	.0	XXX	XXX	.0	.0
11. All other payments .....	.0	.0	XXX	XXX	.0	.0
12. Total other payments .....	1,887,124,525	75.5	XXX	XXX	.0	1,887,124,525
13. Total (Line 4 plus Line 12)	2,498,506,648	100 %	XXX	XXX	.0	2,498,506,648

**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 .....	7,321,678	.0	5,494,890	1,826,788	1,826,788	.0
2. Medical furniture, equipment and fixtures .....	660,761	.0	89,884	570,877	570,877	.0
3. Pharmaceuticals and surgical supplies .....	.0	.0	.0	.0	.0	.0
4. Durable medical equipment .....	.0	.0	.0	.0	.0	.0
5. Other property and equipment	9,743,907	0	6,184,618	3,559,289	3,559,289	0
6. Total	17,726,346	0	11,769,392	5,956,954	5,956,954	0



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	5,259	.0	.0	.0	29	177	.0	5,053	.0	.0	
2. First Quarter .....	9,566	.0	.0	.0	24	333	.0	9,209	.0	.0	
3. Second Quarter .....	9,851	.0	.0	.0	23	356	.0	9,472	.0	.0	
4. Third Quarter .....	10,134	.0	.0	.0	20	365	.0	9,749	.0	.0	
5. Current Year	10,373	0	0	0	21	367	0	9,985	0	0	
6. Current Year Member Months	118,797	0		0	270	4,251	0	114,276	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	105,776	.0	.0	.0	.0	.0	.0	105,776	.0	.0	
8. Non-Physician .....	101,162	0	0	0	0	0	0	101,162	0	0	
9. Total	206,938	0	0	0	0	0	0	206,938	0	0	
10. Hospital Patient Days Incurred	13,481	0	0	0	0	0	0	13,481	0	0	
11. Number of Inpatient Admissions	2,566	0	0	0	0	0	0	2,566	0	0	
12. Health Premiums Written (b) .....	86,976,229	.0	.0	.0	3,639	87,510	.0	86,885,080	.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 .....	86,976,229	.0	.0	.0	3,639	87,510	.0	86,885,080	.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 .....	75,058,093	.0	.0	.0	2,276	46,499	.0	75,009,318	.0	.0	
18. Amount Incurred for Provision of Health Care Services	77,257,629	0	0	0	2,276	48,787	0	77,206,566	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 86,885,080

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ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	32,822	.0	15,980	.0	.684	1,567	.0	14,591	.0	.0	
2. First Quarter .....	38,252	.0	15,843	.0	.0	1,081	.0	21,328	.0	.0	
3. Second Quarter .....	38,419	.0	15,644	.0	.0	1,209	.0	21,566	.0	.0	
4. Third Quarter .....	38,787	.0	15,589	.0	.0	1,299	.0	21,899	.0	.0	
5. Current Year	39,432	0	15,969	0	0	1,293	0	22,170	0	0	
6. Current Year Member Months	464,236	0	189,962	0	0	14,473	0	259,801	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	277,059	.0	51,075	.0			16	225,942	.0	.26	
8. Non-Physician .....	269,581	0	34,625	0			10	234,946	0	0	
9. Total	546,640	0	85,700	0	0	0	26	460,888	0	26	
10. Hospital Patient Days Incurred	30,294	0	2,270	0	0	0	3	28,021	0	0	
11. Number of Inpatient Admissions	6,652	0	655	0	0	0	3	5,994	0	0	
12. Health Premiums Written (b) .....	253,624,529	.0	44,340,577	.0	(3,223)	335,478	.0	208,948,703	.0	2,994	
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 .....	252,830,010	.0	43,546,058	.0	(3,223)	335,478	.0	208,948,703	.0	2,994	
16. Property/Casualty Premiums Earned .....	0	.0	0	.0	0	.0	0	.0	.0	.0	
17. Amount Paid for Provision of Health Care Services .....	207,601,101	.0	29,731,774	.0	0	217,536	20,716	177,630,337	.0	738	
18. Amount Incurred for Provision of Health Care Services	213,074,551	0	30,177,868	0	0	211,467	19,166	182,665,112	0	938	

(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 \$ .....208,948,703

29.AZ



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	8,881	.0	.0	.0	.731	.748	.0	.7,402	.0	.0	
2. First Quarter .....	16,422	.0	.0	.0	.984	1,549	.0	13,889	.0	.0	
3. Second Quarter .....	17,002	.0	.0	.0	1,015	1,751	.0	14,236	.0	.0	
4. Third Quarter .....	17,476	.0	.0	.0	1,053	1,849	.0	14,574	.0	.0	
5. Current Year .....	17,881	0	0	0	1,063	1,888	0	14,930	0	0	
6. Current Year Member Months .....	204,389	0	0	0	12,231	20,686	0	171,472	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	149,186	.0	.0	.0	.0	.0	.0	149,186	.0	.0	
8. Non-Physician .....	164,103	0	0	0	0	0	0	164,103	0	0	
9. Total .....	313,289	0	0	0	0	0	0	313,289	0	0	
10. Hospital Patient Days Incurred .....	16,884	0	0	0	0	0	0	16,884	0	0	
11. Number of Inpatient Admissions .....	3,583	0	0	0	0	0	0	3,583	0	0	
12. Health Premiums Written (b) .....	117,127,135	.0	.0	.0	.178,159	.427,680	.0	.116,521,296	.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 .....	117,127,135	.0	.0	.0	.178,159	.427,680	.0	.116,521,296	.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 .....	102,226,315	.0	.0	.0	.97,534	.229,264	.0	.101,899,517	.0	.0	
18. Amount Incurred for Provision of Health Care Services .....	107,296,400	0	0	0	97,534	246,527	0	106,952,339	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....116,521,296

29.AR



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	20,014	2,563	12,198	.0	.371	.903	.0	3,979	.0		
2. First Quarter .....	26,533	5,718	12,005	.0	.80	.255	.0	8,475	.0		
3. Second Quarter .....	31,470	7,871	14,434	.0	.81	.295	.0	8,789	.0		
4. Third Quarter .....	31,977	7,911	14,348	.0	.88	.543	.0	9,087	.0		
5. Current Year	34,367	9,968	14,467	0	91	533	0	9,308	0		
6. Current Year Member Months	370,591	87,794	169,609	0	1,294	6,013	0	105,881	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	147,669	14,583	54,634					78,452			
8. Non-Physician .....	141,549	7,288	33,905					100,356			
9. Total	289,218	21,871	88,539	0	0	0	0	178,808	0	0	
10. Hospital Patient Days Incurred	11,284	272	2,432					8,580			
11. Number of Inpatient Admissions	2,583	68	615					1,900			
12. Health Premiums Written (b) .....	147,119,958	12,309,514	59,113,400	3,586	14,241	155,296		75,523,921			
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	148,594,585	12,249,468	60,648,073	3,586	14,241	155,296		75,523,921			
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	113,450,153	4,431,234	45,821,881	416	21,215	114,315		63,061,092		.0	
18. Amount Incurred for Provision of Health Care Services	119,325,693	5,527,993	46,824,801	442	21,215	100,055		66,851,187			

(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 \$ 75,523,921

29.CO



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	3,203	.0	.0	.0	248	715	.0	2,240	.0	.0	
2. First Quarter .....	5,809	.0	.0	.0	329	1,041	.0	4,439	.0	.0	
3. Second Quarter .....	6,063	.0	.0	.0	321	1,219	.0	4,523	.0	.0	
4. Third Quarter .....	6,167	.0	.0	.0	321	1,270	.0	4,576	.0	.0	
5. Current Year	6,249	0	0	0	331	1,289	0	4,629	0	0	
6. Current Year Member Months	71,586	0	0	0	3,884	13,461	0	54,241	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	31,007	.0	.0	.0	.0	4	.0	30,982	.0	21	
8. Non-Physician .....	67,317	0	0	0	0	23	0	67,294	0	0	
9. Total	98,324	0	0	0	0	27	0	98,276	0	21	
10. Hospital Patient Days Incurred	3,731	0	0	0	0	0	0	3,731	0	0	
11. Number of Inpatient Admissions	878	0	0	0	0	0	0	878	0	0	
12. Health Premiums Written (b) .....	34,420,203	.0	.0	.0	57,773	286,392	.0	34,074,790	.0	1,248	
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 .....	34,420,203	.0	.0	.0	57,773	286,392	.0	34,074,790	.0	1,248	
16. Property/Casualty Premiums Earned .....	0	.0	.0	.0	0	.0	.0	.0	.0	.0	
17. Amount Paid for Provision of Health Care Services .....	31,541,000	.0	.0	.0	32,361	266,382	.0	31,241,805	.0	452	
18. Amount Incurred for Provision of Health Care Services	32,911,157	0	0	0	32,361	278,974	0	32,599,362	0	460	

(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 \$ 34,074,790

29.ID



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	91,826	217	42,640	.0	.66	1,491	16,720	30,692	.0	.0	
2. First Quarter .....	91,957	208	36,483	.0	.115	5,984	15,695	33,472	.0	.0	
3. Second Quarter .....	84,574	194	33,428	.0	.123	1,757	15,620	33,452	.0	.0	
4. Third Quarter .....	84,868	178	33,448	.0	.145	1,981	15,545	33,571	.0	.0	
5. Current Year	83,702	170	32,426	0	.138	1,913	15,396	33,659	0	0	
6. Current Year Member Months	1,033,644	2,308	409,860	0	1,525	30,269	187,284	402,398	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	598,227	389	161,867	.0	.0	.0	124,722	311,249	.0	.0	
8. Non-Physician .....	487,501	1,221	170,332	0	0	0	53,824	262,124	0	0	
9. Total	1,085,728	1,610	332,199	0	0	0	178,546	573,373	0	0	
10. Hospital Patient Days Incurred	43,017	64	10,333	0	0	0	4,208	28,412	0	0	
11. Number of Inpatient Admissions	10,056	11	2,692	0	0	0	1,656	5,697	0	0	
12. Health Premiums Written (b) .....	591,523,411	1,561,475	144,997,460	.0	22,696	577,396	91,970,513	352,393,871	.0	.0	
13. Life Premiums Direct .....	0			.0	0	.0	0	.0	.0	.0	
14. Property/Casualty Premiums Written .....	0			.0	0	.0	0	.0	.0	.0	
15. Health Premiums Earned .....	591,356,572	1,561,475	144,830,621	.0	22,696	577,396	91,970,513	352,393,871	.0	.0	
16. Property/Casualty Premiums Earned .....	0			.0	0	.0	0	.0	.0	.0	
17. Amount Paid for Provision of Health Care Services .....	505,334,799	1,959,390	119,614,139		12,175	236,676	83,181,110	300,331,309		.0	
18. Amount Incurred for Provision of Health Care Services	511,336,200	1,754,007	117,393,307	0	12,175	261,137	83,299,496	308,616,078	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 352,393,871

29.1L



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012

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 .....	3,052	.0	1,339	.0	.18	.72	.0	1,623	.0	.0
2. First Quarter .....	9,532	.0	3,381	.0	.64	.199	.0	5,888	.0	.0
3. Second Quarter .....	10,094	.0	3,736	.0	.69	.258	.0	6,031	.0	.0
4. Third Quarter .....	11,964	.0	5,423	.0	.62	.255	.0	6,224	.0	.0
5. Current Year	11,066	0	4,254	0	.68	.265	0	6,479	0	0
6. Current Year Member Months	125,158	0	48,379	0	.782	2,911	0	73,086	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician .....	71,494	.0	22,294	.0	.0	.0	.0	49,200	.0	.0
8. Non-Physician .....	81,169	0	14,005	0	0	0	0	67,164	0	0
9. Total	152,663	0	36,299	0	0	0	0	116,364	0	0
10. Hospital Patient Days Incurred	8,035	0	841	0	0	0	0	7,194	0	0
11. Number of Inpatient Admissions	1,712	0	240	0	0	0	0	1,472	0	0
12. Health Premiums Written (b) .....	67,715,503	.0	16,487,214	.0	11,575	78,099	.0	51,137,399	.0	1,216
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 .....	67,299,240	.0	16,070,951	.0	11,575	78,099	.0	51,137,399	.0	1,216
16. Property/Casualty Premiums Earned .....	0	.0	0	.0	0	.0	.0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services .....	52,029,610	.0	13,262,536	.0	7,409	40,596	.0	38,717,858	.0	1,211
18. Amount Incurred for Provision of Health Care Services	56,670,618	0	13,998,760	0	7,409	42,223	0	42,621,013	0	1,213

(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 \$ 51,137,399

29.IN



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	13,290	.0	1,010	.0	.0	371	364	11,545	.0	.0	
2. First Quarter .....	19,673	.0	1,002	.0	.0	580	5,592	12,499	.0	.0	
3. Second Quarter .....	19,509	.0	902	.0	.0	600	5,546	12,461	.0	.0	
4. Third Quarter .....	19,518	.0	877	.0	.0	628	5,531	12,482	.0	.0	
5. Current Year	19,545	0	927	0	0	626	5,475	12,517	0	0	
6. Current Year Member Months	234,566	0	10,977	0	0	7,267	66,580	149,742	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	170,739	.0	36,497	.0	.0	.0	2,385	131,857	.0	.0	
8. Non-Physician .....	178,069	0	30,948	0	0	0	815	146,306	0	0	
9. Total	348,808	0	67,445	0	0	0	3,200	278,163	0	0	
10. Hospital Patient Days Incurred	20,617	0	1,546	0	0	0	45	19,026	0	0	
11. Number of Inpatient Admissions	4,219	0	379	0	0	0	17	3,823	0	0	
12. Health Premiums Written (b) .....	163,287,757	.0	3,338,292	.0	.0	151,567	30,458,997	129,338,901	.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 .....	163,287,757	.0	3,338,292	.0	.0	151,567	30,458,997	129,338,901	.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 .....	135,376,903	.0	2,066,605	.0	.0	126,453	24,460,607	108,723,238	.0	.0	
18. Amount Incurred for Provision of Health Care Services	139,795,576	0	2,588,148	0	0	125,798	26,553,389	110,528,241	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....129,338,901

29.KS



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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	129,888	19,522	100,166	0	152	0	1,171	3,307	0	5,570	
2. First Quarter	125,926	20,053	98,437	0	362	0	1,224	5,850	0	0	
3. Second Quarter	128,539	20,091	100,870	0	385	0	1,214	5,979	0	0	
4. Third Quarter	125,466	20,061	97,630	0	375	0	1,238	6,162	0	0	
5. Current Year	125,055	19,691	97,239	0	383	0	1,309	6,433	0	0	
6. Current Year Member Months	1,515,193	239,318	1,183,952	0	4,462	0	14,880	72,463	0	118	
Total Member Ambulatory Encounters for Year:											
7. Physician	595,718	63,537	479,752	0	0	0	1,873	50,556	0	0	
8. Non-Physician	503,847	46,008	392,433	0	0	0	885	64,521	0	0	
9. Total	1,099,565	109,545	872,185	0	0	0	2,758	115,077	0	0	
10. Hospital Patient Days Incurred	29,544	1,561	18,767	0	0	0	26	9,190	0	0	
11. Number of Inpatient Admissions	6,769	327	4,709	0	0	0	14	1,719	0	0	
12. Health Premiums Written (b)	471,266,016	35,806,761	377,708,764	0	65,396	0	5,571,377	52,111,941	0	1,777	
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	464,086,602	35,800,019	370,536,092	0	65,396	0	5,571,377	52,111,941	0	1,777	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	371,039,162	27,875,616	291,597,315	0	31,358	0	4,225,604	47,306,040	0	3,229	
18. Amount Incurred for Provision of Health Care Services	373,308,888	28,267,852	291,358,990	0	31,358	0	4,124,575	49,522,666	0	3,447	

(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 \$ 52,111,941

29.KY



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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	25,507	.0	1,363	.0	151	727	5,592	17,674	.0	.0	
2. First Quarter	26,102	.0	570	.0	299	1,306		23,927	.0	.0	
3. Second Quarter	26,581	.0	573	.0	330	1,427		24,251	.0	.0	
4. Third Quarter	27,006	.0	547	.0	350	1,475		24,634	.0	.0	
5. Current Year	27,560	0	541	0	355	1,512		25,152	0	0	
6. Current Year Member Months	321,458	0	8,311	0	3,911	16,980	0	292,256	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician	256,166	.0	3,780	.0	0	.0	4,583	247,803	.0	.0	
8. Non-Physician	289,814	0	2,838	0	0	0	2,049	284,927	0	0	
9. Total	545,980	0	6,618	0	0	0	6,632	532,730	0	0	
10. Hospital Patient Days Incurred	33,293		65	0	0	0	304	32,924	0	0	
11. Number of Inpatient Admissions	6,930		32	0	0	0	103	6,795	0	0	
12. Health Premiums Written (b)	233,103,900		3,588,723	.0	57,568	344,233	.0	229,113,498	.0	(122)	
13. Life Premiums Direct	0		0	.0	0	.0	0	.0	0	.0	
14. Property/Casualty Premiums Written	0		0	.0	0	.0	0	.0	0	.0	
15. Health Premiums Earned	233,103,900		3,588,723	.0	57,568	344,233	.0	229,113,498	.0	(122)	
16. Property/Casualty Premiums Earned	0		0	.0	0	.0	0	.0	0	.0	
17. Amount Paid for Provision of Health Care Services	201,137,048		2,236,120		31,182	227,154	3,159,811	195,482,799		(18)	
18. Amount Incurred for Provision of Health Care Services	201,991,748		1,452,295	0	31,182	233,223	151,715	200,123,350	0	(17)	

(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 \$ .....229,113,498

29.MO



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	2,055	0	0	0	0	325	0	1,730	0	0	
2. First Quarter .....	3,437	0	0	0	0	521	0	2,916	0	0	
3. Second Quarter .....	3,575	0	0	0	0	597	0	2,978	0	0	
4. Third Quarter .....	3,644	0	0	0	0	610	0	3,034	0	0	
5. Current Year	3,719	0	0	0	0	614	0	3,105	0	0	
6. Current Year Member Months	42,724	0	0	0	0	6,924	0	35,800	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	29,036	0	0	0	0	0	0	29,036	0	0	
8. Non-Physician .....	28,221	0	0	0	0	0	0	28,221	0	0	
9. Total	57,257	0	0	0	0	0	0	57,257	0	0	
10. Hospital Patient Days Incurred	4,025	0	0	0	0	0	0	4,025	0	0	
11. Number of Inpatient Admissions	749	0	0	0	0	0	0	749	0	0	
12. Health Premiums Written (b) .....	24,235,720	0	0	0	0	124,405	0	24,111,315	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 .....	24,235,720	0	0	0	0	124,405	0	24,111,315	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 .....	22,759,707	0	0	0	0	70,883	0	22,688,824	0	0	
18. Amount Incurred for Provision of Health Care Services	24,042,797	0	0	0	0	78,446	0	23,964,351	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 24,111,315

29.NE



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	36,360	.0	364	.0	1,437	4,636	.0	29,923	.0	.0	
2. First Quarter .....	40,308	.0	685	.0	1,565	4,090	.0	33,968	.0	.0	
3. Second Quarter .....	41,667	.0	938	.0	1,625	4,930	.0	34,174	.0	.0	
4. Third Quarter .....	42,218	.0	917	.0	1,647	5,334	.0	34,320	.0	.0	
5. Current Year .....	42,605	0	936	0	1,630	5,313	0	34,726	0	0	
6. Current Year Member Months .....	497,355	0	9,777	0	19,342	57,580	0	410,656	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	401,739	.0	1,510	.0	.0	.5	.0	400,224	.0	.0	
8. Non-Physician .....	369,800	0	1,023	0	0	29	0	368,748	0	0	
9. Total .....	771,539	0	2,533	0	0	34	0	768,972	0	0	
10. Hospital Patient Days Incurred .....	56	0	53	0	0	0	0	3	0	0	
11. Number of Inpatient Admissions .....	21	0	20	0	0	0	0	1	0	0	
12. Health Premiums Written (b) .....	459,394,066	.0	2,495,603	.0	275,036	1,544,023	.0	455,079,520	.0	(116)	
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 .....	459,394,066	.0	2,495,603	.0	275,036	1,544,023	.0	455,079,520	.0	(116)	
16. Property/Casualty Premiums Earned .....	0	.0	0	.0	0	.0	.0	.0	.0	.0	
17. Amount Paid for Provision of Health Care Services .....	391,181,372	.0	657,333	.0	162,029	984,414	.0	389,377,596	.0	.0	
18. Amount Incurred for Provision of Health Care Services .....	393,992,898	0	722,853	0	162,029	974,810	0	392,133,206	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ .....455,079,520

29.NV



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	1,793	.0	.0	.0	.0	120	.0	1,673	.0	.0	
2. First Quarter .....	2,913	.0	.0	.0	.0	266	.0	2,647	.0	.0	
3. Second Quarter .....	3,031	.0	.0	.0	.0	280	.0	2,751	.0	.0	
4. Third Quarter .....	3,118	.0	.0	.0	.0	284	.0	2,834	.0	.0	
5. Current Year	3,176	0	0	0	0	284	0	2,892	0	0	
6. Current Year Member Months	36,377	0	0	0	0	3,325	0	33,052	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	16,408	.0	.0	.0	.0	.0	.0	16,408	.0	.0	
8. Non-Physician .....	41,188	0	0	0	0	0	0	41,188	0	0	
9. Total	57,596	0	0	0	0	0	0	57,596	0	0	
10. Hospital Patient Days Incurred	2,963	0	0	0	0	0	0	2,963	0	0	
11. Number of Inpatient Admissions	559	0	0	0	0	0	0	559	0	0	
12. Health Premiums Written (b) .....	22,494,332	.0	.0	.0	.0	77,429	.0	22,416,903	.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 .....	22,494,333	.0	.0	.0	.0	77,430	.0	22,416,903	.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 .....	19,921,631	.0	.0	.0	.0	48,823	.0	19,872,808	.0	.0	
18. Amount Incurred for Provision of Health Care Services	20,678,023	0	0	0	0	49,275	0	20,628,748	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 22,416,903

29.NM



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	2,823	.0	.0	.0	24	34	.0	2,765	.0	.0	
2. First Quarter .....	8,690	.0	.0	.0	21	47	.0	8,622	.0	.0	
3. Second Quarter .....	9,037	.0	.0	.0	21	48	.0	8,968	.0	.0	
4. Third Quarter .....	9,429	.0	.0	.0	23	47	.0	9,359	.0	.0	
5. Current Year	9,873	0	0	0	27	55	0	9,791	0	0	
6. Current Year Member Months	109,464	0	0	0	276	583	0	108,605	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	99,161	.0	.0	.0	.0	.0	.0	99,161	.0	.0	
8. Non-Physician .....	101,518	0	0	0	0	0	0	101,518	0	0	
9. Total	200,679	0	0	0	0	0	0	200,679	0	0	
10. Hospital Patient Days Incurred	12,171	0	0	0	0	0	0	12,171	0	0	
11. Number of Inpatient Admissions	2,175	0	0	0	0	0	0	2,175	0	0	
12. Health Premiums Written (b) .....	77,057,076	.0	.0	.0	3,842	24,827	.0	77,028,407	.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 .....	77,057,076	.0	.0	.0	3,842	24,827	.0	77,028,407	.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 .....	66,301,353	.0	.0	.0	2,205	5,965	.0	66,293,183	.0	.0	
18. Amount Incurred for Provision of Health Care Services	71,796,860	0	0	0	2,205	6,279	0	71,788,376	0	0	

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 77,028,407

29.S.C



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012						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 .....	17,072	.0	17,072	.0	.0	.0	.0	.0	.0	.0	
2. First Quarter .....	15,896	.0	15,825	.0	.0	.0	.71	.0	.0	.0	
3. Second Quarter .....	15,458	.0	15,387	.0	.0	.0	.71	.0	.0	.0	
4. Third Quarter .....	15,984	.0	15,899	.0	.0	.0	.85	.0	.0	.0	
5. Current Year	16,436	0	16,345	0	0	0	91	0	0	0	
6. Current Year Member Months	189,728	0	188,786	0	0	0	942	0	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	105,771		105,771								
8. Non-Physician .....	42,318		42,318								
9. Total	148,089	0	148,089	0	0	0	0	0	0	0	
10. Hospital Patient Days Incurred	2,874		2,874					0			
11. Number of Inpatient Admissions	706		706					0			
12. Health Premiums Written (b) .....	61,967,458		61,640,477				326,981	.0			
13. Life Premiums Direct .....	0							.0			
14. Property/Casualty Premiums Written .....	0							.0			
15. Health Premiums Earned .....	60,886,418		60,559,437				326,981	.0			
16. Property/Casualty Premiums Earned .....	0							.0			
17. Amount Paid for Provision of Health Care Services .....	44,177,050		43,786,142				390,908	.0		.0	
18. Amount Incurred for Provision of Health Care Services	44,235,822		43,793,246				442,576	0			

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

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 0

29.TN



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Virginia

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Virginia		DURING THE YEAR 2012					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 .....	3,777	.0	.0	.0	.0	.0	.0	3,777	.0	.0	
2. First Quarter .....	12,261	.0	.0	.0	131	36	.0	12,094	.0	.0	
3. Second Quarter .....	12,805	.0	.0	.0	131	39	.0	12,635	.0	.0	
4. Third Quarter .....	13,292	.0	.0	.0	128	38	.0	13,126	.0	.0	
5. Current Year .....	14,067	0	0	0	144	47	0	13,876	0	0	
6. Current Year Member Months .....	154,923	0	0	0	1,554	475	0	152,894	0	0	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	144,296	.0	.0	.0	.0	.0	.0	144,269	.0	27	
8. Non-Physician .....	153,481	0	0	0	0	0	0	153,481	0	0	
9. Total .....	297,777	0	0	0	0	0	0	297,750	0	27	
10. Hospital Patient Days Incurred .....	17,661	0	0	0	0	0	0	17,661	0	0	
11. Number of Inpatient Admissions .....	3,524	0	0	0	0	0	0	3,524	0	0	
12. Health Premiums Written (b) .....	116,042,277	.0	.0	.0	23,172	16,325	.0	116,002,012	.0	768	
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 .....	116,042,277	.0	.0	.0	23,172	16,325	.0	116,002,012	.0	768	
16. Property/Casualty Premiums Earned .....	0	.0	.0	.0	0	.0	.0	.0	.0	.0	
17. Amount Paid for Provision of Health Care Services .....	95,494,292	.0	.0	.0	10,732	9,102	.0	95,473,363	.0	1,095	
18. Amount Incurred for Provision of Health Care Services .....	101,956,181	0	0	0	10,732	9,624	0	101,934,479	0	1,346	

(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 \$ .....116,002,012

29.VA



ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Humana Health Plan, Inc.

2. Washington

(LOCATION)

NAIC Group Code	0119	BUSINESS IN THE STATE OF Washington		DURING THE YEAR 2012						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 .....	10,224	0		0	495	1,430	0	8,299	0		
3. Second Quarter .....	10,733	0		0	529	1,572	0	8,632	0		
4. Third Quarter .....	11,128	0		0	554	1,620	0	8,954	0		
5. Current Year .....	11,672	0		0	587	1,742	0	9,343	0		
6. Current Year Member Months	129,322	0		0	6,361	18,675	0	104,286	0		
Total Member Ambulatory Encounters for Year:											
7. Physician .....	106,148							106,029		119	
8. Non-Physician .....	71,498							71,498			
9. Total .....	177,646	0	0	0	0	0	0	177,527	0	119	
10. Hospital Patient Days Incurred	0										
11. Number of Inpatient Admissions	0										
12. Health Premiums Written (b) .....	74,098,577				95,190	547,707		73,454,736		944	
13. Life Premiums Direct .....	0										
14. Property/Casualty Premiums Written .....	0										
15. Health Premiums Earned .....	74,098,577				95,190	547,707		73,454,736		944	
16. Property/Casualty Premiums Earned .....	0										
17. Amount Paid for Provision of Health Care Services .....	63,877,059				45,029	329,622		63,501,719		689	
18. Amount Incurred for Provision of Health Care Services	70,093,267				45,029	354,251		69,693,360		627	

(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 \$ 73,454,736

29.WA



ANNUAL STATEMENT FOR THE YEAR 2012 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 2012

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 2012 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 2012						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 .....	397,622	22,302	192,132	0	3,911	11,886	23,847	137,974	0	5,570	
2. First Quarter .....	463,501	25,979	184,231	0	4,469	18,718	22,582	207,522	0	0	
3. Second Quarter .....	468,408	28,156	185,912	0	4,653	16,338	22,451	210,898	0	0	
4. Third Quarter .....	472,176	28,150	184,678	0	4,766	17,598	22,399	214,585	0	0	
5. Current Year .....	476,778	29,829	183,104	0	4,838	17,741	22,271	218,995	0	0	
6. Current Year Member Months .....	5,619,511	329,420	2,219,613	0	55,892	203,873	269,686	2,540,909	0	118	
Total Member Ambulatory Encounters for Year:											
7. Physician .....	3,305,600	78,509	917,180	0	0	9	133,579	2,176,130	0	193	
8. Non-Physician .....	3,092,136	54,517	722,427	0	0	52	57,583	2,257,557	0	0	
9. Total .....	6,397,736	133,026	1,639,607	0	0	61	191,162	4,433,687	0	193	
10. Hospital Patient Days Incurred .....	249,930	1,897	39,181	0	0	0	4,586	204,266	0	0	
11. Number of Inpatient Admissions .....	53,682	406	10,048	0	0	0	1,793	41,435	0	0	
12. Health Premiums Written (b) .....	3,001,454,147	49,677,750	713,710,510	3,586	805,064	4,778,367	128,327,868	2,104,142,293	0	8,709	
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 .....	2,993,290,700	49,610,962	705,613,850	3,586	805,064	4,778,368	128,327,868	2,104,142,293	0	8,709	
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services .....	2,498,506,648	34,266,240	548,773,845	416	455,505	2,953,684	115,438,756	1,796,610,806	0	7,396	
18. Amount Incurred for Provision of Health Care Services .....	2,559,764,308	35,549,852	548,310,268	442	455,505	3,020,876	114,590,917	1,857,828,434	0	8,014	

(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 \$ .....2,104,142,293

29.GT

ANNUAL STATEMENT FOR THE YEAR 2012 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





Schedule S - Part 4

**NONE**

Schedule S - Part 5

**NONE**

**Schedule S - Part 6**

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

	1 2012	2 2011	3 2010	4 2009	5 2008
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	981	886	110,694	136,181	90,630
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.....	0	2	85,213	81,516	95,924
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable.....	0	0	0	0	0
7. Claims payable.....	0	0	1	9,402	8,519
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....	0	0	0	0	0
10. Commissions and reinsurance expense allowances due.....	0	0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	XXX	XXX	XXX	XXX
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust.....	0	XXX	XXX	XXX	XXX
18. Funds deposited by and withheld from (F).....	0	XXX	XXX	XXX	XXX
19. Letters of credit (L).....	0	XXX	XXX	XXX	XXX
20. Trust agreements (T).....	0	XXX	XXX	XXX	XXX
21. Other (O).....	0	XXX	XXX	XXX	XXX

**SCHEDULE S - PART 7**

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) .....	548,781,490	0	548,781,490
2. Accident and health premiums due and unpaid (Line 15).....	40,347,053	0	40,347,053
3. Amounts recoverable from reinsurers (Line 16.1).....	0	0	0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	56,080,256	(167,016)	55,913,240
6. Total assets (Line 28)	645,208,799	(167,016)	645,041,783
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1).....	248,969,854	326	248,970,180
8. Accrued medical incentive pool and bonus payments (Line 2).....	1,387,294	0	1,387,294
9. Premiums received in advance (Line 8).....	14,143,527	0	14,143,527
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).....	0	0	0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0	0	0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0	0	0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0	0	0
14. All other liabilities (Balance).....	72,766,348	(167,342)	72,599,006
15. Total liabilities (Line 24).....	337,267,023	(167,016)	337,100,007
16. Total capital and surplus (Line 33).....	307,941,776	XXX	307,941,776
17. Total liabilities, capital and surplus (Line 34)	645,208,799	(167,016)	645,041,783
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid.....	326		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance .....	0		
21. Reinsurance recoverable on paid losses .....	0		
22. Other ceded reinsurance recoverables .....	167,016		
23. Total ceded reinsurance recoverables .....	167,342		
24. Premiums receivable .....	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....	0		
26. Unauthorized reinsurance .....	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets .....	167,342		
30. Total ceded reinsurance payables/offsets .....	167,342		
31. Total net credit for ceded reinsurance	0		

ANNUAL STATEMENT FOR THE YEAR 2012 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. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2012 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	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95885	61-1013183				Humana Health Plan, Inc.	KY	OTH	Humana Inc	Ownership	100.0	Humana Inc	.19
00119	Humana Inc	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.0	Humana inc	.0
00119	Humana Inc	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	52028	36-3654697				The Dental Concern, Ltd.	IL	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1239538				Humco, Inc.	KY	DS	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1237697				EmpheSys, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	88595	31-0935772				EmpheSys Insurance Company	TX	IA	EmpheSys, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-0647538			NYSE	Humana Inc	DE	UDP	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1316926				Humana Pharmacy, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1383567				HUM-e-FL, Inc.	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	42-1575099				Competitive Health Analytics, Inc.	IL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	71-0732385				Humana Health Plan Interests, Inc.	LA	NIA	Humana Insurance Company	Ownership	100.0	Humana Inc	.0
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	.0
00119	Humana Inc	00000	61-1343791				Humana Innovation Enterprises, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-1724127				Preservation on Main, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	26-0010657				CAC-Florida Medical Centers, LLC	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95092	59-2598550				CarePlus Health Plans, Inc.	FL	IA	CPhi Holdings, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0

ANNUAL STATEMENT FOR THE YEAR 2012 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	30-0117876				CPHP Holdings, Inc	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	61-1478012				American Tax Credit Corp GA Fund III, LLC	DE	OTH	See Footnote 1	Other	0.0	Humana Inc	1
00119	Humana Inc	00000	59-3715944				Availity, L.L.C	DE	OTH	See Footnote 2	Board of Directors	0.0	Humana Inc	2
00119	Humana Inc	00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95158	61-1279717				CHA HMO, Inc	KY	DS	CHA Service Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-2620891				Healthcare E-Commerce Initiative, Inc	PR	OTH	See Footnote 4	Other	0.0	Humana Inc	4
00119	Humana Inc	00000	20-4835394				Humana Active Outlook, Inc	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	4
00119	Humana Inc	00000	20-1717441				Humana Govt. Network Services, Inc	DE	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	39-1769093				Independent Care Health Plan	WI	OTH	See Footnote 5	Other	100.0	Humana Inc	5
00119	Humana Inc	00000	20-3355580				Sensei, Inc	DE	OTH	See Footnote 6	Other	0.0	Humana Inc	6
00119	Humana Inc	00000	20-5309363				515-526W MainSt CondoCouncil of Co-Owners	KY	NIA	Preservation on Main, Inc	Ownership	100.0	Humana Inc	6
00119	Humana Inc	00000	20-8236655				Corphealth Provider Link, Inc	TX	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	33-0916248				DefenseWeb Technologies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc	PR	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	12908	20-8411422				Humana Medical Plan of Utah, Inc	UT	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-8418853				Humana Veterans Healthcare Services, Inc	DE	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95107	56-1796975				American Dental Plan of N. C., Inc	NC	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	11559	58-2302163				American Dental Providers of Ark., Inc	AR	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	11228	36-3686002				CompBenefits Dental, Inc	IL	IA	Dental Care Plus Management Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	58-2228851				CompBenefits Direct, Inc	DE	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	12250	63-1063101				CompBenefits of Alabama, Inc	AL	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	58-2198538				CompBenefits of Georgia, Inc	GA	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	36-3512545				Dental Care Plus Management Corp	IL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95161	76-0039628				DentiCare, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	62-1245230				Kanawha HealthCare Solutions, Inc	TN	IA	Kanawha Insurance Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-0274594				HumanaCares, Inc	FL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	74-2352809				Texas Dental Plans, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95754	62-1579044				Cariten Health Plan Inc	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0

ANNUAL STATEMENT FOR THE YEAR 2012 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
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00119	Humana Inc	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	60052	37-1326199				Humana Benefit Plan of Illinois, Inc	IL	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-3473328				Humana Health Plan of California, Inc	CA	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	62-1552091				PHP Companies, Inc	TN	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95749	62-1546662				Preferred Hlth Partnership of Tenn., Inc.	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	62-1250945				Preferred Health Partnership, Inc	TN	NIA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-1323221				Humana Military Dental Services, Inc	DE	NIA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	14224	27-3991410				Humana Medical Plan of Michigan, Inc	MI	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	86-1050795				The Vitality Group, LLC	DE	OTH	See Footnote 7	Ownership	25.0	Humana Inc	7
00119	Humana Inc	00000	27-4535747				Humana Vitality, 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	7
00119	Humana Inc	00000	45-3116348				HomeCare Health Solutions, Inc.	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-1981339				M.D. Care, Inc	CA	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	77-0540040				Anvita, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-3387971				Arcadian Choice, Inc	TX	NIA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	12628	20-5089611				Arcadian Health Plan of Georgia, Inc	GA	IA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	11954	20-8688983				Arcadian Health Plan of Louisiana, Inc	LA	IA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	13558	26-2800286				Arcadian Health Plan of New York, Inc	NY	IA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	12999	26-0500828				Arcadian Heath Plan of North Carolina, Inc	NC	IA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	12151	20-1001348				Arcadian Health Plan, Inc	WA	IA	Arcadian Management Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	86-0836599				Arcadian Management Services, Inc	DE	NIA	Arcadian Management Services, Inc./Arcadia Health Plan, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	12282	20-2036444				Arkansas Community Care, Inc	AR	IA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	18
00119	Humana Inc	00000	20-3585174				Valor Healthcare, Inc	DE	NIA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	27-1649291				Harris, Rothenberg International Inc	NY	NIA	Humana Inc	Ownership	100.0	Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2012 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	13-4036798				SeniorBridge Family Companies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	27-0200477				Ambulatory Care Solutions of Arkansas LLC	AR	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	26-4179617				Ambulatory Care Solutions of Ohio LLC	OH	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	37-1485812				Ambulatory Care Solutions, LLC	IN	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	65-0293220				54th Street Medical Plaza, Inc	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	65-0851053				154th Street Medical Plaza, Inc	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	46-1225873				Agile Technology Solutions, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	80-0072760				Certify Data Systems, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	8
00119	Humana Inc	00000	20-8602074				American Current Care of Arizona, P.A.	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3224187				American Current Care of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors	0.0	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	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2043667				American Current Care of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2089664				American Current Care of HI, Prof. Corp.	HI	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2104617				American Current Care of MA, P.C.	MA	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	20-5997415				American Current Care of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	27-1160021				American Current Care of Missouri, P.C.	MO	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-1809492				American Current Care of Nebraska, P.C.	NE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-1961910				American Current Care of New Jersey PA.	NJ	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2018322				American Current Care of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3239475				American Current Care of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-5805198				American Current Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-2681597				Auto Injury Solutions, Inc	DE	NIA	Concentra Integrated Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	01-0510161				CM Occupational Health, L.L.C.	ME	NIA	See Footnote 8	Joint Venture	0.0	Humana Inc	8
00119	Humana Inc	00000	20-0114482				Concentra Akron, L.L.C.	DE	NIA	See Footnote 9	Joint Venture	100.0	Humana Inc	9
00119	Humana Inc	00000	62-1691148				Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 10	Joint Venture	0.0	Humana Inc	10
00119	Humana Inc	00000	75-2510547				Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2012 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	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	04-3363415				Concentra Operating Corporation	DE	NIA	Concentra Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	04-2658593				Concentra Integrated Services, Inc	MA	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	76-0546504				Concentra Laboratory, L.L.C	DE	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P	PA	NIA	See Footnote 11	Joint Venture	0.0	Humana Inc	11
00119	Humana Inc	00000	75-2678146				Concentra Solutions, Inc	DE	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	75-2784513				Concentra South Carolina, L.L.C	DE	NIA	See Footnote 12	Joint Venture	0.0	Humana Inc	12
00119	Humana Inc	00000	75-2821236				Concentra St. Louis, L.L.C	DE	NIA	See Footnote 13	Joint Venture	0.0	Humana Inc	13
00119	Humana Inc	00000	27-1743694				Concentra Worksite of Arizona, P.A	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	27-2935870				Concentra Worksite of CA, A Med. Corp	CA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3675361				Concentra-UPMC, L.L.C	DE	NIA	See Footnote 14	Joint Venture	0.0	Humana Inc	14
00119	Humana Inc	00000	86-0751979				Managed Prescription Program	AZ	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	11-3273542				National Healthcare Resources, Inc	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	94-3418907				Occspecialists Corp., A Medical Corp	CA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2688160				Occupational Health Centers of AR, P.A	TX	NIA	See Footnote 17	Board of Directors	0.0	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	100.0	Humana Inc	17
00119	Humana Inc	00000	51-0376661				Occupational Health Centers of DE, P.A	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	58-2285009				Occupational Health Centers of GA, P.C	GA	NIA	See Footnote 17	Board of Directors	0.0	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	0.0	Humana Inc	17
00119	Humana Inc	00000	38-2857561				Occupational Health Centers of MI, P.C	MI	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	47-0827928				Occupational Health Centers of NE, P.C	NE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3473542				Occupational Health Centers of NJ, P.A	NJ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-3187863				Occupational Health Centers of NY, P.A	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-2484838				Occupational Health Centers of NC, P.C	NC	NIA	See Footnote 17	Board of Directors	0.0	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	0.0	Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2012 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	86-0750222				Occ Health Centers of the Southwest, P.A.	AZ	NIA	See Footnote 17	Board of Directors	0.0	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	0.0	Humana Inc	17
00119	Humana Inc	00000	74-2731442				OHC of Hawaii, Inc	HI	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 15	Joint Venture	0.0	Humana Inc	15
00119	Humana Inc	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 16	Joint Venture	100.0	Humana Inc	16
00119	Humana Inc	00000	98-0445802				OMP Insurance Company, Ltd	TX	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	20-0513177				OnSite OccMed, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-2883662				Therapy Centers of South Carolina, P.A.	SC	NIA	See Footnote 17	Board of Directors	0.0	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	0.0	Humana Inc	17
00119	Humana Inc	00000	26-4101338				U.S. MedGroup of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3867212				U.S. MedGroup of Delaware, P.A.	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-3760561				U.S. MedGroup of Massachusetts, P.C.	MA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2972185				U.S. MedGroup of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors	100.0	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	100.0	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	100.0	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	0.0	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	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2612924				U.S. MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2645352				U.S. MedGroup, P.A.	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	13-3464527				Occupational Health + Rehabilitation LLC	DE	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-4757941				Concentra Health Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	32-0346082				Concentra Primary Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	45-2897046				Concentra Primary Care of New Jersey PA.	NJ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2891678				Texas MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17

ANNUAL STATEMENT FOR THE YEAR 2012 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	45-3637057				Concentra Primary Care of Arizona, PA	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	45-4041098				Concentra Primary Care of Illinois, P.C	IL	NIA	See Footnote 17	Board of Directors	0.0	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	0.0	Humana Inc	17
00119	Humana Inc	00000	13-4036798				SeniorBridge Family Companies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-1096853				SeniorBridge Family Companies (FL), Inc	FL	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc	AZ	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-3039782				SeniorBridge Family Companies (CA), Inc	CA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-0452360				SeniorBridge Family Companies (CT), Inc	CT	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	80-0828590				SeniorBridge Family Companies (GA), Inc	GA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-0301155				SeniorBridge Family Companies (IN), Inc	IN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	02-0660212				SeniorBridge Family Companies (IL), Inc	IL	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	34-2067248				SeniorBridge Family Companies (KY), Inc	KY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-5299341				SeniorBridge Family Companies (LA), Inc	LA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	04-3580066				SeniorBridge Family Companies (MA), Inc	MA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	81-0557727				SeniorBridge Family Companies (MD), Inc	MD	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	52-2460048				SeniorBridge Family Companies (MN), Inc	MN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	46-0677759				SeniorBridge Family Companies (MO), Inc	MO	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	56-2593719				SeniorBridge (NC), Inc	NC	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc	NJ	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	36-4484443				SeniorBridge Family Companies (NY), Inc	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-0260501				SeniorBridge Family Companies (OH), Inc	OH	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	38-3643832				SeniorBridge Family Companies (PA), Inc	PA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-5299154				SeniorBridge Family Companies (TN), Inc	TN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	01-0766084				SeniorBridge Family Companies (TX), Inc	TX	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0

ANNUAL STATEMENT FOR THE YEAR 2012 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	56-2593718				SeniorBridge (UT), Inc	UT	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	46-0691871				SeniorBridge Family Companies (VA), Inc	VA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	57-1226890				SeniorBridge (WA), Inc	WA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	46-0764555				SeniorBridge Family Companies (WI), Inc	WI	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	80-0581269				SeniorBridge Care Management, Inc	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	13-4106498				Cambridge Companions, LLC	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	13-4076893				Cambridge Personal Care, LLC	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	59-2518701				Rona Bartelstone Associates, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	45-3713941				Complex Clinical Management, Inc	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0635728				Metropolitan Health Networks, Inc	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0879131				METCARE of Florida, Inc	FL	NIA	Metropolitan Health Networks, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	45-5032192				Symphony Health Partners, Inc	DE	NIA	Metropolitan Health Networks, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0780986				Continucare MSO, Inc	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0791417				Continucare Medical Management, Inc	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	80% Symphony Health Partners, Inc / 20% Humana Inc	Ownership	.0		20
00119	Humana Inc	00000	80-0494470				Seredor Centers, Inc	FL	NIA	Seredor Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	55-0756296				Professional Sleep Diagnostics, Inc	WV	NIA	Seredor Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	52-2209930				United Sleep Diagnostics, Inc	DE	NIA	Seredor Centers, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	52-2413969				American Institute for Sleep Performance, Inc	FL	NIA	Seredor Centers, Inc	Ownership	100.0	Humana Inc	.0



**ANNUAL STATEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.**

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

Asterisk	Explanation
8	OH 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 Main 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.....
18	Ownership is 60% Arcadian Health Plan, Inc., 40% Arcadian Management Services, Inc.....
19	Reporting company.....
20	Ownership is 80% Symphony Health Partners, Inc. and 20% Humana Inc. of Symphony Health Partners Midwest, LLC.....
21	Premier Sleep Services, LLC (50% is owned by an unaffiliated entity) and 50% is owned by Professional Sleep Diagnostics, Inc.. which itself is owned 100% by Seredor Corporation, which itself is owned 100% by Continucare Corporation, which is owned 100% by Metropolitan Health Networks, Inc., which is owned 100% by Humana Inc.....

ANNUAL STATEMENT FOR THE YEAR 2012 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					22,913				22,913	
00000	61-0647538	Humana Inc	1,218,800,000	(479,000,000)			1,921,973,465				2,661,773,465	
73288	39-1263473	Humana Insurance Company	(572,000,000)				(629,440,491)				(1,201,440,491)	
00000	26-3473328	Humana Health Plan of California		25,000,000			(5,906,141)				19,093,859	
65110	57-0380426	Kanawha Insurance Co		175,000,000			(89,783,364)				85,216,636	
60052	37-1326199	Humana Benefit Plan of Illinois					(14,740,155)				(14,740,155)	
10126	65-1137990	Humana AdvantageCare Plan					(10,656,320)				(10,656,320)	(1,817,830)
54739	52-1157181	The Dental Concern, Inc					(5,319,482)				(5,319,482)	
70580	39-0714280	HumanaDental Insurance Company	(14,000,000)				(26,335,498)				(40,335,498)	
52028	39-3654697	The Dental Concern, Ltd					(105,405)				(105,405)	
95348	31-1154200	Humana Health Plan of Ohio, Inc					(17,694,368)				(17,694,368)	
95342	39-1525003	Humana WI Health Org. Insurance Corp					(29,098,523)				(29,098,523)	
00000	27-3991410	Humana Medical Plan of Michigan, Inc					428				428	
95519	58-2209549	Humana Employers Health Plan of GA, Inc					(50,771,067)				(50,771,067)	
95270	61-1103898	Humana Medical Plan, Inc	(430,000,000)				(652,339,022)				(1,082,339,022)	
69671	61-1041514	Humana Health Insurance Co FL, Inc	(10,000,000)				97,503,111				87,503,111	
95754	62-1579044	Cariten Health Plan		80,000,000			(81,209,215)				(1,209,215)	
95885	61-1013183	Humana Health Plan, Inc		60,000,000			(395,389,478)				(335,389,478)	
60219	61-1311605	Humana Insurance Company of Kentucky					(6,867,292)				(6,867,292)	
95024	61-0994632	Humana Health Plan of Texas, Inc	(25,000,000)	10,000,000			(38,848,690)				(53,848,690)	
00000	66-0406896	Humana Health Plans of Puerto Rico, Inc					15,191,693				15,191,693	
00000	66-0291866	Humana Insurance of Puerto Rico, Inc					(15,269,738)				(15,269,738)	
00000	61-1232669	Managed Care Indemnity, Inc	(10,000,000)				(11,738,503)				(21,738,503)	
95642	72-1279235	Humana Health Benefit Plan of LA, Inc	(83,000,000)				(154,869,993)				(237,869,993)	
95092	59-2598550	CarePlus Health Plans, Inc	(65,000,000)				(66,825,059)				(131,825,059)	
00000	26-0010657	CAC-Florida Medical Centers, LLC					(454,438)				(454,438)	
12634	20-2888723	Humana Insurance Company of New York	(9,800,000)				(16,965,366)				(26,765,366)	
82740	62-0729865	Cariten Insurance Company					45,309				45,309	
00000	20-1981339	MD Care, Inc		20,000,000			(2,687,044)				17,312,956	
00000	61-1343508	Humana Marketpoint, Inc					488,562,010				488,562,010	
00000	61-1316926	Humana Pharmacy, Inc					(61,027,562)				(61,027,562)	
00000	61-1239538	Humco, Inc					(478)				(478)	
00000	61-1383567	HUM-e-FL, Inc					(2,237,506)				(2,237,506)	
00000	75-2043865	Corphealth, Inc					(1,182,957)				(1,182,957)	
95158	61-1279717	CHA HMO					(273,426)				(273,426)	
00000	33-0916248	DefenseWeb Technologies, Inc					(703,471)				(703,471)	
00000	00-5893028	Humana Europe, Ltd					(350,552)				(350,552)	
12908	20-8411422	Humana Medical Plan of Utah		30,000,000			(8,356,030)				21,643,970	
00000	59-1843760	Humana/CompBenefits, Inc					29,276,847				29,276,847	
95107	56-1796975	American Dental Plan of NC		1,000,000			(298,856)				701,144	
11559	58-2302163	American Dental Providers of AR					(85,440)				(85,440)	
52015	59-2531815	CompBenefits Company		10,000,000			(27,946,388)				(17,946,388)	1,817,830

ANNUAL STATEMENT FOR THE YEAR 2012 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.					(38,380,066)				(38,380,066)	
60984	74-2552026	CompBenefits Insurance Company		15,000,000			(24,459,876)				(9,459,876)	
95161	76-0039628	DentiCare, Inc.					(10,827,306)				(10,827,306)	
00000	36-3512545	Dental Care Plus Mangement, Corp.					(2,377,311)				(2,377,311)	
11228	36-3686002	CompBenefits Dental, Inc.					(6,752,554)				(6,752,554)	
00000	27-4460531	Humana Medical Plan of Pennsylvania, Inc.		5,000,000			(35)				4,999,965	
12151	20-1001348	Arcadian Health Plan, Inc.		34,000,000			2,856,762				36,856,762	
12282	20-2036444	Arkansas Community Care, Inc.		3,000,000			(4,262,479)				(1,262,479)	
12628	20-5089611	Arcadian Health Plan of Georgia, Inc.					(1,343,959)				(1,343,959)	
11954	20-8688983	Arcadian Health Plan of Louisiana, Inc.					(2,460,237)				(2,460,237)	
12999	26-0500828	Arcadian Health Plan of NC, Inc.		5,000,000			(672,070)				4,327,930	
13558	26-2800286	Arcadian Health Plan of New York, Inc.		6,000,000			(250,205)				5,749,795	
12250	63-1063101	CompBenefits of Alabama					(364,916)				(364,916)	
00000	58-2198538	CompBenefits of Georgia, Inc.					(2,550,042)				(2,550,042)	
95749	62-1546662	Preferred Health Partnership of TN, Inc.					(21,120)				(21,120)	
00000	61-1237697	Emphesys, Inc.					(4,782)				(4,782)	
00000	26-3583438	Humana Holdings International					(200,283)				(200,283)	
00000	26-3592783	HUM INT, LLC					(4,782)				(4,782)	
00000	20-1377270	KMG America Corporation					(184,935)				(184,935)	
00000	86-1050795	Hummingbird Coaching Systems, LLC					(529,689)				(529,689)	
00000	62-1245230	Kanawha Healthcare Solutions					(12,969)				(12,969)	
00000	27-4535747	HumanaVitality, LLC					(10,036,272)				(10,036,272)	
00000	45-2254346	Humana Pharmacy Solutions, Inc.					(4,250,408)				(4,250,408)	
00000	62-1552091	PHP Companies Incorporated					336,354				336,354	
00000	86-0836599	Arcadian Management Services, Inc.					6,832,020				6,832,020	
00000	13-4036798	SeniorBridge Family Companies, Inc.					503,989				503,989	
00000	42-1575099	Competitive Health Analytics, Inc.					(348,432)				(348,432)	
00000	77-0540040	Anvita, Inc.					(8,073,480)				(8,073,480)	
00000	65-1096853	SeniorBridge Family Companies (FL), Inc.					963				963	
00000	02-0660212	SeniorBridge Family Companies (IL), Inc.					1,863				1,863	
00000	26-4823524	Concentra Inc.					(1,104,751)				(1,104,751)	
00000	56-2593719	SeniorBridge (NC)					521				521	
00000	71-0732385	Humana Health Plan Interests, Inc.					(28,092)				(28,092)	
00000	36-4484449	SeniorBridge Family Companies (NJ), Inc.					506				506	
00000	36-4484443	SeniorBridge Family Companies (NY), Inc.					1,181				1,181	
00000	38-3643832	SeniorBridge Family Companies (PA), Inc.					540				540	
00000	01-0766084	SeniorBridge Family Companies (TX), Inc.					404				404	
00000	27-1649291	Harris, Rothenberg International, Inc.					(2,912,109)				(2,912,109)	
00000	80-0072760	Certify Data Systems, Inc.					(32,638)				(32,638)	
00000	39-1514846	CareNetwork, Inc.					(805,915)				(805,915)	
00000	61-1223418	Health Value Management, Inc.					(5,768,029)				(5,768,029)	
00000	61-1364005	HumanaDental, Inc.					(493,949)				(493,949)	

ANNUAL STATEMENT FOR THE YEAR 2012 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	61-1343791	Humana Innovation Enterprises, Inc.					(4,782)				(4,782)	
00000	20-1724127	Preservation on Main Inc.					4,946,578				4,946,578	
00000	37-1485812	Ambulatory Care Solutions LLC					(350,000)				(350,000)	
00000	61-1279716	CHA Service Company					(4,782)				(4,782)	
00000	65-0293220	54th Street Medical Plaza, Inc.					(200,000)				(200,000)	
00000	20-4835394	Humana Active Outlook, Inc.					(48,995)				(48,995)	
00000	20-5309363	West Main Street Condominium Council Inc.					(4,782)				(4,782)	
00000	65-0851053	154th Street Medical Plaza, Inc.					(200,000)				(200,000)	
00000	04-3185995	CompBenefits Corporation					(498,742)				(498,742)	
00000	58-2228851	Compbenefits Direct					392,560				392,560	
00000	20-2620891	Green Ribbon Health, LLC					1				1	
00000	62-1250945	Preferred Health Partnership, Inc.					(45,941)				(45,941)	
00000	65-0274594	HumanaCares, Inc.					(11,802,076)				(11,802,076)	
00000	46-1225873	Agile Technology Solutions, Inc.					40				40	
00000	75-2510547	Concentra Health Services, Inc.					1,051				1,051	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

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## 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 2 2 0 5 0 0 0 0 0

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

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

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

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

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

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

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

23.   
9 5 8 8 5 2 0 1 2 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.....	639,272	639,272	0	0
2505. ....			0	0
2597. Summary of remaining write-ins for Line 25 from Page 2	639,272	639,272	0	0

M003 Additional Aggregate Lines for Page 03 Line 23.

\*LIAB - Liabilities

	1	2	3	4
	Covered	Uncovered	Total	Total
2304. Due to CMS.....	0		0	968,407
2397. Summary of remaining write-ins for Line 23 from Page 03	0	0	0	968,407

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.....	639,272	634,137	(5,135)
2597. Summary of remaining write-ins for Line 25 from Page 16	639,272	634,137	(5,135)



SUPPLEMENT FOR THE YEAR 2012 OF THE Humana Health Plan, Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2012 (To Be Filed by March 1)

FOR THE STATE OF Colorado

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

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2009: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2010, 2011, 2012: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

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GENERAL INTERROGATORIES

- 1. If response in Column 1 is no, give full and complete details
2. 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
2.1 Address: 101 E. Main Street Louisville, KY 40201
2.2 Contact Person and Phone Number: David Burianek 502-580-8683
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: 101 E Main Street Louisville, KY 40201
3.2 Contact Person and Phone Number: Gracie Baldwin 502-580-7895
4. Explain any policies identified above as policy type "O"

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# ALPHABETICAL INDEX

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