# HEALTH ANNUAL STATEMENT

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

# American Dental Providers of Arkansas, Inc.

NAIC Group Code 0119 (Current) 0119 (Prior) NAIC Company Code 11559 Employer's ID Number 58-2302163

Organized under the Laws of Arkansas, State of Domicile or Port of Entry AR

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

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

Incorporated/Organized 01/29/1997 Commenced Business 03/20/1997

Statutory Home Office c/oCSC300SpringBldg,Ste900,300S.SpringSt (Street and Number), Little Rock , AR, US 72201 (City or Town, State, Country and Zip Code)

Main Administrative Office 100 Mansell Court East, Suite 400 (Street and Number)
Roswell , GA, US 30076 (City or Town, State, Country and Zip Code), 770-998-8936 (Area Code) (Telephone Number)

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

Primary Location of Books and Records 500 West Main Street (Street and Number)
Louisville , KY, US 40202 (City or Town, State, Country and Zip Code), 502-580-1000 (Area Code) (Telephone Number)

Internet Website Address www.compbenefits.com

Statutory Statement Contact Jeremy Denny (Name), 502-580-8298 (Area Code) (Telephone Number)
DOIINQUIRIES@humana.com (E-mail Address), 502-580-2099 (FAX Number)

## OFFICERS

| | | | |
|---|---|---|---|
| President | Gerald Lawrence Ganoni | Sr. VP, CFO & Treasurer | James Harry Bloem-Resigned 12/31/2013 |
| VP & Corporate Secretary | Joan Olliges Lenahan | Appointed Actuary | Jonathan Albert Canine |

## OTHER

| | | |
|---|---|---|
| George Grant Bauernfeind Vice President | Elizabeth Diane Bierbower Pres, Employer Group Segment | John Gregory Catron VP & Chief Compliance Officer |
| Roy Goldman Ph.D VP & Chief Actuary | Charles Frederic Lambert, III Vice President | Brian Phillip LeClaire Sr VP & Chief Svc & Info Officer |
| Heidi Suzanne Margulis Sr. Vice President | Mark Matthew Matzke VP-Strategic Mgmt Small Group | Richard Donald Remmers Segment VP, Employer Group Sales |
| Gilbert Alan Stewart Vice President | Joseph Christopher Ventura Assistant Corporate Secretary | Tod James Zacharias Vice President |

## DIRECTORS OR TRUSTEES

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

State of Kentucky
County of Jefferson SS:

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

| | | |
|---|---|---|
| Gerald Lawrence Ganoni<br>President | Joan Olliges Lenahan<br>VP & Corporate Secretary | Alan James Bailey<br>Assistant Treasurer |

Subscribed and sworn to before me this
17th day of February, 2014

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

Michele Sizmore
Notary Public
January 3, 2015

# EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1<br>Name of Debtor | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>Over 90 Days | 6<br>Nonadmitted | 7<br>Admitted |
|---|---|---|---|---|---|---|
| 0199999 Total individuals | 0 | 0 | 0 | 0 | 0 | 0 |
| Group Subscribers: | | | | | | |
| FEDERAL ADVANTAGE | 15,023 | 0 | 17 | 20 | 20 | 15,040 |
| 0299997. Group subscriber subtotal | 15,023 | 0 | 17 | 20 | 20 | 15,040 |
| 0299998. Premiums due and unpaid not individually listed | 0 | 28 | 29 | 8 | 8 | 57 |
| 0299999. Total group | 15,023 | 28 | 46 | 28 | 28 | 15,097 |
| 0399999. Premiums due and unpaid from Medicare entities | 0 | 0 | 0 | 0 | 0 | 0 |
| 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) | 15,023 | 28 | 46 | 28 | 28 | 15,097 |

Exhibit 3 - Health Care Receivables

N O N E

Exhibit 3A - Health Care Receivables Collected and Accrued

N O N E

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

**Aging Analysis of Unpaid Claims**

| 1<br>Account | 2<br>1 - 30 Days | 3<br>31 - 60 Days | 4<br>61 - 90 Days | 5<br>91 - 120 Days | 6<br>Over 120 Days | 7<br>Total |
|---|---|---|---|---|---|---|
| Claims Unpaid (Reported) | | | | | | |
| 0199999. Individually listed claims unpaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999. Aggregate accounts not individually listed- uncovered | 188 | 36 | 38 | 35 | 14 | 311 |
| 0399999. Aggregate accounts not individually listed-covered | 0 | 0 | 0 | 0 | 0 | 0 |
| 0499999. Subtotals | 188 | 36 | 38 | 35 | 14 | 311 |
| 0599999. Unreported claims and other claim reserves | | | | | | 23,345 |
| 0699999. Total amounts withheld | | | | | | 0 |
| 0799999. Total claims unpaid | | | | | | 23,656 |
| 0899999 Accrued medical incentive pool and bonus amounts | | | | | | 0 |

# EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Admitted | |
|---|---|---|---|---|---|---|---|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
| 0399999 Total gross amounts receivable | | | | | | | |

NONE

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

| 1<br>Affiliate | 2<br>Description | 3<br>Amount | 4<br>Current | 5<br>Non-Current |
|---|---|---|---|---|
| Humana Inc. | Reimbursements from expenditures made directly by Humana Inc. for the benefit of The American Dental Providers of Arkansas Inc. or for the services provided by Humana Inc. for the company. The direct expenditures include payments for medical related items, trade payables, and payroll related items. The services provided include and are not limited to actuarial underwriting, billing enrollments, claim administration, customer services, utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, budgeting, data processing, and marketing. | 42,416 | 42,416 | 0 |
| 0199999. Individually listed payables | | 42,416 | 42,416 | 0 |
| 0299999. Payables not individually listed | | 0 | 0 | 0 |
| 0399999 Total gross payables | | 42,416 | 42,416 | 0 |

# EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| Payment Method | 1<br>Direct Medical Expense Payment | 2<br>Column 1 as a % of Total Payments | 3<br>Total Members Covered | 4<br>Column 3 as a % of Total Members | 5<br>Column 1 Expenses Paid to Affiliated Providers | 6<br>Column 1 Expenses Paid to Non-Affiliated Providers |
|---|---|---|---|---|---|---|
| Capitation Payments: | | | | | | |
| 1. Medical groups | 0 | 0.0 | 1,122 | 100.0 | 0 | 0 |
| 2. Intermediaries | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. All other providers | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 4. Total capitation payments | 0 | 0.0 | 1,122 | 100.0 | 0 | 0 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 6. Contractual fee payments | 107,020 | 100.0 | XXX | XXX | 0 | 107,020 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 8. Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 11. All other payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 12. Total other payments | 107,020 | 100.0 | XXX | XXX | 0 | 107,020 |
| 13. TOTAL (Line 4 plus Line 12) | 107,020 | 100% | XXX | XXX | 0 | 107,020 |

# EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1<br>NAIC Code | 2<br>Name of Intermediary | 3<br>Capitation Paid | 4<br>Average Monthly Capitation | 5<br>Intermediary's Total Adjusted Capital | 6<br>Intermediary's Authorized Control Level RBC |
|---|---|---|---|---|---|
| | NONE | | | | |
| 9999999 Totals | | | XXX | XXX | XXX |

Exhibit 8 - Furniture and Equipment Owned

N O N E

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION American Dental Providers of Arkansas, Inc. 2. Little Rock, AR (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Arkansas DURING THE YEAR 2013 NAIC Company Code 11559

| | 1 | Comprehensive (Hospital & Medical) 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior Year | 973 | 0 | 0 | 0 | 0 | 973 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 1,165 | 0 | 0 | 0 | 0 | 1,165 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 1,132 | 0 | 0 | 0 | 0 | 1,132 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 1,125 | 0 | 0 | 0 | 0 | 1,125 | 0 | 0 | 0 | 0 |
| 5. Current Year | 1,122 | 0 | 0 | 0 | 0 | 1,122 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 13,666 | 0 | 0 | 0 | 0 | 13,666 | 0 | 0 | 0 | 0 |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7 Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 298,812 | 0 | 0 | 0 | 0 | 298,812 | 0 | 0 | 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 | 299,192 | 0 | 0 | 0 | 0 | 299,192 | 0 | 0 | 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 | 107,020 | 0 | 0 | 0 | 0 | 107,020 | 0 | 0 | 0 | 0 |
| 18 Amount Incurred for Provision of Health Care Services | 123,928 | 0 | 0 | 0 | 0 | 123,928 | 0 | 0 | 0 | 0 |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

# EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION American Dental Providers of Arkansas, Inc. 2. Little Rock, AR (LOCATION)

NAIC Group Code 0119 BUSINESS IN THE STATE OF Grand Total DURING THE YEAR 2013 NAIC Company Code 11559

| | 1 | Comprehensive (Hospital & Medical) 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| **Total Members at end of:** | | | | | | | | | | |
| 1. Prior Year | 973 | 0 | 0 | 0 | 0 | 973 | 0 | 0 | 0 | 0 |
| 2. First Quarter | 1,165 | 0 | 0 | 0 | 0 | 1,165 | 0 | 0 | 0 | 0 |
| 3. Second Quarter | 1,132 | 0 | 0 | 0 | 0 | 1,132 | 0 | 0 | 0 | 0 |
| 4. Third Quarter | 1,125 | 0 | 0 | 0 | 0 | 1,125 | 0 | 0 | 0 | 0 |
| 5. Current Year | 1,122 | 0 | 0 | 0 | 0 | 1,122 | 0 | 0 | 0 | 0 |
| 6. Current Year Member Months | 13,666 | 0 | 0 | 0 | 0 | 13,666 | 0 | 0 | 0 | 0 |
| **Total Member Ambulatory Encounters for Year:** | | | | | | | | | | |
| 7 Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 8. Non-Physician | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9. Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12. Health Premiums Written (b) | 298,812 | 0 | 0 | 0 | 0 | 298,812 | 0 | 0 | 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 | 299,192 | 0 | 0 | 0 | 0 | 299,192 | 0 | 0 | 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 | 107,020 | 0 | 0 | 0 | 0 | 107,020 | 0 | 0 | 0 | 0 |
| 18 Amount Incurred for Provision of Health Care Services | 123,928 | 0 | 0 | 0 | 0 | 123,928 | 0 | 0 | 0 | 0 |

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons insured under indemnity only products 0 .
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees $ 0

Schedule S - Part 1 - Section 2

N O N E

Schedule S - Part 2

N O N E

Schedule S - Part 3 - Section 2

N O N E

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

Schedule S - Part 6

N O N E

# SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | | 1<br>As Reported<br>(net of ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(gross of ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 665,546 | 0 | 665,546 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 15,097 | 0 | 15,097 |
| 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) | 2,545 | 0 | 2,545 |
| 6. | Total assets (Line 28) | 683,188 | 0 | 683,188 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 7. | Claims unpaid (Line 1) | 23,656 | 0 | 23,656 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 0 | 0 | 0 |
| 9. | Premiums received in advance (Line 8) | 1,339 | 0 | 1,339 |
| 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) | 62,908 | 0 | 62,908 |
| 15. | Total liabilities (Line 24) | 87,903 | 0 | 87,903 |
| 16. | Total capital and surplus (Line 33) | 595,285 | XXX | 595,285 |
| 17. | Total liabilities, capital and surplus (Line 34) | 683,188 | 0 | 683,188 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 18. | Claims unpaid | 0 | | |
| 19. | Accrued medical incentive pool | 0 | | |
| 20. | Premiums received in advance | 0 | | |
| 21. | Reinsurance recoverable on paid losses | 0 | | |
| 22. | Other ceded reinsurance recoverables | 0 | | |
| 23. | Total ceded reinsurance recoverables | 0 | | |
| 24. | Premiums receivable | 0 | | |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. | Unauthorized reinsurance | 0 | | |
| 27. | Reinsurance with Certified Reinsurers | 0 | | |
| 28. | Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 29. | Other ceded reinsurance payables/offsets | 0 | | |
| 30. | Total ceded reinsurance payables/offsets | 0 | | |
| 31. | Total net credit for ceded reinsurance | 0 | | |

# SCHEDULE T - PART 2

## INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

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

NONE

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0119 | Humana Inc. | 00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-0381804 | | | | 1st Choice Home Health Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-5309363 | | | | 515-526W MainSt CondoCouncilofCo-Owners | KY | NIA | Preservation on Main, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0293220 | | | | 54th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 46-1225873 | | | | Agile Technology Solutions, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 27-0200477 | | | | Ambulatory Care Solutions of Arkansas LLC | AR | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-4179617 | | | | Ambulatory Care Solutions of Ohio LLC | OH | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 37-1485812 | | | | Ambulatory Care Solutions, LLC | IN | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95107 | 56-1796975 | | | | American Dental Plan of N. C., Inc. | NC | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 11559 | 58-2302163 | | | | American Dental Providers of Ark., Inc. | AR | RE | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-3818750 | | | | American Eldercare of North Florida, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0380198 | | | | American Eldercare, Inc. | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1478012 | | | | American Tax Credit Corp GA Fund III,LLC | DE | OTH | See Footnote 1 | Other | 0.000 | Humana Inc. | 1 |
| 0119 | Humana Inc. | 00000 | 77-0540040 | | | | Anvita, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 27-3387971 | | | | Arcadian Choice, Inc. | TX | NIA | Arcadian Management Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 12151 | 20-1001348 | | | | Arcadian Health Plan, Inc. | WA | IA | Arcadian Management Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 86-0836599 | | | | Arcadian Management Services, Inc. | DE | NIA | Arcadian Management Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-2681597 | | | | Auto Injury Solutions, Inc. | DE | NIA | Concentra Integrated Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 59-3715944 | | | | Availity, L.L.C. | DE | OTH | See Footnote 2 | Board of Directors | 0.000 | Humana Inc. | 2 |
| 0119 | Humana Inc. | 00000 | 30-0117876 | | | | CAC Medical Center Holdings, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 13-4106498 | | | | Cambridge Companions, LLC | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 13-4076893 | | | | Cambridge Personal Care, LLC | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 39-1514846 | | | | CareNetwork, Inc. | WI | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95092 | 59-2598550 | | | | CarePlus Health Plans, Inc. | FL | IA | CPHP Holdings, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95754 | 62-1579044 | | | | Cariten Health Plan Inc. | TN | IA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 82740 | 62-0729865 | | | | Cariten Insurance Company | TN | IA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 80-0072760 | | | | Certify Data Systems, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95158 | 61-1279717 | | | | CHA HMO, Inc. | KY | IA | CHA Service Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 01-0510161 | | | | CM Occupational Health, L.L.C. | ME | NIA | See Footnote 3 | Joint Venture | 0.000 | Humana Inc. | 3 |
| 0119 | Humana Inc. | 00000 | 20-5440995 | | | | CNU Blue 2, LLC | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 04-3185995 | | | | CompBenefits Corporation | DE | UIP | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | IL | IA | Dental Care Plus Management Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | DE | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 12250 | 63-1063101 | | | | CompBenefits of Alabama, Inc. | AL | IA | HumanaCares, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 58-2198538 | | | | CompBenefits of Georgia, Inc. | GA | IA | HumanaCares, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 42-1575099 | | | | Comprehensive Health Insights, Inc. | IL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-0114482 | | | | Concentra Akron, L.L.C. | DE | NIA | See Footnote 4 | Joint Venture | 100.000 | Humana Inc. | 4 |
| 0119 | Humana Inc. | 00000 | 62-1691148 | | | | Concentra Arkansas, L.L.C. | DE | NIA | See Footnote 10 | Joint Venture | 0.000 | Humana Inc. | 10 |
| 0119 | Humana Inc. | 00000 | 75-2510547 | | | | Concentra Health Services, Inc. | NV | NIA | Concentra Operating Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-4823524 | | | | Concentra Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0119 | Humana Inc. | 00000 | 04-2658593 | | | | Concentra Integrated Services, Inc. | MA | NIA | National Healthcare Resources, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 76-0546504 | | | | Concentra Laboratory, L.L.C. | DE | NIA | National Healthcare Resources, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 75-2857879 | | | | Concentra Occ Health Research Institute | TX | NIA | Concentra Health Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 23-2901126 | | | | Concentra Occ Healthcare Harrisburg, L.P | PA | NIA | See Footnote 11 | Joint Venture | 0.000 | Humana Inc. | 11 |
| 0119 | Humana Inc. | 00000 | 04-3363415 | | | | Concentra Operating Corporation | DE | NIA | Concentra Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 75-2678146 | | | | Concentra Solutions, Inc. | DE | NIA | Concentra Health Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 75-2784513 | | | | Concentra South Carolina, L.L.C. | DE | NIA | See Footnote 12 | Joint Venture | 0.000 | Humana Inc. | 12 |
| 0119 | Humana Inc. | 00000 | 75-2821236 | | | | Concentra St. Louis, L.L.C. | DE | NIA | See Footnote 13 | Joint Venture | 0.000 | Humana Inc. | 13 |
| 0119 | Humana Inc. | 00000 | 22-3675361 | | | | Concentra-UPMC, L.L.C. | DE | NIA | See Footnote 14 | Joint Venture | 0.000 | Humana Inc. | 14 |
| 0119 | Humana Inc. | 00000 | 59-2716023 | | | | Continucare Corporation | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0796178 | | | | Continucare Managed Care, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-5646291 | | | | Continucare MDHC, LLC | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0791417 | | | | Continucare Medical Management, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0780986 | | | | Continucare MSO, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-8236655 | | | | Corphealth Provider Link, Inc. | TX | NIA | Corphealth, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 75-2043865 | | | | Corphealth, Inc. | TX | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 33-0916248 | | | | DefenseWeb Technologies, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 36-3512545 | | | | Dental Care Plus Management Corp. | IL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95161 | 76-0039628 | | | | DentiCare, Inc. | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 59-3657970 | | | | Elder Health Care of Volusia, Inc. | FL | NIA | METCARE of Florida, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 88595 | 31-0935772 | | | | Emphesys Insurance Company | TX | IA | Emphesys, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1237697 | | | | Emphesys, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 27-1649291 | | | | Harris, Rothenberg International Inc. | NY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 11-2795529 | | | | Harte Placements, Inc. | NY | NIA | SeniorBridge Family Companies (NY), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1223418 | | | | Health Value Management, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-3116348 | | | | HomeCare Health Solutions, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-3592783 | | | | HUM INT, LLC | DE | NIA | HUM-Holdings International, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-4835394 | | | | Humana Active Outlook, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 10126 | 65-1137990 | | | | Humana AdvantageCare Plan, Inc. | FL | IA | Humana Medical Plan, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc. | IL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 59-1843760 | | | | Humana Dental Company | FL | UDP | CompBenefits Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95519 | 58-2209549 | | | | Humana Employers Health Plan of GA. Inc. | GA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1241225 | | | | Humana Government Business, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95642 | 72-1279235 | | | | Humana Health Benefit Plan of LA, Inc. | LA | IA | Humana Health Plan Interests, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 13558 | 26-2800286 | | | | Humana Health Company of New York, Inc. | NY | IA | Arcadian Management Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 69671 | 61-1041514 | | | | Humana Health Ins. Co. of Florida, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 71-0732385 | | | | Humana Health Plan Interests, Inc. | LA | NIA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-3473328 | | | | Humana Health Plan of California, Inc. | CA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95348 | 31-1154200 | | | | Humana Health Plan of Ohio, Inc. | OH | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95024 | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95885 | 61-1013183 | | | | Humana Health Plan, Inc. | KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-0647538 | | | NYSE | Humana Inc. | DE | UIP | | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-3364857 | | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0119 | Humana Inc. | 14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc. | MI | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 14462 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc | PA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 12908 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95270 | 61-1103898 | | | | Humana Medical Plan, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1316926 | | | | Humana Pharmacy, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc. | AR | IA | Arcadian Management Services, Inc./Arcadia Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | 8 |
| 0119 | Humana Inc. | 00000 | 20-8418853 | | | | Humana Veterans Healthcare Services, Inc | DE | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 95342 | 39-1525003 | | | | Humana Wisc. Health Org. Ins. Corp. | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0274594 | | | | HumanaCares, Inc. | FL | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 27-4535747 | | | | HumanaVitality, LLC | DE | OTH | See Footnote 7 | Ownership | 75.000 | Humana Inc. | 7 |
| 0119 | Humana Inc. | 00000 | 61-1239538 | | | | Humco, Inc. | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 26-3583438 | | | | HUM-Holdings International, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | OH | NIA | Corphealth, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 39-1769093 | | | | Independent Care Health Plan | WI | OTH | See Footnote 5 | Other | 100.000 | Humana Inc. | 5 |
| 0119 | Humana Inc. | 00000 | 62-1245230 | | | | Kanawha HealthCare Solutions, Inc. | TN | NIA | Kanawha Insurance Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 65110 | 57-0380426 | | | | Kanawha Insurance Company | SC | IA | KMG America Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-1377270 | | | | KMG America Corporation | VA | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-1981339 | | | | M.D. Care, Inc. | CA | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 61-1232669 | | | | Managed Care Indemnity, Inc. | VT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 86-0751979 | | | | Managed Prescription Program | AZ | NIA | Concentra Health Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0879131 | | | | METCARE of Florida, Inc. | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 11-3273542 | | | | National Healthcare Resources, Inc. | DE | NIA | Concentra Health Services, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 04-3353031 | | | | OHR/Baystate, LLC | MA | NIA | See Footnote 15 | Joint Venture | 0.000 | Humana Inc. | 15 |
| 0119 | Humana Inc. | 00000 | 04-3353031 | | | | OHR/MMC, Limited Liability Company | ME | NIA | See Footnote 16 | Joint Venture | 100.000 | Humana Inc. | 16 |
| 0119 | Humana Inc. | 00000 | 98-0445802 | | | | OMP Insurance Company, Ltd. | TX | NIA | Concentra Operating Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 62-1552091 | | | | PHP Companies, Inc. | TN | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 62-1250945 | | | | Preferred Health Partnership, Inc. | TN | NIA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-1724127 | | | | Preservation on Main, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 56-2593719 | | | | SeniorBridge (NC), Inc. | NC | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 56-2593718 | | | | SeniorBridge (UT), Inc. | UT | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 57-1226890 | | | | SeniorBridge (WA), Inc. | WA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 80-0581269 | | | | SeniorBridge Care Management, Inc. | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 46-0702349 | | | | SeniorBridge Family Companies (AZ), Inc. | AZ | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-3039782 | | | | SeniorBridge Family Companies (CA), Inc. | CA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 27-0452360 | | | | SeniorBridge Family Companies (CT), Inc. | CT | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 65-1096853 | | | | SeniorBridge Family Companies (FL), Inc. | FL | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 02-0660212 | | | | SeniorBridge Family Companies (IL), Inc. | IL | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-0301155 | | | | SeniorBridge Family Companies (IN), Inc. | IN | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 45-5299341 | | | | SeniorBridge Family Companies (LA), Inc. | LA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 04-3580066 | | | | SeniorBridge Family Companies (MA), Inc. | MA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>Federal ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries Or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0119 | Humana Inc. | 00000 | 81-0557727 | | | | SeniorBridge Family Companies (MD), Inc. | MD | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 46-0677759 | | | | SeniorBridge Family Companies (MO), Inc. | MO | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 36-4484449 | | | | SeniorBridge Family Companies (NJ), Inc. | NJ | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc. | NY | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-0260501 | | | | SeniorBridge Family Companies (OH), Inc. | OH | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 38-3643832 | | | | SeniorBridge Family Companies (PA), Inc. | PA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 01-0766084 | | | | SeniorBridge Family Companies (TX), Inc. | TX | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 46-0691871 | | | | SeniorBridge Family Companies (VA), Inc. | VA | NIA | SeniorBridge Family Companies, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 13-4036798 | | | | SeniorBridge Family Companies, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 59-2518701 | | | | SeniorBridge-Florida, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 20-3355580 | | | | Sensei, Inc. | DE | OTH | See Footnote 6 | Other | 0.000 | Humana Inc. | 6 |
| 0119 | Humana Inc. | 00000 | 27-0338595 | | | | Seredor Corporation | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 32-0375132 | | | | Symphony Health Partners - Midwest, LLC | DE | NIA | See Footnote 9 | Ownership | 0.000 | | 9 |
| 0119 | Humana Inc. | 00000 | 45-5032192 | | | | Symphony Health Partners, Inc. | DE | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 74-2352809 | | | | Texas Dental Plans, Inc. | TX | NIA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 54739 | 52-1157181 | | | | The Dental Concern, Inc. | KY | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 52028 | 36-3654697 | | | | The Dental Concern, Ltd. | IL | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 86-1050795 | | | | The Vitality Group, LLC | DE | OTH | See Footnote 7 | Ownership | 25.000 | Humana Inc. | 7 |
| 0119 | Humana Inc. | 00000 | 20-3585174 | | | | Valor Healthcare, Inc. | DE | NIA | Humana Government Business, Inc. | Ownership | 100.000 | Humana Inc. | 0 |
| 0119 | Humana Inc. | 00000 | 86-0597187 | | | | St. Mary's Medical Park Pharmacy, Inc. | | NIA | Humana Pharmacy, Inc. | Ownership | 100.000 | Humana Inc. | 0 |

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

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 88595 | 31-0935772 | Emphesys Insurance Company | 0 | 0 | 0 | 0 | (18,694) | 0 | 0 | 0 | (18,694) | 0 |
| 00000 | 61-0647538 | Humana Inc. | 1,052,000,000 | (430,000,000) | 0 | 0 | 1,864,201,602 | 0 | 0 | 0 | 2,486,201,602 | 0 |
| 73288 | 39-1263473 | Humana Insurance Company | (265,000,000) | 0 | 0 | 0 | (609,635,534) | 0 | 0 | 0 | (874,635,534) | 28,658,520 |
| 00000 | 26-3473328 | Humana Health Plan of California, Inc. | 0 | 30,000,000 | 0 | 0 | (9,379,986) | 0 | 0 | 0 | 20,620,014 | 0 |
| 65110 | 57-0380426 | Kanawha Insurance Company | 0 | 75,000,000 | 0 | 0 | 77,997,146 | 0 | 0 | 0 | 152,997,146 | 0 |
| 00000 | 62-1245230 | Kanawha Healthcare Solutions, Inc. | 0 | 0 | 0 | 0 | 5,693 | 0 | 0 | 0 | 5,693 | 0 |
| 60052 | 37-1326199 | Humana Benefit Plan of Illinois, Inc. | (4,000,000) | 0 | 0 | 0 | (17,603,761) | 0 | 0 | 0 | (21,603,761) | 0 |
| 10126 | 65-1137990 | Humana AdvantageCare Plan, Inc. | (10,000,000) | 0 | 0 | 0 | (13,086,397) | 0 | 0 | 0 | (23,086,397) | 0 |
| 54739 | 52-1157181 | The Dental Concern, Inc. | (1,000,000) | 0 | 0 | 0 | (5,736,789) | 0 | 0 | 0 | (6,736,789) | 0 |
| 70580 | 39-0714280 | HumanaDental Insurance Company | 0 | 0 | 0 | 0 | (23,937,385) | 0 | 0 | 0 | (23,937,385) | 0 |
| 52028 | 39-3654697 | The Dental Concern, Ltd. | 0 | 0 | 0 | 0 | (104,809) | 0 | 0 | 0 | (104,809) | 0 |
| 95348 | 31-1154200 | Humana Health Plan of Ohio, Inc. | 0 | 0 | 0 | 0 | (36,593,716) | 0 | 0 | 0 | (36,593,716) | 0 |
| 95342 | 39-1525003 | Humana Wisc. Health Org. Ins. Corp. | 0 | 0 | 0 | 0 | (19,338,703) | 0 | 0 | 0 | (19,338,703) | 0 |
| 00000 | 27-3991410 | Humana Medical Plan of Michigan, Inc. | 0 | 0 | 0 | 0 | (315,476) | 0 | 0 | 0 | (315,476) | 0 |
| 95519 | 58-2209549 | Humana Employers Health Plan of GA. Inc. | 0 | 70,000,000 | 0 | 0 | (76,313,271) | 0 | 0 | 0 | (6,313,271) | 0 |
| 95270 | 61-1103898 | Humana Medical Plan, Inc. | (464,000,000) | 0 | 0 | 0 | (632,597,029) | 0 | 0 | 0 | (1,096,597,029) | 0 |
| 69671 | 61-1041514 | Humana Health Ins. Co. of Florida, Inc. | (50,000,000) | 0 | 0 | 0 | 116,620,641 | 0 | 0 | 0 | 66,620,641 | 0 |
| 95754 | 62-1579044 | Cariten Health Plan Inc. | 0 | 0 | 0 | 0 | (112,898,468) | 0 | 0 | 0 | (112,898,468) | 0 |
| 95885 | 61-1013183 | Humana Health Plan, Inc. | 0 | 130,000,000 | 0 | 0 | (473,599,235) | 0 | 0 | 0 | (343,599,235) | 0 |
| 60219 | 61-1311605 | Humana Insurance Company of Kentucky | 0 | 20,000,000 | 0 | 0 | (11,201,149) | 0 | 0 | 0 | 8,798,851 | (28,658,520) |
| 95024 | 61-0994632 | Humana Health Plan of Texas, Inc. | 0 | 60,000,000 | 0 | 0 | (51,872,748) | 0 | 0 | 0 | 8,127,252 | 0 |
| 00000 | 66-0406896 | Humana Health Plans of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 22,337,272 | 0 | 0 | 0 | 22,337,272 | 0 |
| 00000 | 66-0291866 | Humana Insurance of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | (22,312,374) | 0 | 0 | 0 | (22,312,374) | 0 |
| 00000 | 61-1232669 | Managed Care Indemnity, Inc. | (20,000,000) | 0 | 0 | 0 | 6,112,592 | 0 | 0 | 0 | (13,887,408) | 0 |
| 95642 | 72-1279235 | Humana Health Benefit Plan of LA, Inc. | (81,500,000) | 0 | 0 | 0 | (176,650,711) | 0 | 0 | 0 | (258,150,711) | 0 |
| 95092 | 59-2598550 | CarePlus Health Plans, Inc. | (137,000,000) | 25,000,000 | 0 | 0 | (55,303,337) | 0 | 0 | 0 | (167,303,337) | 0 |
| 00000 | 26-0010657 | CAC-Florida Medical Centers, LLC | 0 | 0 | 0 | 0 | (54,085) | 0 | 0 | 0 | (54,085) | 0 |
| 12634 | 20-2888723 | Humana Insurance Company of New York | 0 | 0 | 0 | 0 | (21,609,154) | 0 | 0 | 0 | (21,609,154) | 0 |
| 82740 | 62-0729865 | Cariten Insurance Company | 0 | 0 | 0 | 0 | (40,391) | 0 | 0 | 0 | (40,391) | 0 |
| 00000 | 20-1981339 | M.D. Care, Inc. | 0 | 0 | 0 | 0 | (679,467) | 0 | 0 | 0 | (679,467) | 0 |
| 00000 | 61-1343508 | Humana Marketpoint, Inc. | 0 | 0 | 0 | 0 | 516,221,563 | 0 | 0 | 0 | 516,221,563 | 0 |
| 00000 | 61-1316926 | Humana Pharmacy, Inc. | 0 | 0 | 0 | 0 | (59,489,269) | 0 | 0 | 0 | (59,489,269) | 0 |
| 00000 | 61-1239538 | Humco, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 61-1383567 | HUM-e-FL, Inc. | 0 | 0 | 0 | 0 | (2,395,360) | 0 | 0 | 0 | (2,395,360) | 0 |
| 00000 | 75-2043865 | Corphealth, Inc. | 0 | 0 | 0 | 0 | (14,521,903) | 0 | 0 | 0 | (14,521,903) | 0 |
| 95158 | 61-1279717 | CHA HMO, Inc. | 0 | 0 | 0 | 0 | (3,375,920) | 0 | 0 | 0 | (3,375,920) | 0 |
| 00000 | 33-0916248 | DefenseWeb Technologies, Inc. | 0 | 0 | 0 | 0 | (713,738) | 0 | 0 | 0 | (713,738) | 0 |
| 00000 | 00-5893028 | Humana Europe, Ltd. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12908 | 20-8411422 | Humana Medical Plan of Utah, Inc. | 0 | 0 | 0 | 0 | (4,901,489) | 0 | 0 | 0 | (4,901,489) | 0 |
| 00000 | 59-1843760 | Humana Dental Company | 0 | 0 | 0 | 0 | 4,071,258 | 0 | 0 | 0 | 4,071,258 | 0 |
| 95107 | 56-1796975 | American Dental Plan of N. C., Inc. | 0 | 0 | 0 | 0 | (311,735) | 0 | 0 | 0 | (311,735) | 0 |
| 11559 | 58-2302163 | American Dental Providers of Ark., Inc. | 0 | 0 | 0 | 0 | (107,615) | 0 | 0 | 0 | (107,615) | 0 |
| 52015 | 59-2531815 | CompBenefits Company | 0 | 0 | 0 | 0 | (25,626,416) | 0 | 0 | 0 | (25,626,416) | 0 |
| 00000 | 61-1241225 | Humana Government Business, Inc. | 0 | 0 | 0 | 0 | (28,889,243) | 0 | 0 | 0 | (28,889,243) | 0 |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00000 | 20-8418853 | Humana Veterans Healthcare Services, Inc. | 0 | 0 | 0 | 0 | (5,673) | 0 | 0 | 0 | (5,673) | 0 |
| 60984 | 74-2552026 | CompBenefits Insurance Company | (4,000,000) | 0 | 0 | 0 | (24,208,135) | 0 | 0 | 0 | (28,208,135) | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | (1,000,000) | 0 | 0 | 0 | (10,600,787) | 0 | 0 | 0 | (11,600,787) | 0 |
| 00000 | 36-3512545 | Dental Care Plus Mangement, Corp. | 0 | 0 | 0 | 0 | (2,537,726) | 0 | 0 | 0 | (2,537,726) | 0 |
| 11228 | 36-3686002 | CompBenefits Dental, Inc. | (500,000) | 0 | 0 | 0 | (7,743,289) | 0 | 0 | 0 | (8,243,289) | 0 |
| 00000 | 27-4460531 | Humana Medical Plan of Pennsylvania, Inc | 0 | 0 | 0 | 0 | 14,448 | 0 | 0 | 0 | 14,448 | 0 |
| 12151 | 20-1001348 | Arcadian Health Plan, Inc. | 0 | 0 | 0 | 0 | (8,202,283) | 0 | 0 | 0 | (8,202,283) | 0 |
| 12282 | 20-2036444 | Humana Regional Health Plan, Inc. | 0 | 0 | 0 | 0 | 177,673 | 0 | 0 | 0 | 177,673 | 0 |
| 13558 | 26-2800286 | Humana Health Company of New York, Inc. | 0 | 20,000,000 | 0 | 0 | (355,285) | 0 | 0 | 0 | 19,644,715 | 0 |
| 12250 | 63-1063101 | CompBenefits of Alabama, Inc. | 0 | 0 | 0 | 0 | (359,878) | 0 | 0 | 0 | (359,878) | 0 |
| 00000 | 58-2198538 | CompBenefits of Georgia, Inc. | 0 | 0 | 0 | 0 | (2,235,969) | 0 | 0 | 0 | (2,235,969) | 0 |
| 00000 | 61-1237697 | Emphesys, Inc. | 0 | 0 | 0 | 0 | 320 | 0 | 0 | 0 | 320 | 0 |
| 00000 | 26-3583438 | HUM-Holdings International, Inc. | 0 | 0 | 0 | 0 | (395,277) | 0 | 0 | 0 | (395,277) | 0 |
| 00000 | 26-3592783 | HUM INT, LLC | 0 | 0 | 0 | 0 | 1,420 | 0 | 0 | 0 | 1,420 | 0 |
| 00000 | 26-4522426 | Humana WellWorks LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 20-1377270 | KMG America Corporation | 0 | 0 | 0 | 0 | 85 | 0 | 0 | 0 | 85 | 0 |
| 00000 | 86-1050795 | The Vitality Group, LLC | 0 | 0 | 0 | 0 | (59,249) | 0 | 0 | 0 | (59,249) | 0 |
| 00000 | 62-1245230 | Kanawha Healthcare Solutions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 27-4535747 | HumanaVitality, LLC. | 0 | 0 | 0 | 0 | (15,076,096) | 0 | 0 | 0 | (15,076,096) | 0 |
| 00000 | 45-2254346 | Humana Pharmacy Solutions, Inc. | 0 | 0 | 0 | 0 | (3,361,689) | 0 | 0 | 0 | (3,361,689) | 0 |
| 00000 | 62-1552091 | PHP Companies Incorporated | 0 | 0 | 0 | 0 | 113,834 | 0 | 0 | 0 | 113,834 | 0 |
| 00000 | 45-3116348 | HomeCare Health Solutions, Inc. | 0 | 0 | 0 | 0 | 12,572,415 | 0 | 0 | 0 | 12,572,415 | 0 |
| 00000 | 86-0836599 | Arcadian Management Services, Inc. | 0 | 0 | 0 | 0 | 5,456,533 | 0 | 0 | 0 | 5,456,533 | 0 |
| 00000 | 13-4036798 | SeniorBridge Family Companies, Inc. | 0 | 0 | 0 | 0 | (56,102) | 0 | 0 | 0 | (56,102) | 0 |
| 00000 | 42-1575099 | Comprehensive Health Insights, Inc. | 0 | 0 | 0 | 0 | (710,288) | 0 | 0 | 0 | (710,288) | 0 |
| 00000 | 77-0540040 | Anvita, Inc. | 0 | 0 | 0 | 0 | 8,086,481 | 0 | 0 | 0 | 8,086,481 | 0 |
| 00000 | 27-0452360 | SeniorBridge Family Companies (CT), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 65-1096853 | SeniorBridge Family Companies (FL), Inc. | 0 | 0 | 0 | 0 | (56,360) | 0 | 0 | 0 | (56,360) | 0 |
| 00000 | 02-0660212 | SeniorBridge Family Companies (IL), Inc. | 0 | 0 | 0 | 0 | (225,155) | 0 | 0 | 0 | (225,155) | 0 |
| 00000 | 26-4823524 | Concentra Inc. | 0 | 0 | 0 | 0 | (2,944,329) | 0 | 0 | 0 | (2,944,329) | 0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 04-3580066 | SeniorBridge Family Companies (MA), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 81-0557727 | SeniorBridge Family Companies (MD), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 56-2593719 | SeniorBridge (NC) | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 36-4484449 | SeniorBridge Family Companies (NJ), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 30-0117876 | CAC Medical Center Holdings, Inc. | 0 | 0 | 0 | 0 | 286,683 | 0 | 0 | 0 | 286,683 | 0 |
| 00000 | 80-0581269 | SeniorBridge Care Management Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 36-4484443 | SeniorBridge Family Companies (NY), Inc. | 0 | 0 | 0 | 0 | (53,611) | 0 | 0 | 0 | (53,611) | 0 |
| 00000 | 20-0260501 | SeniorBridge Family Companies (OH), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 38-3643832 | SeniorBridge Family Companies (PA), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 01-0766084 | SeniorBridge Family Companies (TX), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 57-1226890 | SeniorBridge (WA), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 27-1649291 | Harris, Rothenberg International, Inc. | 0 | 0 | 0 | 0 | (515,461) | 0 | 0 | 0 | (515,461) | 0 |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00000 | 20-3585174 | Valor Healthcare, Inc. | 0 | 0 | 0 | 0 | (20) | 0 | 0 | 0 | (20) | 0 |
| 00000 | 80-0072760 | Certify Data Systems, Inc. | 0 | 0 | 0 | 0 | 4,995,041 | 0 | 0 | 0 | 4,995,041 | 0 |
| 00000 | 26-4179617 | Ambulatory Care Solutions of Ohio LLC | 0 | 0 | 0 | 0 | (7,419) | 0 | 0 | 0 | (7,419) | 0 |
| 00000 | 20-3364857 | Humana MarketPOINT of Puerto Rico, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 27-0200477 | Ambulatory Care Solutions of AR, LLC | 0 | 0 | 0 | 0 | (5,256) | 0 | 0 | 0 | (5,256) | 0 |
| 00000 | 39-1514846 | CareNetwork, Inc. | 0 | 0 | 0 | 0 | 186,682 | 0 | 0 | 0 | 186,682 | 0 |
| 00000 | 61-1223418 | Health Value Management, Inc. | 0 | 0 | 0 | 0 | (12,507,554) | 0 | 0 | 0 | (12,507,554) | 0 |
| 00000 | 20-8236655 | Corphealth Provider Link, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 61-1364005 | HumanaDental, Inc. | (14,000,000) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (14,000,000) | 0 |
| 00000 | 61-1343791 | Humana Innovation Enterprises, Inc. | 0 | 0 | 0 | 0 | (114) | 0 | 0 | 0 | (114) | 0 |
| 00000 | 20-1724127 | Preservation on Main Inc | 0 | 0 | 0 | 0 | 64,389 | 0 | 0 | 0 | 64,389 | 0 |
| 00000 | 37-1485812 | Ambulatory Care Solutions LLC | 0 | 0 | 0 | 0 | (31,292) | 0 | 0 | 0 | (31,292) | 0 |
| 00000 | 61-1279716 | CHA Service Company | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 65-0293220 | 54th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | 85,130 | 0 | 0 | 0 | 85,130 | 0 |
| 00000 | 20-4835394 | Humana Active Outlook, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 20-5309363 | 515-526W MainSt CondoCouncilofCo-Owners | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 65-0851053 | 154th Street Medical Plaza, Inc. | 0 | 0 | 0 | 0 | 75,755 | 0 | 0 | 0 | 75,755 | 0 |
| 00000 | 04-3185995 | CompBenefits Corporation | 0 | 0 | 0 | 0 | (2,319) | 0 | 0 | 0 | (2,319) | 0 |
| 00000 | 58-2228851 | Compbenefits Direct | 0 | 0 | 0 | 0 | 146 | 0 | 0 | 0 | 146 | 0 |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 45-3039782 | SeniorBridge Family Companies (CA), Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 45-5299341 | SeniorBridge Family Companies (LA), Inc. | 0 | 0 | 0 | 0 | (56,058) | 0 | 0 | 0 | (56,058) | 0 |
| 00000 | 56-2593718 | SeniorBridge (UT), Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 46-0702349 | SeniorBridge Family Companies (AZ) Inc. | 0 | 0 | 0 | 0 | (56,061) | 0 | 0 | 0 | (56,061) | 0 |
| 00000 | 46-0677759 | SeniorBridge Family Companies (MO) Inc. | 0 | 0 | 0 | 0 | (52,135) | 0 | 0 | 0 | (52,135) | 0 |
| 00000 | 46-0691871 | SeniorBridge Family Companies (VA) Inc. | 0 | 0 | 0 | 0 | (51,874) | 0 | 0 | 0 | (51,874) | 0 |
| 00000 | 20-2620891 | Green Ribbon Health, LLC | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 62-1250945 | Preferred Health Partnership, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 45-3713941 | Complex Clinical Management, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 65-0274594 | HumanaCares, Inc. | 0 | 0 | 0 | 0 | (20,289,435) | 0 | 0 | 0 | (20,289,435) | 0 |
| 00000 | 46-1225873 | Agile Technology Solutions, Inc. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 00000 | 45-3818750 | American Eldercare of North Florida, LLC | 0 | 0 | 0 | 0 | (92,394) | 0 | 0 | 0 | (92,394) | 0 |
| 00000 | 65-0380198 | American Eldercare, Inc. | 0 | 0 | 0 | 0 | (12,950,752) | 0 | 0 | 0 | (12,950,752) | 0 |
| 00000 | 86-0597187 | St. Mary's Medical Park Pharmacy, Inc. | 0 | 0 | 0 | 0 | 388,083 | 0 | 0 | 0 | 388,083 | 0 |
| 00000 | 75-2678146 | Concentra Solutions, Inc. | 0 | 0 | 0 | 0 | 10,534 | 0 | 0 | 0 | 10,534 | 0 |
| 00000 | 26-2681597 | Auto Injury Solutions, Inc. | 0 | 0 | 0 | 0 | 410 | 0 | 0 | 0 | 410 | 0 |
| 00000 | 75-2510547 | Concentra Health Services, Inc. | 0 | 0 | 0 | 0 | (18,700) | 0 | 0 | 0 | (18,700) | 0 |
| 00000 | 65-0635728 | Metropolitan Health Networks, Inc. | 0 | 0 | 0 | 0 | (2,279,217) | 0 | 0 | 0 | (2,279,217) | 0 |
| 00000 | 65-0879131 | METCARE of Florida, Inc. | 0 | 0 | 0 | 0 | 19,605 | 0 | 0 | 0 | 19,605 | 0 |
| 00000 | 45-5032192 | Symphony Health Partners, Inc. | 0 | 0 | 0 | 0 | (9,028) | 0 | 0 | 0 | (9,028) | 0 |
| 00000 | 32-0375132 | Symphony Health Partners Midwest, LLC | 0 | 0 | 0 | 0 | (9,028) | 0 | 0 | 0 | (9,028) | 0 |
| 00000 | 59-2716023 | Continucare Corporation | 0 | 0 | 0 | 0 | 90,408 | 0 | 0 | 0 | 90,408 | 0 |
| 00000 | 65-0791417 | Continucare Medical Management, Inc. | 0 | 0 | 0 | 0 | 399 | 0 | 0 | 0 | 399 | 0 |
| 00000 | 20-5646291 | Continucare MDHC, LLC | 0 | 0 | 0 | 0 | (103,234) | 0 | 0 | 0 | (103,234) | 0 |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>Federal ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 00000 | 65-0780986 | Continucare MSO, Inc. | 0 | 0 | 0 | 0 | (9,028) | 0 | 0 | 0 | (9,028) | 0 |
| 00000 | 27-0338595 | Seredor Corporation | 0 | 0 | 0 | 0 | (72,592) | 0 | 0 | 0 | (72,592) | 0 |
| 9999999 Control Totals | | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

| | | Responses |
|---|---|---|
| | **MARCH FILING** | |
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | YES |
| 2. | Will an actuarial opinion be filed by March 1? | YES |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| | **APRIL FILING** | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| | **JUNE FILING** | |
| 8. | Will an audited financial report be filed by June 1? | YES |
| 9. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | YES |
| | **AUGUST FILING** | |
| 10. | Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1? | YES |

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

| | | |
|---|---|---|
| | **MARCH FILING** | |
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | NO |
| 12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 13. | Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? | NO |
| 14. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 16. | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 17. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 18. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 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? | NO |
| 20. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| | **APRIL FILING** | |
| 21. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 22. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | NO |
| 23. | Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? | NO |
| 24. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 25. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| | **AUGUST FILING** | |
| 26. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |

Explanations:

11. This type of business is not written.
12. This type of business is not written.
13. This type of business is not written.
14. This type of business is not written.
15. This type of business is not written.
16. This type of business is not written.
17. This type of business is not written.
18. No relief will be requested
19. No relief will be requested
20. No relief will be requested
21. This type of business is not written.
22. This type of business is not written.
23. This type of business is not written.
24. This type of business is not written.
25. This type of business is not written.

Bar Codes:

11. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]
12. Life Supplement [Document Identifier 205]
13. Property/Casualty Supplement [Document Identifier 207]
14. SIS Stockholder Information Supplement [Document Identifier 420]
15. Participating Opinion for Exhibit 5 [Document Identifier 371]
16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]
17. Medicare Part D Coverage Supplement [Document Identifier 365]
18. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
19. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

22. Life Supplement [Document Identifier 211]

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

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

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

# ALPHABETICAL INDEX

## ANNUAL STATEMENT BLANK


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

**ANNUAL STATEMENT BLANK (Continued)**


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