

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

ASSETS

	Current Statement Date			4 December 31 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds	47,043,326		47,043,326	43,983,669
2. Stocks:				
2.1 Preferred stocks			0	0
2.2 Common stocks			0	0
3. Mortgage loans on real estate:				
3.1 First liens			0	0
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ encumbrances)			0	0
4.2 Properties held for the production of income (less \$ encumbrances)			0	0
4.3 Properties held for sale (less \$ encumbrances)			0	0
5. Cash (\$ (572,945)), cash equivalents (\$ 0) and short-term investments (\$ 3,599,619)	3,026,674		3,026,674	6,805,107
6. Contract loans (including \$ premium notes)			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities			0	0
10. Securities lending reinvested collateral assets			0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	50,070,000	0	50,070,000	50,788,776
13. Title plants less \$ charged off (for Title insurers only)			0	0
14. Investment income due and accrued	513,638		513,638	494,599
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	4,314,790	105,921	4,208,869	3,882,343
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)			0	0
15.3 Accrued retrospective premiums	5,896,709		5,896,709	2,795,146
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers			0	0
16.2 Funds held by or deposited with reinsured companies			0	0
16.3 Other amounts receivable under reinsurance contracts			0	0
17. Amounts receivable relating to uninsured plans	805,679		805,679	948,336
18.1 Current federal and foreign income tax recoverable and interest thereon			0	0
18.2 Net deferred tax asset	9,442,153	4,574,517	4,867,636	4,867,636
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software	13,712	6,136	7,576	13,078
21. Furniture and equipment, including health care delivery assets (\$ 0)	81,688	81,688	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	641,255		641,255	0
24. Health care (\$ 692,050) and other amounts receivable	693,162	1,112	692,050	461,122
25. Aggregate write-ins for other than invested assets	226,280	172,313	53,967	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	72,699,066	4,941,687	67,757,379	64,251,036
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			0	0
28. Total (Lines 26 and 27)	72,699,066	4,941,687	67,757,379	64,251,036
DETAILS OF WRITE-INS				
1101.			0	0
1102.			0	0
1103.			0	0
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0	0	0
2501. Prepaid Commissions	146,717	146,717	0	0
2502. Federal Contingency Reserves	53,967		53,967	0
2503. Prepaid Expenses	25,596	25,596	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	226,280	172,313	53,967	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$0 reinsurance ceded).....	17,260,551	609,418	17,869,969	15,753,826
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	375,355		375,355	258,112
4. Aggregate health policy reserves including the liability of \$0 for medical loss ratio rebate per the Public Health Service Act.....	986,821		986,821	866,485
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	482,520		482,520	895,422
9. General expenses due or accrued	325,322		325,322	158,959
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))			0	10,117
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable	873		873	874
12. Amounts withheld or retained for the account of others			0	0
13. Remittances and items not allocated	306,827		306,827	680,775
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	186,755
16. Derivatives.....			0	0
17. Payable for securities			0	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$ authorized reinsurers, \$ unauthorized reinsurers and \$ certified reinsurers)			0	0
20. Reinsurance in unauthorized and certified (\$) companies			0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
22. Liability for amounts held under uninsured plans	1,690,975		1,690,975	395,244
23. Aggregate write-ins for other liabilities (including \$14,359 current)	14,359	0	14,359	413,849
24. Total liabilities (Lines 1 to 23).....	21,443,603	609,418	22,053,021	19,620,418
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,500,000	2,500,000
27. Preferred capital stock	XXX	XXX		0
28. Gross paid in and contributed surplus	XXX	XXX	57,300,000	61,300,000
29. Surplus notes	XXX	XXX		0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(14,095,642)	(19,169,382)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX		0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX		0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	45,704,358	44,630,618
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	67,757,379	64,251,036
DETAILS OF WRITE-INS				
2301. Medicare Risk Adjustment & Premiums Payable.....	14,359		14,359	286,935
2302. OPM Contract Reserves.....	0		0	126,914
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	14,359	0	14,359	413,849
2501.	XXX	XXX		0
2502.	XXX	XXX		0
2503.	XXX	XXX		0
2598. Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	XXX	XXX	0	0
3001.	XXX	XXX		0
3002.	XXX	XXX		0
3003.	XXX	XXX		0
3098. Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0
3099. Totals (Lines 3001 through 3003 plus 3098) (Line 30 above)	XXX	XXX	0	0

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months.....	XXX	111,102	107,502	214,550
2. Net premium income (including \$ 0 non-health premium income).....	XXX	88,551,456	84,318,307	164,471,640
3. Change in unearned premium reserves and reserve for rate credits	XXX		0	0
4. Fee-for-service (net of \$ medical expenses)	XXX		0	0
5. Risk revenue	XXX		0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	88,551,456	84,318,307	164,471,640
Hospital and Medical:				
9. Hospital/medical benefits	2,477,006	65,475,285	63,837,630	128,050,164
10. Other professional services		121,736	51,471	242,560
11. Outside referrals			0	0
12. Emergency room and out-of-area	79,666	1,532,774	1,576,292	3,405,779
13. Prescription drugs		7,839,521	8,540,128	13,870,854
14. Aggregate write-ins for other hospital and medical.....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts.....			0	0
16. Subtotal (Lines 9 to 15)	2,556,672	74,969,316	74,005,521	145,569,357
Less:				
17. Net reinsurance recoveries			0	0
18. Total hospital and medical (Lines 16 minus 17)	2,556,672	74,969,316	74,005,521	145,569,357
19. Non-health claims (net).....			0	0
20. Claims adjustment expenses, including \$ 3,804,059 cost containment expenses.....		4,430,132	3,637,820	7,634,358
21. General administrative expenses.....		5,190,740	5,645,048	12,498,944
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....			0	(3,000,000)
23. Total underwriting deductions (Lines 18 through 22)	2,556,672	84,590,188	83,288,389	162,702,659
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	3,961,268	1,029,918	1,768,981
25. Net investment income earned		918,162	882,643	1,816,163
26. Net realized capital gains (losses) less capital gains tax of \$96		179	10,922	132,699
27. Net investment gains (losses) (Lines 25 plus 26)	0	918,341	893,565	1,948,862
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0	0
29. Aggregate write-ins for other income or expenses	0	19,655	17,770	17,770
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	4,899,264	1,941,253	3,735,613
31. Federal and foreign income taxes incurred	XXX	(96)	(5,881)	(61,336)
32. Net income (loss) (Lines 30 minus 31)	XXX	4,899,360	1,947,134	3,796,949
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401.			0	0
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	0	0
2901. Miscellaneous Income.....		19,655	17,770	17,770
2902.			0	0
2903.			0	0
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998) (Line 29 above)	0	19,655	17,770	17,770

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1	2	3
	Current Year To Date	Prior Year To Date	Prior Year Ended December 31
CAPITAL & SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	44,630,618	39,660,284	39,660,284
34. Net income or (loss) from Line 32	4,899,360	1,947,134	3,796,949
35. Change in valuation basis of aggregate policy and claim reserves		0	0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$0	(1,047)	13,053	8,564
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	(4,936,069)
39. Change in nonadmitted assets	175,427	(718,297)	2,412,489
40. Change in unauthorized and certified reinsurance	0	0	0
41. Change in treasury stock		0	0
42. Change in surplus notes	0	0	0
43. Cumulative effect of changes in accounting principles		0	3,319,085
44. Capital Changes:			
44.1 Paid in		0	1,500,000
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in	(4,000,000)	0	(1,500,000)
45.2 Transferred to capital (Stock Dividend)	0	0	0
45.3 Transferred from capital		0	0
46. Dividends to stockholders		0	0
47. Aggregate write-ins for gains or (losses) in surplus	0	0	369,316
48. Net change in capital and surplus (Lines 34 to 47)	1,073,740	1,241,890	4,970,334
49. Capital and surplus end of reporting period (Line 33 plus 48)	45,704,358	40,902,174	44,630,618
DETAILS OF WRITE-INS			
4701. Prior Year dividend reclassification.....	0	0	369,316
4702.			
4703.			
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798) (Line 47 above)	0	0	369,316

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
Cash from Operations			
1. Premiums collected net of reinsurance.....	84,556,818	93,786,861	163,276,268
2. Net investment income	1,028,510	943,297	2,011,075
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	85,585,328	94,730,158	165,287,343
5. Benefit and loss related payments	72,853,173	73,236,104	142,532,124
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....	0	0	0
7. Commissions, expenses paid and aggregate write-ins for deductions	7,894,482	9,296,798	19,454,184
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$96 tax on capital gains (losses).....	10,117	24,816	552,057
10. Total (Lines 5 through 9)	80,757,772	82,557,718	162,538,365
11. Net cash from operations (Line 4 minus Line 10)	4,827,556	12,172,440	2,748,978
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	2,153,719	3,963,374	9,898,214
12.2 Stocks	0	0	0
12.3 Mortgage loans	0	0	0
12.4 Real estate	0	0	0
12.5 Other invested assets	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	(311)	(324)
12.7 Miscellaneous proceeds	0	75,009	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	2,153,719	4,038,072	9,897,890
13. Cost of investments acquired (long-term only):			
13.1 Bonds	5,343,535	9,137,691	15,122,969
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	1	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	5,343,535	9,137,692	15,122,969
14. Net increase (or decrease) in contract loans and premium notes	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(3,189,816)	(5,099,620)	(5,225,079)
Cash from Financing and Miscellaneous Sources			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes	0	0	0
16.2 Capital and paid in surplus, less treasury stock.....	(4,000,000)	0	0
16.3 Borrowed funds	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	0	0	0
16.6 Other cash provided (applied).....	(1,416,173)	(2,659,640)	237,489
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(5,416,173)	(2,659,640)	237,489
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)	(3,778,433)	4,413,180	(2,238,612)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	6,805,107	9,043,719	9,043,719
19.2 End of period (Line 18 plus Line 19.1)	3,026,674	13,456,899	6,805,107

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	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	17,686	.0	.0	.0	1,284	572	1,270	14,560	.0	.0
2. First Quarter	18,525	.0	.0	.0	1,421	714	1,197	15,193	.0	.0
3. Second Quarter	18,525	.0	.0	.0	1,434	782	1,181	15,128	.0	.0
4. Third Quarter .....	.0									
5. Current Year	0									
6. Current Year Member Months	111,102				8,526	4,297	7,156	91,123		
Total Member Ambulatory Encounters for Period:										
7. Physician	86,385						8,570	77,815		
8. Non-Physician	113,720						6,820	106,900		
9. Total	200,105	0	0	0	0	0	15,390	184,715	0	0
10. Hospital Patient Days Incurred	40,465						195	40,270		
11. Number of Inpatient Admissions	8,514						81	8,433		
12. Health Premiums Written (a).....	88,554,114				84,746	104,477	3,491,953	84,872,938		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	88,554,114				84,746	104,477	3,491,953	84,872,938		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	73,165,562				60,095	56,079	4,893,197	68,156,191		
18. Amount Incurred for Provision of Health Care Services	74,969,316				60,095	55,645	5,306,329	69,547,247		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 84,872,938

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims unpaid (Reported)						
ADVOCATE BROMENN MEDICAL CENTER.....	16,435	3,052				19,487
ADVOCATE EUREKA HOSPITAL.....	3,258					3,258
ALEXIAN BROTHERS BEHAVIORAL.....	5,516					5,516
ALLEN M VUKOV MD.....	4,095					4,095
ALPINE FIRESIDE HEALTH CENTER.....	8,296					8,296
ANGELO J SOYANGCO MD.....	2,250					2,250
APOSTOLIC CHRISTIAN EUREKA.....		4,080				4,080
APOSTOLIC HOME OF ROANOKE.....	2,240					2,240
ARSHAD R SHAIKH MD.....	7,227					7,227
AT HOME HEALTHCARE.....	2,808					2,808
BELOIT MEMORIAL HOSPITAL.....	11,793					11,793
BLESSING HOSPITAL.....	17,831					17,831
BRANDON J MCMAHON MD.....	2,935					2,935
CARE SOLUTIONS OF ILLINOIS INC.....	5,885					5,885
CARRIE A JONES NP.....	6,587					6,587
CENTER FOR HEALTH AMB SURG CENTER.....	7,826	2,289				10,115
CENTRAL ILLINOIS ENDOSCOPY CENTER.....	26,121					26,121
CENTRAL ILLINOIS RADIOLOGY ASSOCIATE.....	2,326					2,326
CGH MEDICAL CENTER.....	29,660	39,526				69,186
CHURCHVIEW DIALYSIS.....	8,606					8,606
DALE MUELLER MD.....	5,486					5,486
DANIEL R FASSETT MD.....	9,092					9,092
DAVID FOLEY MD.....	11,191					11,191
DEBORAH J RUFUS MSN.....	4,262					4,262
DIANE J PRAGER MD.....	2,187					2,187
DIXON HEALTHCARE AND REHABILITATION.....	2,540					2,540
EDWARD HOSPITAL.....				7,050		7,050
EMILIO M NARDONE MD.....	10,877					10,877
EMILY B AHMED MD PHD.....	2,613					2,613
ERIC M COX MD.....	2,288					2,288
FAYETTE COUNTY HOSPITAL.....		2,137				2,137
FONDULAC REHABILITATION & HEALTH.....	2,651					2,651
FRANCOIS J GEOFFROY MD.....	2,522					2,522
FREDERICK A SWEET MD.....				7,990		7,990
FREEPORT MEMORIAL HOSPITAL.....	12,306					12,306
GALESBURG COTTAGE HOSPITAL.....	9,414					9,414
GENESIS MEDICAL CENTER ILLINI.....	3,653					3,653
GEORGE T BRYAN JR MD.....	9,249					9,249
GRAHAM EXTENDED CARE.....	3,619					3,619
GRAHAM HOSPITAL ASSOCIATION.....	11,465					11,465
GREGORY J GERSTNER MD.....	3,711					3,711
GREGORY T BALES MD.....	3,019					3,019
HEARTLAND OF HENRY IL LLC.....	10,484					10,484
HEARTLAND OF NORMAL IL LLC.....	5,092					5,092
HEARTLAND OF PEORIA IL LLC.....	3,135					3,135
HEARTLAND RIVERVIEW E PEORIA.....	20,837					20,837
HOWARD E WIARDA MD.....	2,606					2,606
HWAN G JEONG MD.....	2,531					2,531
ILLINI RESTORATIVE CARE CENTER.....	3,441					3,441
ILLINOIS VALLEY COMMUN HOSPITAL.....	21,196	12,875				34,071
JANET M BELLINGHAM MD.....	11,149					11,149
JEFFREY D KLOPFENSTEIN MD.....	4,858					4,858
JI LI MD.....				2,279		2,279
KAMAL KISHORE MD.....	5,987					5,987
KISHWAUKEE COMMUNITY HOSPITAL.....	22,258	15,866				38,124

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

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
LAKEVIEW MED CTR OF RICE LAKE.....	3,210					3,210
LEHIGH VALLEY HOSPITAL.....	5,142					5,142
LOYOLA UNIVERSITY MED CENTER.....	8,213					8,213
MACNEAL HOSPITAL.....	9,010					9,010
MADISON VAMC.....	4,978					4,978
MAPLE CREST CARE CENTRE.....	7,586					7,586
MAPLE LAWN HEALTH CENTRE.....	2,708					2,708
MARK AGULNIK MD.....	2,842					2,842
MARK E CARLSON MD.....		3,173				3,173
MASSIMO ASOLATI MD.....	3,933					3,933
MCDONOUGH DISTRICT HOSPITAL.....	4,661					4,661
MEMORIAL HOSPITAL.....	2,733					2,733
MEMORIAL MEDICAL CENTER.....	9,024	10,853				19,877
MENDOTA COMMUNITY HOSPITAL.....	4,715					4,715
MERCY MEDICAL CENTER CLINTON.....	7,146					7,146
METHODIST MED CTR OF ILLINOIS.....		4,691				4,691
METHODIST MEDICAL CENTER.....	6,708					6,708
MICHAEL H VEEDER MD.....	3,873					3,873
MIR A ALIKHAN MD.....	5,641					5,641
NIKHIL K CHOKSHI MD.....		4,061				4,061
NORTHERN I LLINOIS RETINA LTD.....	4,881					4,881
NORTHSHORE UNIVERSITY HEALTHSYSTEM.....	6,418					6,418
OCALA REGIONAL MEDICAL CENTER.....	24,437					24,437
OTTAWA REGIONAL HOSPITAL & HEALTH.....	13,670					13,670
PA PETERSON CENTER FOR HEALTH.....	6,853					6,853
PANKAJ KUMAR MD.....			2,808		2,808	5,616
PATRICK T OLEARY MD.....		5,972				5,972
PATRICK T TRACY MD.....	4,766					4,766
PAUL A FISHKIN MD.....	8,934					8,934
PEKIN MEMORIAL HOSPITAL.....	69,987	10,462				80,449
PEORIA COUNTY.....	3,331					3,331
PEORIA DAY SURGERY CENTER.....	13,258					13,258
PETERSEN HEALTH CARE V LLC.....	3,837					3,837
PHILIP W Y WAI MD.....	5,124					5,124
PHILLIP J ROSSI MD.....	3,334					3,334
PLEASANT VIEW LUTHER HOME.....	5,691					5,691
PRAVEEN DESHMUKH MD.....	15,517					15,517
PROCTOR HOSPITAL.....	46,081	3,115				49,196
PROCTOR HOSPITAL SKILLED.....	5,519					5,519
PROVENA COR MARIAE CENTER.....	5,970					5,970
PROVENA MERCY MED CENTER.....	2,470					2,470
PROVENA ST ANNE CENTER.....	3,299					3,299
QUAKERTOWN COMMUNITY HOSPITAL.....	4,549					4,549
RAMSIN M BENYAMIN MD.....	2,421					2,421
REBECCA S SIPPEL MD.....	2,896					2,896
RIVER BLUFF NURSING HOME.....	4,137					4,137
ROCHELLE COMMUNITY HOSPITAL.....	3,165					3,165
ROCKFORD ANESTHESIOLOGISTS.....	6,120					6,120
ROCKFORD MEMORIAL HOSPITAL.....	119,834	24,980				144,814
RONALD P DANIS MD.....	3,288					3,288
ROSEWOOD CARE CENTER OF PEORIA.....	6,114					6,114
ROSEWOOD CARE CENTER OF ROCKFORD.....	7,466					7,466
ROSEWOOD CARE CTR OF GALESBURG.....	10,328					10,328
SABIN OANA MD.....	2,672					2,672
SACHDEV P THOMAS MD.....	11,661					11,661
SAINT FRANCIS HOME HEALTH.....	39,020					39,020

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

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
SAINT FRANCIS MEDICAL CENTER.....	770,206	47,522				817,728
SARAH LINDSEY.....	4,891					4,891
SEAN C SOARE PA C.....			2,592			2,592
ST ANTHONY MEDICAL CENTER.....	299,277	3,347				302,624
ST JAMES HOSPITAL.....	23,441	2,158				25,599
ST JOHNS HOSPITAL.....		2,428				2,428
ST JOSEPH MEDICAL CENTER.....	57,576	41,687				99,263
ST MARGARETS HOSPITAL.....	24,120	6,875				30,995
ST MARY HOME HEALTH.....	2,015					2,015
ST MARY MEDICAL CENTER.....	88,407					88,407
ST MARYS HOSPITAL.....	18,886	2,082				20,968
SUMIT BHATIA MD.....	2,146					2,146
SWEDISH AMERICAN HOSPITAL.....					4,668	4,668
TARKIO REHABILITATION & HEALTH.....	3,362	4,289				7,651
THC CHICAGO.....	54,836					54,836
THE MONROE CLINIC INC.....	29,200					29,200
THOMAS S VINJE MD.....		3,312				3,312
TIMOTHY M KUZEL MD.....		7,052				7,052
TOULON REHABILITATION & HEALTH.....	2,888					2,888
UNIV OF IOWA HOSP & CLINICS.....	32,756	12,269		8,073		53,098
UNIV OF WIS HOSPITAL & CLINICS.....	19,069	2,117				21,186
VALLEY WEST COMMUNITY HOSPITAL.....	3,370					3,370
VAN MATRE HEALTHSOUTH REHAB.....	18,079					18,079
WALNUT MANOR.....	3,522					3,522
0199999 Individually listed claims unpaid.....	2,424,632	282,270	14,729	16,063	7,476	2,745,170
0299999 Aggregate accounts not individually listed-uncovered.....	107,457	12,447	783	711	486	121,884
0399999 Aggregate accounts not individually listed-covered.....	119,229	12,403	3,803	773	4,018	140,226
0499999 Subtotals.....	2,651,318	307,120	19,315	17,547	11,980	3,007,280
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	14,862,689
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	0
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	17,869,969
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	0

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

UNDERWRITING AND INVESTMENT EXHIBIT
ANALYSIS OF CLAIMS UNPAID-PRIOR YEAR-NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability Dec. 31 of Prior Year
	1	2	3	4		
	On Claims Incurred Prior to January 1 of Current Year	On Claims Incurred During the Year	On Claims Unpaid Dec. 31 of Prior Year	On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....					.0	.0
2. Medicare Supplement .....					.0	.0
3. Dental only	9,331	46,748	1,104	8,101	10,435	9,639
4. Vision only		60,095			.0	.0
5. Federal Employees Health Benefits Plan	637,360	4,293,199	89,408	1,333,317	726,768	1,012,500
6. Title XVIII - Medicare	12,421,421	56,090,837	685,668	15,752,371	13,107,089	14,731,687
7. Title XIX - Medicaid .....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	13,068,112	60,490,879	776,180	17,093,789	13,844,292	15,753,826
10. Health care receivables (a)		705,818			.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts .....					.0	.0
13. Totals (Lines 9-10+11+12)	13,068,112	59,785,061	776,180	17,093,789	13,844,292	15,753,826

6

(a) Excludes \$0 loans or advances to providers not yet expensed.

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

The financial statements of the Company are presented on the basis of accounting practices prescribed or permitted by the Illinois Department of Insurance.

The Illinois Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the State of Illinois for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Illinois Insurance Law. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the State of Illinois. The Commissioner of Insurance has the right to permit other specific practices that deviate from prescribed practices. No deviations exist.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Illinois is shown below:

	State of Domicile		2013		2012
Net Income					
1. Humana Benefit Plan of Illinois, Inc. Illinois basis	IL	\$	4,899,360	\$	3,796,949
2. State Prescribed Practices that increase/(decrease) NAIC SAP	IL		-		-
3. State Permitted Practices that increase/(decrease) NAIC SAP	IL		-		-
4. NAIC SAP	IL	\$	4,899,360	\$	3,796,949
Surplus					
5. Humana Benefit Plan of Illinois, Inc. Illinois basis	IL	\$	45,704,358	\$	44,630,618
6. State Prescribed Practices that increase/(decrease) NAIC SAP	IL		-		-
7. State Permitted Practices that increase/(decrease) NAIC SAP	IL		-		-
8. NAIC SAP	IL	\$	45,704,358	\$	44,630,618

B. Use of Estimates in the Preparation of the Financial Statements

The preparation of financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. These estimates are based on knowledge of current events and anticipated future events, and accordingly, actual results could differ from those estimates.

C. Accounting Policy

Premiums are reported as earned in the period in which members are entitled to receive services, and are net of retroactive membership adjustments. Retroactive membership adjustments result from enrollment changes not yet processed, or not yet reported by an employer group or the government. Premiums received prior to such period are recorded as advance premiums.

Benefits incurred and loss adjustment expenses include claim payments, capitation payments, pharmacy costs net of rebates, allocations of certain centralized expenses, legal and administrative costs to settle claims, and various other costs incurred to provide health insurance coverage to members, as well as estimates of future payments to hospitals and others for medical care provided prior to the date of the statements of admitted assets, liabilities and surplus. Capitation payments represent monthly contractual fees disbursed to participating primary care physicians, and other providers who are responsible for providing medical care to members. Pharmacy costs represent payments for members' prescription drug benefits, net of rebates from drug manufacturers.

In addition, the Company uses the following accounting policies:

- (1) Short-term investments include investments mainly in U.S. Government obligations with a maturity of twelve months or less from the date of purchase. Short-term investments are recorded at amortized cost. The carrying value of short-term investments approximates fair value due to the short-term maturities of the investments.
- (2)-(4) Investments are valued and classified in accordance with methods prescribed by the NAIC. Bonds with an NAIC rating of 1 or 2 are carried at amortized cost, with all other bonds being recorded at the lower of amortized cost or fair value; redeemable preferred stocks are carried at amortized cost; and non-redeemable preferred stocks are carried at fair value.

The Company regularly evaluates investment securities for impairment. For all securities other than loan-backed and structured securities, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value, the near term prospects for recovery to carrying value, and the Company's intent and ability to hold the investment until maturity or market recovery is realized. If and when a determination is made that a decline in fair value below the cost basis is other-than-temporary, the related investment is written down to its estimated fair value through earnings.

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Amortization of bond premium or discount is computed using the scientific interest method.

Income from investments is recorded on an accrual basis. For the purpose of determining realized gains and losses, the cost of securities sold is based upon specific identification. Investment income due and accrued over 90 days past due is nonadmitted.

- (5) The Company estimates the fair value of its investments in mortgage loans on real estate using a discounted cash flow method based on rating, maturity and future income when compared to the expected yield for mortgages having similar characteristics. The rating for mortgages in good standing is based on property type, location, market conditions, occupancy, debt service coverage, loan to value, caliber of tenancy, borrower and payment record. Problem mortgages are priced to reflect their monetary value to the Company, considering such things as the degree of default, whether or not the payments are still being made, interest rate, maturity and operating performance of the underlying collateral.
- (6) For loan backed and structured securities where the securities fair value is less than the amortized cost, the Company considers several factors to determine if the security's impairment is other-than-temporary. If the Company has the intent to sell the security or if the Company does not have the intent and ability to retain the security until recovery of its fair value, the related investment is written down to its estimated fair value through earnings. If, however, the Company has the intent and ability to retain the security until recovery of its fair value, the Company considers factors affecting the investee, factors affecting the industry the investee operates within, and general debt and equity market trends. The Company also considers the length of time an investment's fair value has been below carrying value and the near term prospects for recovery to carrying value. If the determination is made, based on these factors, that the Company does expect to recover the entire amortized cost of the security, then an other-than-temporary impairment has not occurred. If, however, the determination is made that the Company does not expect to recover the entire amortized cost of the security based on the factors noted above, the Company recognizes a realized loss in earnings for the non-interest related decline. No loss is recognized for the interest impairment.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10)-(11) The estimates of future medical benefit payments are developed using actuarial methods and assumptions based upon claim payment patterns, medical cost inflation, historical development such as claim inventory levels and claim receipt patterns, and other relevant factors. Corresponding administrative costs to process outstanding claims are estimated and accrued. Estimates of future payments relating to services incurred in the current and prior periods are continually reviewed by management and adjusted as necessary.

The Company assesses the profitability of its contracts for providing health insurance coverage to its members when current operating results or forecasts indicate probable future losses. The Company records a premium deficiency liability in current operations to the extent that the sum of expected future medical costs, claim adjustment expenses and maintenance costs exceed related future premiums. Investment income is not contemplated in the calculation of the premium deficiency liability.

Management believes the Company's benefits payable and loss adjustment expense are adequate to cover future claims and loss adjustment expense payments required, however, such estimates are based on knowledge of current events and anticipated future events and, therefore, the actual liability could differ from the amounts provided.

- (12) The Company does not have real estate held for the production of income.
- Equipment is stated at cost less accumulated depreciation. Depreciation expense is computed using the straight-line method over estimated useful lives generally ranging from three to five years. Improvements to leased facilities are depreciated over the shorter of the remaining lease term or the anticipated life of the improvement.
- The Company recognizes an asset or liability for the deferred tax consequences of temporary differences between the tax bases of assets or liabilities and their reported amounts in the financial statements. The temporary differences will result in taxable or deductible amounts in future years when the reported amounts of the assets or liabilities are recovered or settled.
- (13) The Company estimates anticipated Pharmacy Rebate Receivables using the analysis of historical recovery patterns.

2. Accounting Changes and Corrections of Errors

The Company adopted the provisions of SSAP No. 101 *Income Taxes A Replacement of SSAP 10R and SSAP 10* in 2012. SSAP No. 101 provides new requirements for tax loss contingencies and the calculation and admissibility of deferred tax assets. The difference between the recalculated amounts as of January 1, 2012, and the amount actually reported in the prior year financial statements is treated as a change in accounting principle in accordance with SSAP No. 3 *Accounting Changes and Correction of Errors*. The cumulative effect of this change in accounting principle resulted in a \$3,319,085 increase in unassigned surplus.

In 2012, the Company determined that the 2011 & prior deferred tax provisions included certain items that were not realizable in one year. This error resulted in a \$369,316 overstatement of both the 2011 net admitted deferred tax asset and ending capital and surplus. The error had no impact on total liabilities or net income at December 31, 2011. Consistent with SSAP No. 3, an adjustment to unassigned surplus has been recorded in the fourth quarter of 2012 as an aggregate write-in on line 47 of the capital and surplus account rollforward. The adjustment is 0.57 percent of net admitted assets and 0.83 percent of total capital and surplus.

NOTES TO THE FINANCIAL STATEMENTS

3. Business Combinations and Goodwill

A. Statutory Purchase Method

Not Applicable.

B. Statutory Merger

Not Applicable.

C. Assumption Reinsurance

Not Applicable.

D. Impairment Loss

Not Applicable.

4. Discontinued Operations

Not Applicable.

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

Not Applicable.

B. Debt Restructuring

Not Applicable.

C. Reverse Mortgages

Not Applicable.

D. Loan-Backed Securities

(1) Not Applicable.

(2) Not Applicable.

(3) Not Applicable.

(4) The Company does not have any investments in an other-than-temporary impairment position at June 30, 2013.

Gross unrealized losses and related fair value of temporarily impaired securities that have been in a continuous unrealized loss position were as follows at June 30, 2013:

(a) The aggregate amount of unrealized losses:		
1. Less than 12 Months	\$	(280,325)
2. 12 Months or Longer	\$	-

(b) The aggregate related fair value of securities with unrealized losses:		
1. Less than 12 Months	\$	5,740,364
2. 12 Months or Longer	\$	-

The unrealized losses at June 30, 2013 were primarily due to increases in market interest rates and tighter liquidity conditions in the current markets than when the securities were purchased. All issuers of securities trading at an unrealized loss remain current on all contractual payments and the Company believes it is probable that all amounts due according to the contractual terms of the debt securities are collectible. After taking into account these and other factors, including the severity of the decline and the Company's ability and intent to hold these securities until recovery or maturity, the Company determined the unrealized losses on these investment securities were temporary and, as such, no impairment was required.

(5) Not Applicable.

E. Repurchase Agreements and/or Securities Lending Transactions

(1) The Company has no repurchase agreements or securities lending transactions.

(2) The Company has not pledged any of its assets as collateral.

(3-5) Not Applicable.

F. Real Estate

Not Applicable.

G. Low-Income Housing Tax Credits (LIHTC)

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

6. Joint Ventures, Partnerships and Limited Liability Companies

- A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10 percent of its admitted assets.
- B. The Company did not recognize any impairment write down for its investments in Joint Ventures, Partnerships and Limited Liability Companies during the statement periods.

7. Investment Income

- A. Due and accrued income was excluded from surplus on the following basis:

All investment income due and accrued with amounts that are over 90 days past due with the exception of mortgage loans in default.

- B. The total amount excluded was \$0.

8. Derivative Instruments

Not Applicable.

9. Income Taxes

No material change since year-end December 31, 2012.

10. Information Concerning Parent, Subsidiaries, Affiliates, and Other Related Parties

A.-F. The Company has a management contract with Humana and other related parties whereby the Company is provided with medical and executive management, information systems, claims processing, billing and enrollment, and telemarketing and other services as required by the Company. Management fees charged to operations for the years ended December 31, 2012 and 2011 were approximately \$14.8 million and \$16.1 million, respectively. As a part of this agreement, Humana makes cash disbursements on behalf of the Company which includes, but is not limited to, medical related items, general and administrative expenses, commissions and payroll. Humana is reimbursed by the Company weekly, based upon historical pattern of amounts and timing. Each month, these estimates are adjusted to ultimately settle upon actual disbursements made on behalf of the Company. The Company continues to be primarily liable for any outstanding payments made on behalf of the Company, should Humana not be able to fulfill its obligations. Dividends of \$4.0 million were paid to Humana Inc. on April 29, 2013. The Department of Insurance was notified prior to the payment of this dividend. At June 30, 2013, the Company reported \$0.6 million amounts due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.

- G. All outstanding shares of the Company are owned by the Parent Company.
- H. Not applicable.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.

11. Debt

- A. Debt Including Capital Notes

The Company has no debentures outstanding.

The Company has no capital notes outstanding.

The Company does not have any reverse repurchase agreements.

- B. Federal Home Loan Bank (FHLB) Agreements

The Company does not have any FHLB agreements.

12. Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

- A. Defined Benefit Plans

Not Applicable.

- B. Defined Contribution Plans

Not Applicable.

- C. Multiemployer Plans

Not Applicable.

- D. Consolidated/Holding Company Plans

No material change since year-end December 31, 2012.

- E. Post Employment Benefits and Compensated Absences

Not Applicable.

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

F. Impact of Medicare Modernization Act on Postretirement Benefits (INT 04-17)

Not Applicable

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations

- (1) The Company has \$25.00 par value common stock with 100,000 shares authorized and 100,000 shares issued and outstanding. All shares are common stock shares.
- (2) The Company has no preferred stock outstanding.
- (3-5) Dividends are non cumulative and are paid as determined by the Board of Directors. Dividends are subject to the approval of the Department of Insurance if such dividend distribution exceeds the lesser of the Company's prior year net operating profits or ten percent of policyholders surplus funds derived from realized net operating profits. Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders. Dividends of \$4.0 million were paid to Humana Inc. on April 29, 2013. The Department of Insurance was notified prior to the payment of this dividend.
- (6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.
- (7) Not Applicable.
- (8) Not Applicable.
- (9) Not Applicable.
- (10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(1,047).
- (11) Not Applicable.
- (12) Not Applicable.
- (13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

D. Claims related extra contractual obligation and bad faith losses stemming from lawsuits

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Company does not believe that any of these actions will have a material adverse effect on the Company's surplus, results of operations or cash flows. However, the likelihood or outcome of current or future legal proceedings cannot be accurately predicted, and they could adversely affect the Company's surplus, results of operations and cash flows.

The Company is not aware of any other material contingent liabilities as of June 30, 2013.

15. Leases

No material change since year-end December 31, 2012.

16. Information about Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk

The Company has no investment in Financial Instruments with Off Balance Sheet Risk or with Concentrations of Credit Risk.

17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

A. Transfers of Receivables Reported as Sales

Not Applicable.

B. Transfer and Servicing of Financial Assets

Not Applicable.

C. Wash Sales

Not Applicable.

18. Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

A. ASO Plans

Not Applicable.

B. ASC Plans

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- (1) The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.
- (2) As of June 30, 2013, the Company has recorded a receivable from CMS of \$0.8 million related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables from payors whose account balance is greater than 10 percent of the Company's accounts receivable from uninsured A&H plans or \$10,000.
- (3) As no revenue is recorded in connection with the cost share and reinsurance components of the Company's Medicare contracts, the Company has recorded no allowances and reserves for adjustment of recorded revenues or receivables.
- (4) The Company has made no adjustment to revenue resulting from audit of receivables related to revenues recorded in the prior period.

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not Applicable.

20. Fair Value Measurements

- A. (1) The Company did not have any financial assets carried at fair value at June 30, 2013.
(2) Rollforward of Level 3 Items

Not Applicable.

- (3) There were no fair value measurements using significant unobservable inputs. The Company reports transfers between fair value hierarchy levels at the end of the reporting period. There were no transfers between the fair value hierarchy levels between December 31, 2012 and June 30, 2013.
- (4) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended June 30, 2013.

(5) Derivative Fair Values

Not Applicable.

B. Other Fair Value Disclosures

Not Applicable.

C. Fair Values for All Financial Instruments by Levels 1, 2 and 3

Not Applicable.

D. Financial Instruments for which Not Practicable to Estimate Fair Values

Not Applicable.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring: Debtors

Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

C. Other Disclosures

Not Applicable.

- D. Disclose the nature of any portion of the balance that is reasonably possible to be uncollectible for assets covered by SSAP No. 6, Uncollected Premium Balances, Bill Receivable for Premiums, and Amounts Due From Agents and Brokers, SSAP No. 47, Uninsured Plans, or SSAP No. 66, Retrospectively Rated Contracts.

Not Applicable.

E. Business Interruption Insurance Recoveries

Not Applicable.

F. State Transferable and Non-transferable Tax Credits

Not Applicable.

G. Subprime Mortgage Related Risk Exposure

- (1) The Company consults with its external investment managers to assess its subprime mortgage related risk exposure. Certain characteristics are utilized to determine if a mortgage-backed security has subprime exposure. The main characteristics reviewed when determining this are the collateral and structure of the security, the loan purpose, loan documentation, occupancy, geographical location, loan size and type. Subprime mortgage borrowers typically have lower credit scores, lower loan balances and higher loan-to-values than other conforming loans. Management's practices include reviewing quantitative and qualitative credit models that analyze loan-level collateral composition, historical underwriter performance trends, the impact of macroeconomic factors, and issuer risks; as well as reviewing the estimation of security cash flows and monthly model calibrations.

- (2) Direct exposure through investments in sub-prime mortgage loans.

The Company has no direct exposure through investment to sub-prime mortgage loans.

- (3) Direct exposure through other investments:

- a. Residential mortgage backed securities – No substantial exposure noted.
- b. Commercial mortgage backed securities – No substantial exposure noted.
- c. Collateralized debt obligations – No substantial exposure noted.
- d. Structured securities – No substantial exposure noted.
- e. Equity investment in SCAs– No substantial exposure noted.
- f. Other assets – No substantial exposure noted.
- g. Total – No substantial exposure noted.

- (4) Underwriting exposure to sub-prime mortgage risk through Mortgage Guaranty coverage, Financial Guaranty coverage, Directors and Officers liability coverage, or Errors and Omissions liability coverage.

Not Applicable.

Classification of mortgage related securities is primarily based on information from outside data services, including rating agency actions. When considering our exposure, the Company evaluated the percentage of full documentation loans, percent of owner occupied properties, FICO scores, average margin for ARM loans, percent of loans with prepayment penalties, the existence of non-traditional underwriting standards, among other factors.

H. Retained Assets

Not Applicable.

22. Events Subsequent

The Company is not aware of any events or transactions occurring subsequent to the close of the books for this statement which may have a material effect on its financial condition. Subsequent events have been considered through August 7, 2013 for the statutory statement issued on August 7, 2013.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 – General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, owned in excess of 10 percent or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company?

Yes () No (X)

If yes, give full details.

- (2) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10 percent or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?

Yes () No (X)

NOTES TO THE FINANCIAL STATEMENTS

If yes, give full details.

Section 2 – Ceded Reinsurance Report – Part A

- (1) Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premium or other similar credits?

Yes () No (X)

- a. If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$0
- b. What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$0
- (2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies?

Yes () No (X)

If yes, give full details.

Section 3 – Ceded Reinsurance Report – Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. \$0

- (2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?

Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$0

B. Uncollectible Reinsurance

Not Applicable.

C. Commutation of Ceded Reinsurance

Not Applicable.

24. Retrospectively Rated Contracts and Contracts Subject to Redetermination

- A. The Company estimates accrued retrospective premium adjustments for its Medicare business through a mathematical approach using an algorithm based upon settlement procedures defined by contracts with CMS.
- B. The Company records accrued retrospective premium as an adjustment to earned premiums.
- C. The amount of net premiums written by the Company at June 30, 2013 that are subject to retrospective rating features was \$5.9 million that represented 6.66 percent of the total net premiums written. No other net premiums written by the Company are subject to retrospective rating features.
- D. Medical loss ratio rebates required pursuant to the Public Health Service Act
- Not Applicable.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were \$15.9 million. As of June 30, 2013, \$13.2 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$0.8 million as a result of reestimation of unpaid claims and claim adjustment expenses. Therefore, there has been a \$1.9 million favorable prior-quarter development since December 31, 2012. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased as additional information becomes known regarding individual claims. The Company has no retrospectively rated group insurance policies.

26. Intercompany Pooling Arrangements

A.-F. Not Applicable.

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

NOTES TO THE FINANCIAL STATEMENTS

27. Structured Settlements

The Company has no structured settlements.

28. Health Care Receivables

A. Pharmaceutical Rebate Receivables

Quarter	Estimate Pharmacy Rebates as Reported on Financial Statements	Pharmacy Rebates as Billed or Otherwise Confirmed	Actual Rebates Received Within 90 Days of Billing	Actual Rebates Received Within 91 to 180 Days of Billing	Actual Rebates Received More than 181 Days after Billing
6/30/2013	\$ 705,947	\$ 705,947	\$ -	\$ -	\$ -
3/31/2013	\$ 780,138	\$ 780,138	\$ 780,138	\$ -	\$ -
12/31/2012	\$ 289,460	\$ 289,460	\$ 289,460	\$ -	\$ -
9/30/2012	\$ 738,409	\$ 738,409	\$ 634,442	\$ 103,967	\$ -
6/30/2012	\$ 936,016	\$ 936,016	\$ 807,510	\$ 128,506	\$ -
3/31/2012	\$ 668,539	\$ 668,539	\$ 356,247	\$ 312,292	\$ -
12/31/2011	\$ 435,386	\$ 435,386	\$ 435,386	\$ -	\$ -
9/30/2011	\$ 537,982	\$ 537,982	\$ 537,982	\$ -	\$ -
6/30/2011	\$ 583,020	\$ 583,020	\$ 583,020	\$ -	\$ -
3/31/2011	\$ 593,172	\$ 593,172	\$ 593,172	\$ -	\$ -

B. Risk Sharing Receivables

Risk sharing receivables include estimated recoveries on plan-to-plan and state-to-plan adjustments attributable to benefits paid for Medicare beneficiaries. These estimated recoveries from other Medicare carriers and state Medicaid plans are recorded based upon reported overpayments, adjusted for historical recovery patterns.

29. Participating Policies

The Company has no participating policies.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$ -
2. Date of the most recent evaluation of this liability June 30, 2013
3. Was anticipated investment income utilized in the calculation? Yes () No (X)

The Company did recognize the time value of money by discounting future losses at an annual interest rate of 0.10 percent.

31. Anticipated Salvage and Subrogation

Not Applicable.

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES GENERAL

- 1.1 Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act? Yes No
- 1.2 If yes, has the report been filed with the domiciliary state? Yes No
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes No
- 2.2 If yes, date of change:
- 3.1 Have there been any substantial changes in the organizational chart since the prior quarter end? Yes No
- 3.2 If the response to 3.1 is yes, provide a brief description of those changes.
.....
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes No
- 4.2 If yes, provide the name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

5. If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved? Yes No NA
If yes, attach an explanation.
- 6.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2010
- 6.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2010
- 6.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/05/2012
- 6.4 By what department or departments?
Illinois Department of Insurance.....
- 6.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes No NA
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes No NA
- 7.1 Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes No
- 7.2 If yes, give full information:
.....
- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?..... Yes No
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms?..... Yes No
- 8.4 If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC

GENERAL INTERROGATORIES

- 9.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes No
- (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.

9.11 If the response to 9.1 is No, please explain:

- 9.2 Has the code of ethics for senior managers been amended? Yes No

9.21 If the response to 9.2 is Yes, provide information related to amendment(s).

- 9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes No

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes No

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$641,255

INVESTMENT

- 11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes No

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$0

13. Amount of real estate and mortgages held in short-term investments: \$0

- 14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes No

14.2 If yes, please complete the following:

	1	2
	Prior Year-End Book/Adjusted Carrying Value	Current Quarter Book/Adjusted Carrying Value
14.21 Bonds	\$0	\$0
14.22 Preferred Stock	\$0	\$0
14.23 Common Stock	\$0	\$0
14.24 Short-Term Investments	\$0	\$0
14.25 Mortgage Loans on Real Estate	\$0	\$0
14.26 All Other	\$0	\$0
14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26).....	\$0	\$0
14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above	\$0	\$0

- 15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes No

- 15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes No

If no, attach a description with this statement.

GENERAL INTERROGATORIES

- 16 For the reporting entity's security lending program, state the amount of the following as of the current statement date:
- 16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2 \$0
 - 16.3 Total payable for securities lending reported on the liability page \$0

17. Excluding items in Schedule E – Part 3 – Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III – General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes No

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

1 Name of Custodian(s)	2 Custodian Address
JP Morgan Chase.....	4 Metro Tech Center.....
.....	16th Floor Mail Code: NY1-C5121.....
.....	Brooklyn, NY 11245.....
.....	Attn: Barbara J. Walsh.....

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes No

17.4 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

17.5 Identify all investment advisors, broker/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
107105.00.....	Blackrock, Inc.....	40 East 52nd Street, New York, NY 10022.....

18.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed? Yes No

18.2 If no, list exceptions:
N/A.....

5) A Global Amendment to replace Schedule C of the Service Center Services Agreement #266 between HBP-IL (recipient) and HIC (Provider) was Filed to WI on 06.10.2013 and approved on 06.24.2013.

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent.....	89.0 %
1.2 A&H cost containment percent	4.3 %
1.3 A&H expense percent excluding cost containment expenses.....	6.6 %
2.1 Do you act as a custodian for health savings accounts?.....	Yes [] No [X]
2.2 If yes, please provide the amount of custodial funds held as of the reporting date.....	\$ _____
2.3 Do you act as an administrator for health savings accounts?.....	Yes [] No [X]
2.4 If yes, please provide the balance of the funds administered as of the reporting date.....	\$ _____

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2 Federal ID Number	3 Effective Date	4 Name of Reinsurer	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Is Insurer Authorized? (Yes or No)
NONE						

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	N							0	
2. Alaska	AK	N							0	
3. Arizona	AZ	L							0	
4. Arkansas	AR	L							0	
5. California	CA	N							0	
6. Colorado	CO	L							0	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	L							0	
12. Hawaii	HI	L							0	
13. Idaho	ID	L							0	
14. Illinois	IL	L	173,033	82,531,652	0	3,491,953	0	0	86,196,638	
15. Indiana	IN	L							0	
16. Iowa	IA	L							0	
17. Kansas	KS	L							0	
18. Kentucky	KY	L							0	
19. Louisiana	LA	N							0	
20. Maine	ME	L							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	L							0	
24. Minnesota	MN	L							0	
25. Mississippi	MS	L							0	
26. Missouri	MO	L							0	
27. Montana	MT	L							0	
28. Nebraska	NE	L							0	
29. Nevada	NV	N							0	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	L							0	
33. New York	NY	N							0	
34. North Carolina	NC	L							0	
35. North Dakota	ND	L							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	L							0	
38. Oregon	OR	L							0	
39. Pennsylvania	PA	L	16,190	2,341,286	0	0	0	0	2,357,476	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	L							0	
42. South Dakota	SD	L							0	
43. Tennessee	TN	L							0	
44. Texas	TX	L							0	
45. Utah	UT	N							0	
46. Vermont	VT	L							0	
47. Virginia	VA	N							0	
48. Washington	WA	L							0	
49. West Virginia	WV	L							0	
50. Wisconsin	WI	L							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CAN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		189,223	84,872,938	0	3,491,953	0	0	88,554,114	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 32		189,223	84,872,938	0	3,491,953	0	0	88,554,114	0
DETAILS OF WRITE-INS										
58001	XXX									
58002	XXX									
58003	XXX									
58998 Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
58999 Totals (Lines 58001 through 58003 plus 58998) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

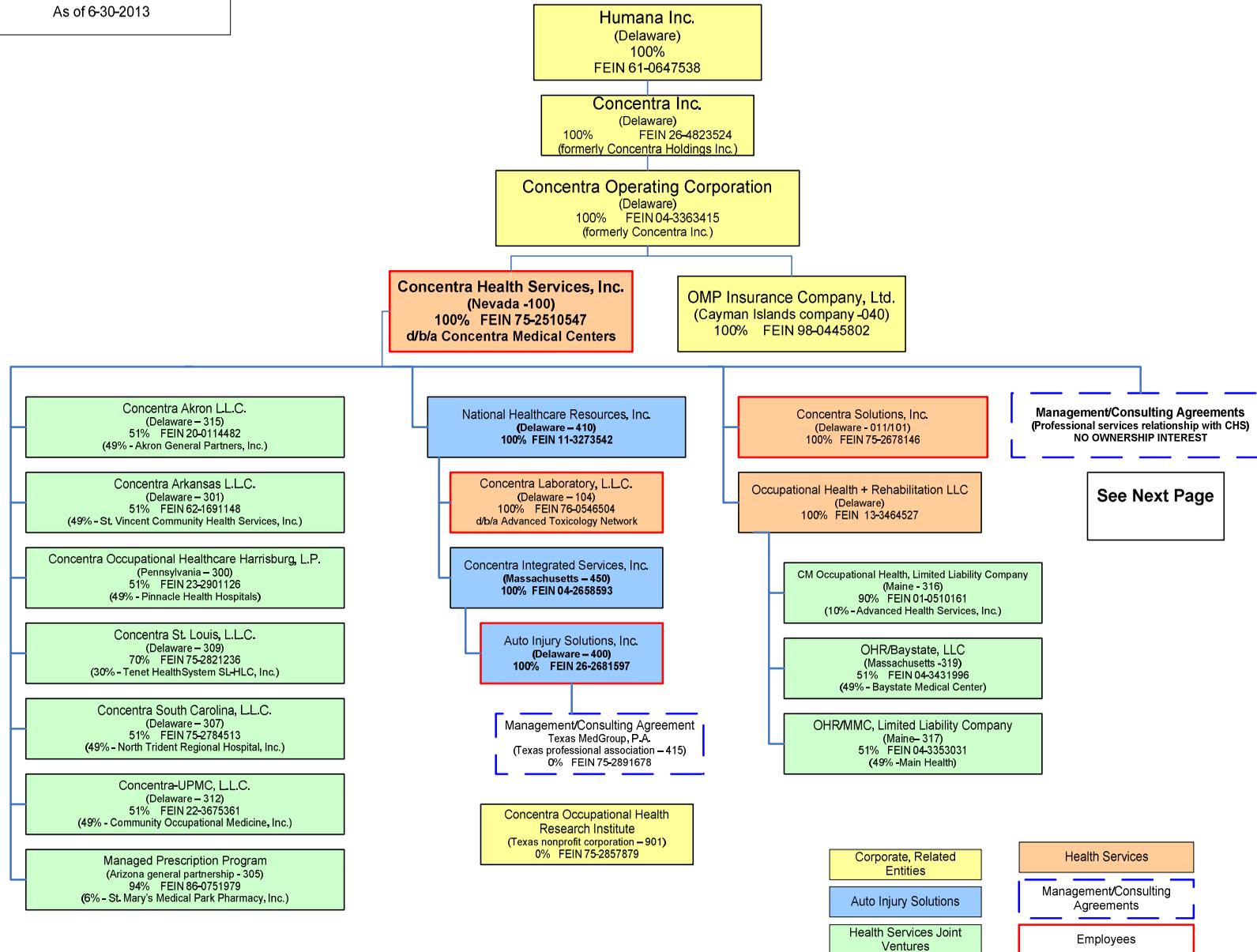
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

(a) Insert the number of L responses except for Canada and other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

As of 6-30-2013

15.1



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

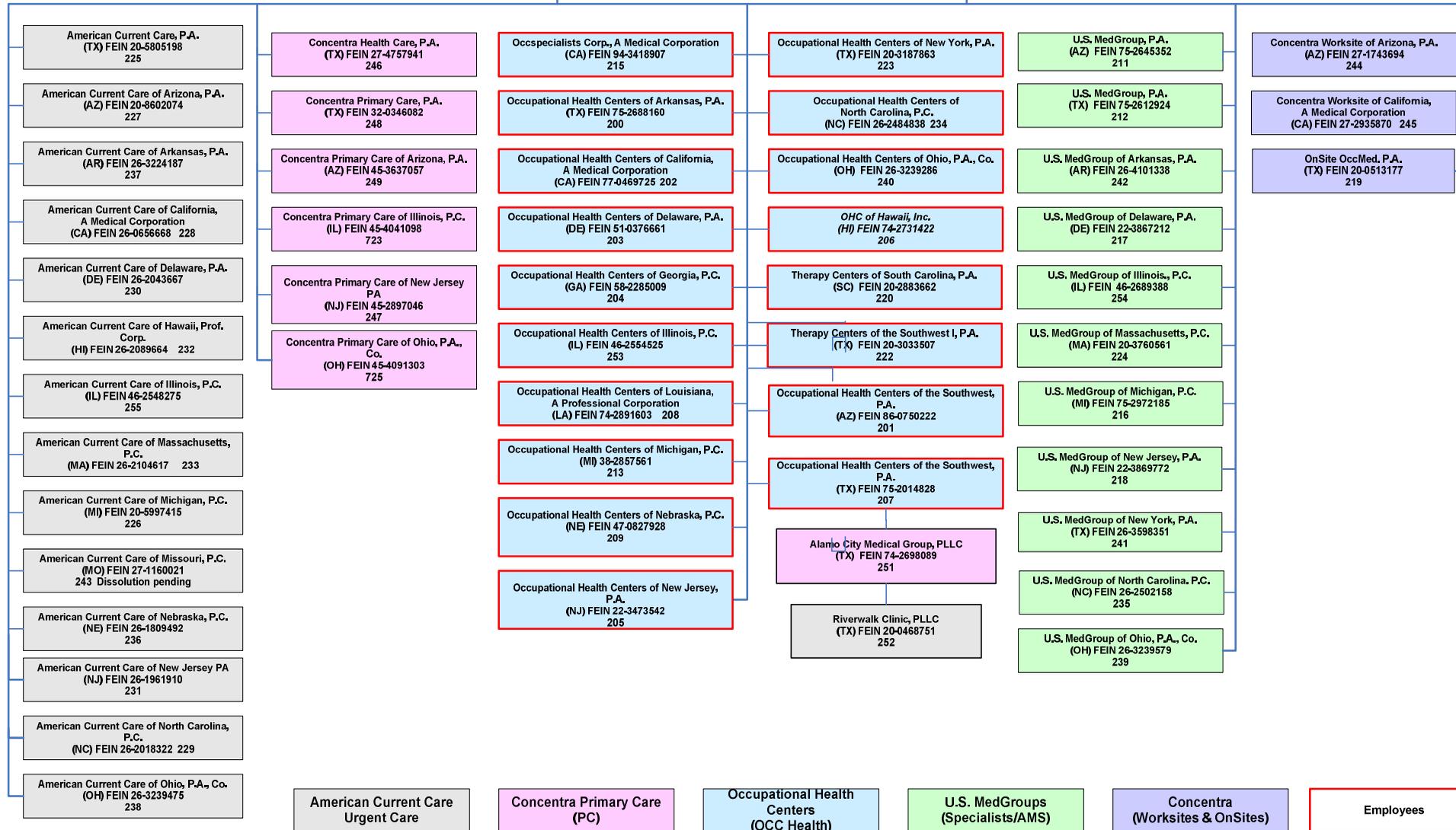
PART 1 - ORGANIZATIONAL CHART

As of 6-30-2013

Management/Consulting Agreements
(Professional services relationship with CHS)

NO OWNERSHIP INTEREST

15.2



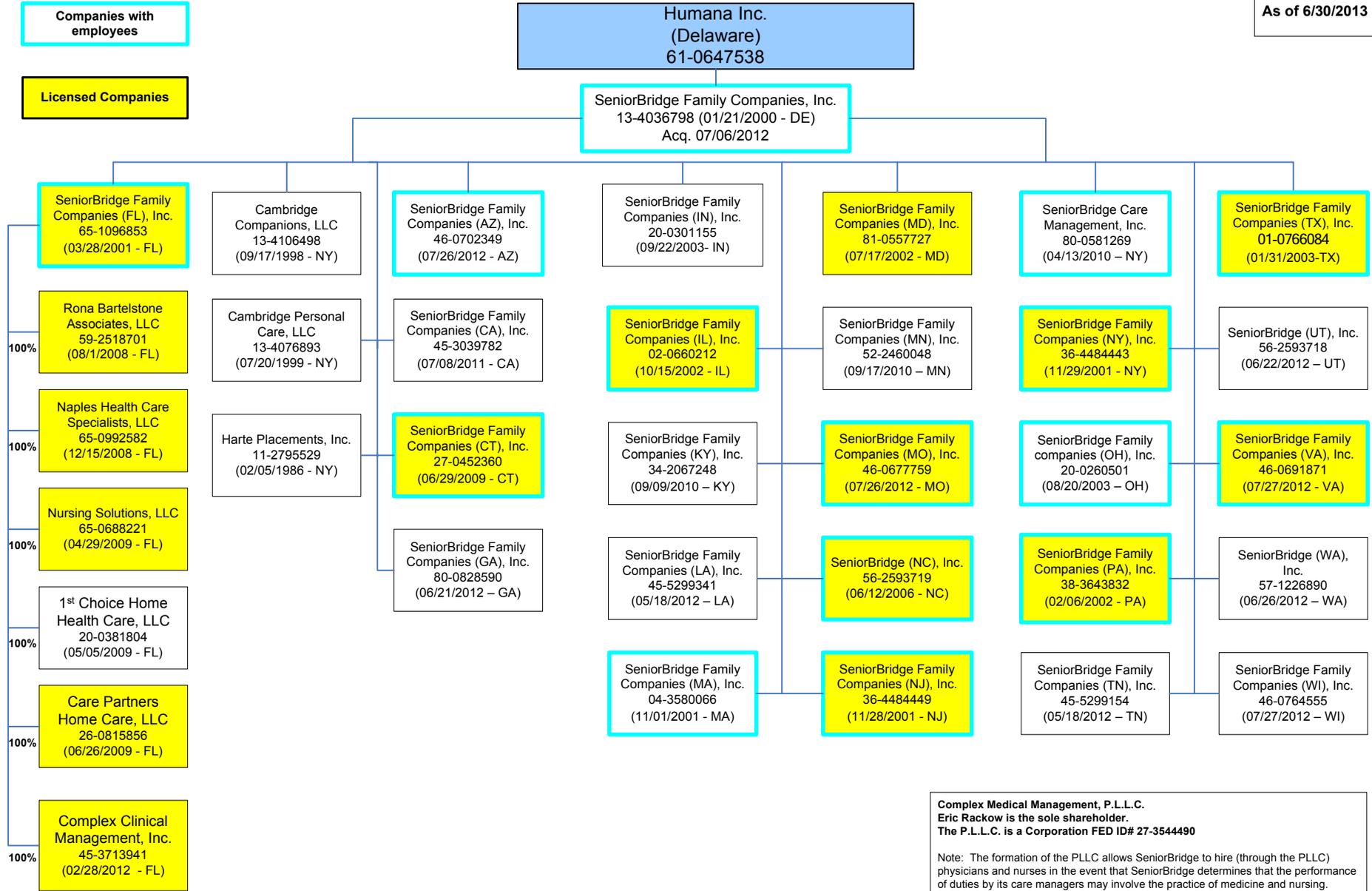
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

As of 6/30/2013

Companies with employees

Licensed Companies

15.3

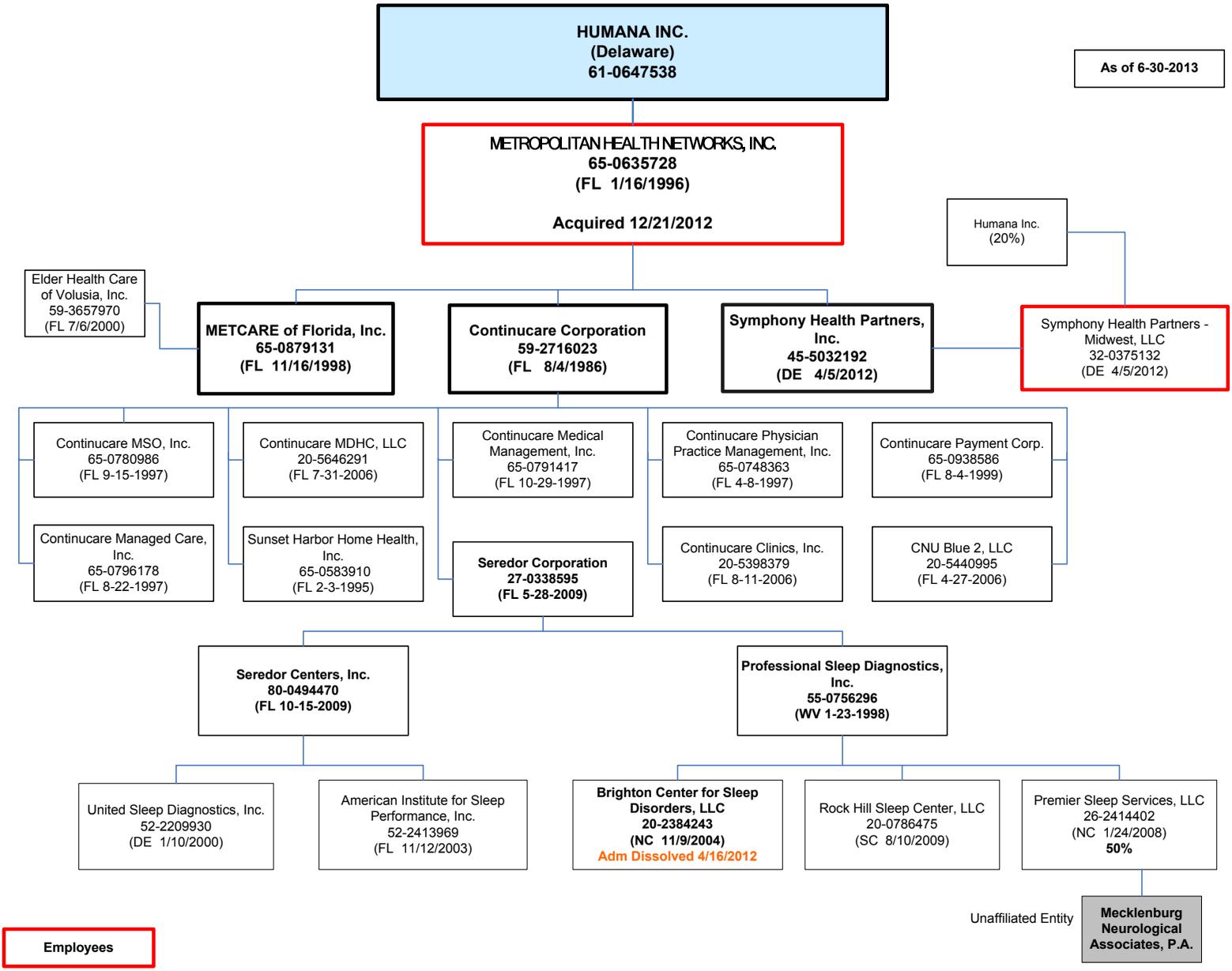


Complex Medical Management, P.L.L.C.
 Eric Rackow is the sole shareholder.
 The P.L.L.C. is a Corporation FED ID# 27-3544490

Note: The formation of the PLLC allows SeniorBridge to hire (through the PLLC) physicians and nurses in the event that SeniorBridge determines that the performance of duties by its care managers may involve the practice of medicine and nursing. **This arrangement between SeniorBridge and the PLLC only applies to its operations within New York State.**

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART

15.4



Employees

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
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	NIA	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				Empheysis, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	88595	31-0935772				Empheysis Insurance Company	TX	IA	Empheysis, 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				Comprehensive Health Insights, 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	NIA	CPHP 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

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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				CAC Medical Center Holdings, Inc	FL	UDP	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	NIA	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95158	61-1279717				CHA HMO, Inc	KY	IA	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	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	IA	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
00119	Humana Inc	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	.0

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	60052	37-1326199				Humana Benefit Plan of Illinois, Inc	IL	OTH	Humana Inc	Ownership	100.0	Humana Inc	19
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	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	14462	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	IA	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				HumanaVitality, LLC	DE	OTH	See Footnote 7	Ownership	75.0	Humana Inc	7
00119	Humana Inc	00000	45-2254346				Humana Pharmacy Solutions, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	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	Ownership	100.0	Humana Inc	17
00119	Humana Inc	12282	20-2036444				Humana Regional Health Plan, Inc	AR	IA	Arcadian Management Services, Inc./Arcadia Health Plan, 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
00119	Humana Inc	00000	13-4036798				SeniorBridge Family Companies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	17

16.2

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	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	26-3583438				HUM-Holdings International, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	
00119	Humana Inc	00000	26-3592783				HUM INT, LLC	DE	NIA	HUM-Holdings International, Inc.	Ownership	100.0	Humana Inc	17
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

16.3

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	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
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

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	26-2484838				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
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

16.5

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	45-2897046				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
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	46-2548275				American Current Care of Illinois, P.C	IL	NIA	See Footnote 17	Other	0.0	Humana Inc	17
00119	Humana Inc	00000	46-2554525				Occupational Health Centers of Illinois, P.C	IL	NIA	See Footnote 17	Other	0.0	Humana Inc	17
00119	Humana Inc	00000	46-2689388				U.S. MedGroup of Illinois, P.C.	IL	NIA	See Footnote 17	Other	0.0	Humana Inc	17
00119	Humana Inc	00000	74-2698089				Alamo City Medical Group, PLLC	TX	NIA	See Footnote 17	Other	0.0	Humana Inc	17
00119	Humana Inc	00000	20-0468751				Riverwalk Clinic, PLLC	TX	NIA	See Footnote 17	Other	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

16.6

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	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
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	11-2795529				Harte Placements, Inc.	NY	NIA	SeniorBridge Family Companies (NY), 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

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, 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	20-5646291				Continuicare MDHC, LLC	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-0338595				Seredor Corporation	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-0791417				Continuicare Medical Management, Inc.	FL	NIA	Continuicare 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	0.0		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
00119	Humana Inc	00000	20-2384243				Brighton Center for Sleep Disorders, LLC	NC	NIA	Professional Sleep Diagnostics, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-0786475				Rock Hill Sleep Center, LLC	SC	NIA	Professional Sleep Diagnostics, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-2414402				Premier Sleep Services, LLC	NC	NIA	Professional Sleep Diagnostics, Inc	Ownership	0.0		21
00119	Humana Inc	00000	65-0748363				Continuicare Physician Practice Management, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-0938586				Continuicare Payment Corp.	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-5398379				Continuicare Clinics, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-5440995				CNU Blue 2, LLC	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-0796178				Continuicare Managed Care, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-0583910				Sunset Harbor Home Health, Inc.	FL	NIA	Continuicare Corporation	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	59-3657970				Elder Health Care of Volusia, Inc.	FL	NIA	METCARE of Florida, Inc.	Ownership	100.0	Humana Inc	0

16.8

Asterisk	Explanation
1	American Tax Credit Corporate Georgia Fund III, L.L.C., a Delaware limited liability company, was formed on October 4, 2004 for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits. Humana Insurance Company is a Member with a 58.1736% ownership interest. The Savannah Bank, N.A. is a Member with a 1.6029% ownership interest, GMAC Insurance Georgia, L.L.C. is a Member with a 40.2133% ownership interest and Paramount Properties, Inc. is the Managing Member with 0.01% ownership interest.
2	Availity, L.L.C., a Delaware limited liability company, was formed by affiliates of Humana Inc. and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with health care service providers initially in the State of Florida. HUM-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 22.5% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, Inc., is a Member with a 33.75% ownership interest, Health Care Service Corporation, a Member, has a 33.75% ownership interest, and Sellcore, Inc., a subsidiary of WellPoint and a Member, has a 10% ownership interest.
3	Green Ribbon Health, L.L.C., a Delaware limited liability company, was formed on December 14, 2004 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Pfizer Health Solutions, Inc. to implement the Centers for Medicare and Medicaid Disease Management Program. Humana Innovation Enterprises, Inc., a subsidiary of Humana Inc., is a Member with a 50% ownership interest and Pfizer Health Solutions, Inc., a subsidiary of Pfizer, Inc. is a Member with a 50% ownership interest.
4	Healthcare E-Commerce Initiative, Inc., a Puerto Rico non-profit corporation, formed for the purpose of promoting an electronic bill processing and other e-commerce transactions to the providers of health care services in Puerto Rico. This is a joint venture with 5 members including Cooperativa de Seguros de Vida de Puerto Rico, Inc., La Cruz Azul de Puerto Rico, Inc., Medical Card System, Inc., MMM Healthcare, Inc. and Humana Insurance of Puerto Rico, Inc. jointly with Humana Health Plans of Puerto Rico, Inc. Each of the 5 members has an equal vote.

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

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

Asterisk	Explanation
5	Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical and social service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. New Health Services, Inc. owns the other 50%.
6	Sensei, Inc., a Delaware corporation, was incorporated on August 24, 2005 to enter into a joint venture with Humana Innovation Enterprises, Inc. and Card Guard AG, a Swiss corporation, dedicated to defining, building, and distributing the next generation of wireless health platforms. On December 12, 2008, Humana Innovation Enterprises, Inc. purchased all of Sensei, Inc.'s shares from Card Guard AG whereby Humana Innovation Enterprises, Inc. owned 100% of Sensei's issued and outstanding stock. On May 17, 2010, Robert Schwarzberg purchased 81% of Sensei's shares from Humana Innovation Enterprises, Inc., leaving the company with a 19% ownership interest.
7	HumanaVitality, LLC, a Delaware limited liability company, was formed on January 3, 2011, and The Vitality Group, LLC, a Delaware limited liability company, was formed on February 15, 2011 through affiliates of Humana Inc. and Discovery Holdings Limited, a South African company, to offer Discovery's Vitality wellness and loyalty program to Humana members. Humana WellWorks LLC, a subsidiary of Humana Inc., owns 75% of HumanaVitality, LLC and 25% of The Vitality Group, LLC. The Vitality Group, Inc., a subsidiary of Discovery Holdings Limited, owns 25% of HumanaVitality, LLC and 75% of The Vitality Group, LLC.
8	CM Occupational Health, Limited Liability Company is a Maine limited liability company. Occupational Health + Rehabilitation LLC has a 90% ownership interest and Advanced Health Services, Inc. has a 10% ownership interest.
9	Concentra Akron, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Akron General Partners, Inc. has a 49% ownership interest.
10	Concentra Arkansas, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and St. Vincent Community Health Services, Inc. has a 49% ownership interest.
11	Concentra Occupational Healthcare Harrisburg, L.P. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Pinnacle Health Hospitals has a 49% interest.
12	Concentra South Carolina, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and North Trident Regional Hospital, Inc. has a 49% ownership interest.
13	Concentra St. Louis, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 70% ownership interest and Tenet HealthSystem SL-HLC, Inc. has a 30% ownership interest.
14	Concentra-UPMC, L.L.C. is a Delaware limited liability company. Concentra Health Services, Inc. has a 51% ownership interest and Community Occupational Medicine, Inc. has a 49% ownership interest.
15	OHR/Baystate, LLC is a Massachusetts limited liability company. Occupational Health + Rehabilitation LLC has a 51% ownership interest and Bayside Medical Center has a 49% ownership interest.
16	OHR/MMC, Limited Liability Company is a 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.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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.

RESPONSE

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?

.....NO.....

Explanation:

1. This type of business is not written.

Bar Code:

1. 
6 0 0 5 2 2 0 1 3 3 6 5 0 0 0 0 2

SCHEDULE A – VERIFICATION

Real Estate

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Current year change in encumbrances	0	0
4. Total gain (loss) on disposals	0	0
5. Deduct amounts received on disposals	0	0
6. Total foreign exchange change in book/adjusted carrying value	0	0
7. Deduct current year's other than temporary impairment recognized	0	0
8. Deduct current year's depreciation	0	0
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	0
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	0

NONE

SCHEDULE B – VERIFICATION

Mortgage Loans

	1 Year To Date	2 Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and mortgage interest points and commitment fees	0	0
9. Total foreign exchange change in book value/recorded investment excluding accrued interest	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)	0	0
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	0	0
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	0	0

NONE

SCHEDULE BA – VERIFICATION

Other Long-Term Invested Assets

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year	0	0
2. Cost of acquired:		
2.1 Actual cost at time of acquisition	0	0
2.2 Additional investment made after acquisition	0	0
3. Capitalized deferred interest and other	0	0
4. Accrual of discount	0	0
5. Unrealized valuation increase (decrease)	0	0
6. Total gain (loss) on disposals	0	0
7. Deduct amounts received on disposals	0	0
8. Deduct amortization of premium and depreciation	0	0
9. Total foreign exchange change in book/adjusted carrying value	0	0
10. Deduct current year's other than temporary impairment recognized	0	0
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7+8+9-10)	0	0
12. Deduct total nonadmitted amounts	0	0
13. Statement value at end of current period (Line 11 minus Line 12)	0	0

NONE

SCHEDULE D – VERIFICATION

Bonds and Stocks

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year	43,983,670	38,728,002
2. Cost of bonds and stocks acquired	5,343,535	15,122,969
3. Accrual of discount	9,332	18,765
4. Unrealized valuation increase (decrease)	(1,047)	13,175
5. Total gain (loss) on disposals	274	204,476
6. Deduct consideration for bonds and stocks disposed of	2,153,719	9,898,214
7. Deduct amortization of premium	138,719	205,503
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	47,043,326	43,983,670
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	47,043,326	43,983,670

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a).....	43,342,146	67,837,289	71,958,647	(52,853)	43,342,146	39,167,935	.0	40,059,776
2. Class 2 (a).....	11,051,996		635,000	(83,756)	11,051,996	10,333,240	.0	10,430,108
3. Class 3 (a).....	1,149,240		80,921	73,451	1,149,240	1,141,770	.0	1,588,674
4. Class 4 (a).....	.0				.0	.0	.0	.0
5. Class 5 (a).....	.0				.0	.0	.0	.0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	55,543,382	67,837,289	72,674,568	(63,158)	55,543,382	50,642,945	0	52,078,558
PREFERRED STOCK								
8. Class 1.....	.0				.0	.0	.0	.0
9. Class 2.....	.0				.0	.0	.0	.0
10. Class 3.....	.0				.0	.0	.0	.0
11. Class 4.....	.0				.0	.0	.0	.0
12. Class 5.....	.0				.0	.0	.0	.0
13. Class 6.....	0				0	0	0	0
14. Total Preferred Stock.....	0	0	0	0	0	0	0	0
15. Total Bonds & Preferred Stock	55,543,382	67,837,289	72,674,568	(63,158)	55,543,382	50,642,945	0	52,078,558

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ 3,599,619 ; NAIC 2 \$ 0 ;
NAIC 3 \$ 0 ; NAIC 4 \$ 0 ; NAIC 5 \$ 0 ; NAIC 6 \$ 0

S102

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year To Date	Paid for Accrued Interest Year To Date
9199999	3,599,619	XXX	3,599,619	583	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	8,094,889	7,530,491
2. Cost of short-term investments acquired	80,129,360	174,244,098
3. Accrual of discount	0	0
4. Unrealized valuation increase (decrease).....	0	0
5. Total gain (loss) on disposals	0	0
6. Deduct consideration received on disposals	84,624,630	173,679,700
7. Deduct amortization of premium.....	0	0
8. Total foreign exchange change in book/adjusted carrying value.....	0	0
9. Deduct current year's other than temporary impairment recognized.....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	3,599,619	8,094,889
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	3,599,619	8,094,889

Schedule DB - Part A - Verification

NONE

Schedule DB - Part B - Verification

NONE

Schedule DB - Part C - Section 1

NONE

Schedule DB - Part C - Section 2

NONE

Schedule DB - Verification

NONE

SCHEDULE E - VERIFICATION

(Cash Equivalents)

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	0	2,899,981
2. Cost of cash equivalents acquired	45,499,478	68,998,528
3. Accrual of discount	522	1,144
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	0	(324)
6. Deduct consideration received on disposals	45,500,000	0
7. Deduct amortization of premium	0	71,899,329
8. Total foreign exchange change in book/adjusted carrying value	0	0
9. Deduct current year's other than temporary impairment recognized	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	0	0
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	0	0

Schedule A - Part 2

NONE

Schedule A - Part 3

NONE

Schedule B - Part 2

NONE

Schedule B - Part 3

NONE

Schedule BA - Part 2

NONE

Schedule BA - Part 3

NONE

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator ^(a)
Bonds - U.S. Governments									
912828-PJ-3	US TREASURY N/B GOVERNMENT		04/16/2013	NOMURA SECURITIES		102,805	100,000	521	1
0599999 - Bonds - U.S. Governments						102,805	100,000	521	XXX
Bonds - All Other Governments									
Bonds - U.S. States, Territories and Possessions									
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
Bonds - U.S. Special Revenue									
3138W1-40-7	FED NTL MTG ASSO 30YR		04/03/2013	CITIGROUP GLOBAL MARKETS INC		1,228,059	1,186,262	989	1
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions						1,228,059	1,186,262	989	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
Bonds - Hybrid Securities									
Bonds - Parent, Subsidiaries, and Affiliates									
8399997 - Subtotals- Bonds - Part 3						1,330,864	1,286,262	1,510	XXX
8399999 - Subtotals - Bonds						1,330,864	1,286,262	1,510	XXX
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)									
Preferred Stocks - Parent, Subsidiaries, and Affiliates									
Common Stocks - Industrial and Miscellaneous									
Common Stocks - Parent, Subsidiaries, and Affiliates									
Common Stocks - Mutual Funds									
Common Stocks - Money Market Mutual Funds									
9999999 Totals						1,330,864	XXX	1,510	XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

E04

STATEMENT AS OF JUNE 30, 2013 OF THE Humana Benefit Plan of Illinois, Inc.

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold, Redeemed or Otherwise Disposed of During the Current Quarter

1	2	3	4	5	6	7	8	9	10	Change in Book/Adjusted Carrying Value					16	17	18	19	20	21	22
										11	12	13	14	15							
CUSIP Identification	Description	For e i g n	Disposal Date	Name of Purchaser	Number of Shares of Stock	Consideration	Par Value	Actual Cost	Prior Year Book/Adjusted Carrying Value	Unrealized Valuation Increase/ (Decrease)	Current Year's (Amortization)/ Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Change in B./A.C.V. (11+12-13)	Total Foreign Exchange Change in B./A.C.V.	Book/ Adjusted Carrying Value at Disposal Date	Foreign Exchange Gain (Loss) on Disposal	Realized Gain (Loss) on Disposal	Total Gain (Loss) on Disposal	Bond Interest/Stock Dividends Received During Year	Stated Contractual Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
36202X-XN-2	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2013	MBS PAYDOWN		4,730	4,730	4,740	4,730		(1)		(1)		4,730			0	100	07/01/2033	1
36225B-Y9-3	GOVERNMENT NATIONAL MORTGAGE GNMA		06/01/2013	MBS PAYDOWN		35,547	35,547	35,747	35,569		(22)		(22)		35,547			0	802	07/01/2033	1
0599999 - Bonds - U.S. Governments						40,276	40,276	40,487	40,299	0	(23)	0	(23)	0	40,276	0	0	0	902	XXX	XXX
Bonds - All Other Governments																					
Bonds - U.S. States, Territories and Possessions																					
Bonds - U.S. Political Subdivisions of States, Territories and Possessions																					
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
3132GU-KH-6	FEDERAL HOME LOAN MTGE CO FHLMC		06/01/2013	MBS PAYDOWN		25,044	25,044	26,485	25,093		(50)		(50)		25,044			0	378	06/01/2042	1
3132HQ-40-2	FEDERAL HOME LOAN MTGE CO 30YR		06/01/2013	MBS PAYDOWN		28,056	28,056	29,214			(23)		(23)		28,056			0	299	12/01/2042	1
3138W1-40-7	FED NTL MTG ASSO 30YR		06/01/2013	MBS PAYDOWN		11,424	11,424	11,827			(2)		(2)		11,424			0	49	03/01/2043	1
31411D-QK-8	FNMA		06/01/2013	MBS PAYDOWN		90,926	90,926	91,774	91,063		(137)		(137)		90,926			0	2,323	11/01/2036	1
31411L-XD-8	FED NTL MTG ASSO		06/01/2013	MBS PAYDOWN		63,799	63,799	62,412	63,521		278		278		63,799			0	1,619	04/01/2037	1
31412N-2F-2	FNMA 30YR		06/01/2013	MBS PAYDOWN		1,493	1,493	1,593	1,495		(1)		(1)		1,493			0	34	02/01/2039	1
31412Q-RB-7	FNMA 30YR		06/01/2013	MBS PAYDOWN		120,404	120,404	128,423	120,586		(182)		(182)		120,404			0	2,759	10/01/2039	1
31416S-4Y-4	FNMA 30YR		06/01/2013	MBS PAYDOWN		3,361	3,361	3,585	3,422		(61)		(61)		3,361			0	77	06/01/2039	1
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						344,508	344,508	355,313	305,181	0	(178)	0	(178)	0	344,508	0	0	0	7,534	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
15189Y-AB-2	CENTERPOINT ENERGY INC CORPORATE		04/01/2013	MATURITY		375,000	375,000	432,593	379,854		(4,854)		(4,854)		375,000			0	14,766	04/01/2013	2FE
22025Y-AK-6	CORRECTIONS CORPORATION OF AMERICA		04/04/2013	CALLED SECURITY at 102.000		76,500	75,000	79,219	77,842		(148)		(148)		77,693		(1,193)	(1,193)	1,986	06/01/2017	3FE
57772K-AA-9	MAXIM INTEGRATED PRODUCTS INC CORPORATE		06/14/2013	MATURITY		150,000	150,000	149,814	149,967		33		33		150,000			0	2,588	06/14/2013	2FE
74432N-AA-0	PRUDENTIAL COVERED TRUST		04/01/2013	CALLED SECURITY at 100.000		110,000	110,000	110,000	110,000		0		0		110,000			0	1,648	09/30/2015	2FE
90345K-AA-8	US AIRWAYS GROUP INC CORPORATE		04/22/2013	CALLED SECURITY at 100.000		3,228	3,228	3,228	3,228		0		0		3,228			0	101	10/22/2024	3FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						714,728	713,228	774,853	720,891	0	(4,969)	0	(4,969)	0	715,921	0	(1,193)	(1,193)	21,088	XXX	XXX
Bonds - Hybrid Securities																					
Bonds - Parent, Subsidiaries, and Affiliates																					
8399997 - Subtotals - Bonds - Part 4						1,099,512	1,098,012	1,170,653	1,066,370	0	(5,170)	0	(5,170)	0	1,100,705	0	(1,193)	(1,193)	29,524	XXX	XXX
8399999 - Subtotals - Bonds						1,099,512	1,098,012	1,170,653	1,066,370	0	(5,170)	0	(5,170)	0	1,100,705	0	(1,193)	(1,193)	29,524	XXX	XXX
Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)																					
Preferred Stocks - Parent, Subsidiaries, and Affiliates																					
Common Stocks - Industrial and Miscellaneous (Unaffiliated)																					
Common Stocks - Parent, Subsidiaries, and Affiliates																					
Common Stock - Mutual Funds																					
Common Stocks - Money Market Mutual Funds																					
9999999 Totals						1,099,512	XXX	1,170,653	1,066,370	0	(5,170)	0	(5,170)	0	1,100,705	0	(1,193)	(1,193)	29,524	XXX	XXX

E05

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

Schedule DB - Part A - Section 1

NONE

Schedule DB - Part B - Section 1

NONE

Schedule DB - Part D - Section 1

NONE

Schedule DB - Part D - Section 2

NONE

Schedule DL - Part 1

NONE

Schedule DL - Part 2

NONE

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due & Accrued	8 Amount Received During Year
NONE							
8699999 Total Cash Equivalents					0	0	0