



QUARTERLY STATEMENT

AS OF MARCH 31, 2013
OF THE CONDITION AND AFFAIRS OF THE

Humana Health Plan, Inc.

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

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

Country of Domicile United States

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

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

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

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

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

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

Internet Web Site Address www.humana.com

Statutory Statement Contact Cathy Staebler 502-580-2712
 (Name) (Area Code) (Telephone Number) (Extension)

DOIINQUIRIES@humana.com 502-580-2099
 (E-mail Address) (FAX Number)

OFFICERS

Name	Title	Name	Title
Bruce Dale Broussard	President & CEO	Joan Olliges Lenahan	VP & Corporate Secretary
James Harry Bloem	Sr. VP, CFO & Treasurer	Jonathan Albert Canine	Appointed Actuary

OTHER OFFICERS

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

DIRECTORS OR TRUSTEES

James Harry Bloem	Bruce Dale Broussard	James Elmer Murray
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State of Kentucky

ss

County of Jefferson

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

Bruce Dale Broussard
President & CEO

Joan Olliges Lenahan
VP & Corporate Secretary

James Harry Bloem
Sr. VP, CFO & Treasurer

a. Is this an original filing? Yes [X] No []

b. If no:

1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

Subscribed and sworn to before me this
10th day of May, 2013

Myra Carpenter, Notary Public
August 9, 2013

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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	503,425,008		503,425,008	468,096,042
2. Stocks:				
2.1 Preferred stocks	0		0	0
2.2 Common stocks	31,231,071		31,231,071	31,508,729
3. Mortgage loans on real estate:				
3.1 First liens	27,600,000		27,600,000	27,600,000
3.2 Other than first liens			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances).....			0	0
4.2 Properties held for the production of income (less \$0 encumbrances).....			0	0
4.3 Properties held for sale (less \$0 encumbrances).....			0	0
5. Cash (\$(36,648,060)), cash equivalents (\$61,948,241) and short-term investments (\$2,983,563).....	28,283,744		28,283,744	21,576,719
6. Contract loans (including \$0 premium notes).....			0	0
7. Derivatives			0	0
8. Other invested assets	0		0	0
9. Receivables for securities	35,600,000		35,600,000	0
10. Securities lending reinvested collateral assets.....	0		0	0
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	626,139,823	0	626,139,823	548,781,490
13. Title plants less \$0 charged off (for Title insurers only).....			0	0
14. Investment income due and accrued	4,334,320		4,334,320	4,168,134
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	18,567,718	684,422	17,883,296	15,361,821
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$0 earned but unbilled premiums).....			0	0
15.3 Accrued retrospective premiums.....	68,743,960		68,743,960	24,985,232
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	18,168,260	359,021	17,809,239	17,986,955
18.1 Current federal and foreign income tax recoverable and interest thereon			0	10,200,662
18.2 Net deferred tax asset.....	65,754,489	56,681,243	9,073,246	9,073,246
19. Guaranty funds receivable or on deposit			0	0
20. Electronic data processing equipment and software.....	126,491	56,196	70,295	88,910
21. Furniture and equipment, including health care delivery assets (\$0).....	5,661,896	5,661,896	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates			0	0
23. Receivables from parent, subsidiaries and affiliates	18,356,875		18,356,875	0
24. Health care (\$24,194,132) and other amounts receivable.....	32,243,045		32,243,045	14,562,349
25. Aggregate write-ins for other than invested assets	111,293,972	110,237,689	1,056,283	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	969,390,849	173,680,467	795,710,382	645,208,799
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	0
28. Total (Lines 26 and 27)	969,390,849	173,680,467	795,710,382	645,208,799
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. Goodwill.....	94,125,506	94,125,506	0	0
2502. Prepaid Commissions.....	13,454,962	13,454,962	0	0
2503. Deposits.....	2,070,374	2,070,374	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	1,643,130	586,847	1,056,283	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	111,293,972	110,237,689	1,056,283	0

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$16,087,294 reinsurance ceded).....	294,651,875	10,065,656	304,717,531	248,969,854
2. Accrued medical incentive pool and bonus amounts	1,327,011		1,327,011	1,387,294
3. Unpaid claims adjustment expenses	6,747,449		6,747,449	4,620,707
4. Aggregate health policy reserves including the liability of \$6,092,747 for medical loss ratio rebate per the Public Health Service Act.....	38,220,683		38,220,683	33,851,417
5. Aggregate life policy reserves			0	0
6. Property/casualty unearned premium reserve			0	0
7. Aggregate health claim reserves	179,856	6,144	186,000	205,000
8. Premiums received in advance	17,504,595		17,504,595	14,143,527
9. General expenses due or accrued	14,990,670		14,990,670	10,658,735
10.1 Current federal and foreign income tax payable and interest thereon (including \$0 on realized gains (losses))	17,282,646		17,282,646	0
10.2 Net deferred tax liability.....			0	0
11. Ceded reinsurance premiums payable	167,427		167,427	167,352
12. Amounts withheld or retained for the account of others	18,489		18,489	20,044
13. Remittances and items not allocated	2,610,868		2,610,868	2,528,969
14. Borrowed money (including \$0 current) and interest thereon \$0 (including \$0 current)			0	0
15. Amounts due to parent, subsidiaries and affiliates			0	979,245
16. Derivatives.....			0	0
17. Payable for securities	548,598		548,598	0
18. Payable for securities lending			0	0
19. Funds held under reinsurance treaties (with \$0 authorized reinsurers, \$0 unauthorized reinsurers and \$0 certified reinsurers).....	16,056,098		16,056,098	0
20. Reinsurance in unauthorized and certified (\$0) 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	36,661,020		36,661,020	15,310,174
23. Aggregate write-ins for other liabilities (including \$2,521,239 current)	2,521,239	0	2,521,239	4,424,705
24. Total liabilities (Lines 1 to 23).....	449,488,524	10,071,800	459,560,324	337,267,023
25. Aggregate write-ins for special surplus funds	XXX	XXX	0	0
26. Common capital stock	XXX	XXX	2,248,000	2,248,000
27. Preferred capital stock	XXX	XXX	0	0
28. Gross paid in and contributed surplus	XXX	XXX	476,255,377	476,255,377
29. Surplus notes	XXX	XXX	0	0
30. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
31. Unassigned funds (surplus)	XXX	XXX	(142,353,319)	(170,561,601)
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	336,150,058	307,941,776
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	795,710,382	645,208,799
DETAILS OF WRITE-INS				
2301. Medicare Risk Adjustment Payable.....	2,269,464		2,269,464	4,146,938
2302. Deferred Lease Credits.....	247,652		247,652	271,348
2303. Accrued Other.....	4,123		4,123	6,419
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)	2,521,239	0	2,521,239	4,424,705
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 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	1,688,744	1,384,347	5,619,511
2. Net premium income (including \$ 0 non-health premium income).....	XXX	939,168,233	734,972,065	3,000,472,810
3. Change in unearned premium reserves and reserve for rate credits	XXX	109,402	(3,265,661)	(8,163,449)
4. Fee-for-service (net of \$ 0 medical expenses)	XXX	0	0	0
5. Risk revenue	XXX	0	0	0
6. Aggregate write-ins for other health care related revenues	XXX	0	0	2,427
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	939,277,635	731,706,404	2,992,311,788
Hospital and Medical:				
9. Hospital/medical benefits	24,759,460	698,948,966	536,772,089	2,226,427,949
10. Other professional services		1,281,665	4,783,795	4,769,587
11. Outside referrals		0	0	0
12. Emergency room and out-of-area	955,035	14,950,028	13,602,816	62,910,575
13. Prescription drugs		91,593,466	77,351,936	265,180,000
14. Aggregate write-ins for other hospital and medical	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts		0	125,999	476,197
16. Subtotal (Lines 9 to 15)	25,714,495	806,774,125	632,636,635	2,559,764,308
Less:				
17. Net reinsurance recoveries		27,942,318	245	443
18. Total hospital and medical (Lines 16 minus 17)	25,714,495	778,831,807	632,636,390	2,559,763,865
19. Non-health claims (net).....		0	0	0
20. Claims adjustment expenses, including \$ 39,766,201 cost containment expenses.....		49,385,005	36,422,126	168,321,705
21. General administrative expenses.....		76,897,565	73,259,585	302,032,654
22. Increase in reserves for life and accident and health contracts (including \$ 0 increase in reserves for life only).....		1,149,641	1,204,099	12,001,855
23. Total underwriting deductions (Lines 18 through 22)	25,714,495	906,264,018	743,522,200	3,042,120,079
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	33,013,617	(11,815,796)	(49,808,291)
25. Net investment income earned		4,063,159	3,527,448	14,654,432
26. Net realized capital gains (losses) less capital gains tax of \$ 127,062		235,973	468,417	1,273,183
27. Net investment gains (losses) (Lines 25 plus 26)	0	4,299,132	3,995,865	15,927,615
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ 0) (amount charged off \$ 0)]		0	0	0
29. Aggregate write-ins for other income or expenses	0	5,012	5,079	9,818
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	37,317,761	(7,814,852)	(33,870,858)
31. Federal and foreign income taxes incurred	XXX	17,155,584	361,729	(4,979,093)
32. Net income (loss) (Lines 30 minus 31)	XXX	20,162,177	(8,176,581)	(28,891,765)
DETAILS OF WRITE-INS				
0601. Other Healthcare Revenue.....	XXX	0	0	2,427
0602.	XXX	0	0	0
0603.	XXX	0	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	2,427
0701.	XXX	0	0	0
0702.	XXX	0	0	0
0703.	XXX	0	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	0
1402.		0	0	0
1403.		0	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.....		5,012	5,079	9,818
2902.		0	0	0
2903.		0	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	5,012	5,079	9,818

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.....	307,941,776	265,477,101	265,477,101
34. Net income or (loss) from Line 32	20,162,177	(8,176,581)	(28,891,765)
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	(253,243)	134,594	553,953
37. Change in net unrealized foreign exchange capital gain or (loss)		0	0
38. Change in net deferred income tax		0	1,103,584
39. Change in nonadmitted assets	8,299,348	6,254,391	4,748,039
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	1,846,160
44. Capital Changes:			
44.1 Paid in		0	0
44.2 Transferred from surplus (Stock Dividend)		0	0
44.3 Transferred to surplus		0	0
45. Surplus adjustments:			
45.1 Paid in		0	60,000,000
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	3,104,704
48. Net change in capital and surplus (Lines 34 to 47)	28,208,282	(1,787,596)	42,464,675
49. Capital and surplus end of reporting period (Line 33 plus 48)	336,150,058	263,689,505	307,941,776
DETAILS OF WRITE-INS			
4701. Correction of prior period.....	0	0	2,425,099
4702. Tax Correction.....	0	0	679,605
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	3,104,704

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.....	899,008,305	891,485,566	3,002,479,496
2. Net investment income	5,101,069	4,269,952	18,142,414
3. Miscellaneous income	0	0	2,427
4. Total (Lines 1 to 3)	904,109,374	895,755,518	3,020,624,337
5. Benefit and loss related payments	724,313,054	577,272,269	2,507,693,751
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	98,821,876	101,315,753	472,198,963
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$ 127,062 tax on capital gains (losses).....	(10,200,662)	(5,356,893)	977,615
10. Total (Lines 5 through 9)	812,934,268	673,231,129	2,980,870,329
11. Net cash from operations (Line 4 minus Line 10)	91,175,106	222,524,389	39,754,008
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	41,027,864	29,407,838	106,023,522
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	1,631	(539)	(2,306)
12.7 Miscellaneous proceeds	0	6,732,335	1
12.8 Total investment proceeds (Lines 12.1 to 12.7)	41,029,495	36,139,634	106,021,217
13. Cost of investments acquired (long-term only):			
13.1 Bonds	77,175,107	75,214,220	222,516,064
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	35,051,402	0	2
13.7 Total investments acquired (Lines 13.1 to 13.6)	112,226,509	75,214,220	222,516,066
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)	(71,197,014)	(39,074,586)	(116,494,849)
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.....	0	0	60,000,000
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).....	(13,271,067)	(11,729,820)	(614,426)
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(13,271,067)	(11,729,820)	59,385,574
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)	6,707,025	171,719,983	(17,355,267)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	21,576,719	38,931,986	38,931,986
19.2 End of period (Line 18 plus Line 19.1)	28,283,744	210,651,969	21,576,719

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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	476,778	29,829	183,104	.0	4,838	17,741	22,271	218,995	.0	.0
2. First Quarter	561,059	32,288	182,729	.0	8,368	17,254	21,320	280,075	19,025	.0
3. Second Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
4. Third Quarter .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
5. Current Year	0	0	0	0	0	0	0	0	0	0
6. Current Year Member Months	1,688,744	94,658	551,379	0	24,229	47,759	64,384	837,879	68,456	0
Total Member Ambulatory Encounters for Period:										
7. Physician	821,603	19,897	191,968	.0	.0	.0	52,988	556,750	.0	.0
8. Non-Physician	782,326	14,572	151,215	0	0	0	23,948	592,591	0	0
9. Total	1,603,929	34,469	343,183	0	0	0	76,936	1,149,341	0	0
10. Hospital Patient Days Incurred	185,656	1,026	19,427	0	0	0	2,252	162,951	0	0
11. Number of Inpatient Admissions	38,394	256	4,939	0	0	0	838	32,361	0	0
12. Health Premiums Written (a).....	969,476,456	14,276,893	178,643,660	.896	231,526	994,584	31,670,291	713,613,708	30,038,164	6,734
13. Life Premiums Direct.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
14. Property/Casualty Premiums Written .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
15. Health Premiums Earned	969,585,858	14,146,140	178,883,815	.896	231,526	994,584	31,670,291	713,613,708	30,038,164	6,734
16. Property/Casualty Premiums Earned .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
17. Amount Paid for Provision of Health Care Services	742,163,970	9,577,915	135,054,304	.452	122,844	749,569	27,105,833	557,698,162	11,854,900	(9)
18. Amount Incurred for Provision of Health Care Services	806,774,125	9,374,898	133,309,819	.651	183,352	805,565	29,820,661	605,338,005	27,941,668	(494)

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 713,613,708

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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)						
N W SUBURBAN.....	2,283					2,283
12TH STREET COVINGTON DIALYSIS.....	3,677					3,677
1ST RESPONSE EMS INC.....	2,368					2,368
ABUBAKAR DURRANI.....	2,203					2,203
ACCESS MEDIQUIP LLC.....	4,496					4,496
ACCREDO HEALTH GROUP.....	2,271					2,271
ACCREDO HEALTH GROUP INC.....	14,219					14,219
ACH BERGAN.....	37,147	5,077				42,224
ACH IMMANUEL.....	12,906					12,906
ACH IMMANUEL PSYCH.....	2,026					2,026
ACH IMMANUEL REHAB.....	7,640					7,640
ACH MEM HOSP SCHUYLER.....	2,345					2,345
ADDISON RADIOLOGY ASSOCIATES.....					254,423	254,423
ADVANCE CARE FT SMITH.....	9,228					9,228
ADVANCED FAMILY SURGERY CENTER.....		2,720				2,720
ADVANCED HOME CARE.....	3,341	3,001				6,342
ADVENTIST BOLINGBROOK HOSPITAL.....	7,315					7,315
ADVENTIST HINSDALE HOSPITAL.....	7,950					7,950
ADVENTIST LA GRANGE MEMORIAL.....	12,704					12,704
ADVOCATE CONDELL MEDICAL CTR.....	5,905					5,905
ADVOCATE GOOD SAMARITAN.....	13,304	2,638	2,084			18,025
ADVOCATE ILLINOIS MASONIC.....	7,074		6,916	2,781	10,936	27,708
ADVOCATE LUTHERAN GENERAL HOSPITAL.....	110,908	36,073	2,640			149,621
ADVOCATE SOUTH SUBURBAN HOSPITAL.....	9,398		2,601		3,670	15,669
ADVOCATE SW AMBULATORY SURGERY CENTER.....	4,721					4,721
ADVOCATE TRINITY HOSPITAL.....	9,688	3,176	3,244		10,649	26,757
AIBIOTECH LLC.....	3,516					3,516
AIKEN REGIONAL MEDICAL CENTER.....	9,822					9,822
AIR EVAC EMS INC MARTIN.....	5,966					5,966
AIR EVAC EMS INC MOUNTAIN HOME.....	4,047					4,047
AIR EVAC EMS INC SALEM.....	5,675					5,675
AKASH AHUJA MD.....	4,642					4,642
AL MEDICAID AGENCY.....					2,589	2,589
ALAN LARSEN.....		2,700				2,700
ALAN MCGEE.....	2,288					2,288
ALAN WHITON.....	2,200					2,200
ALDEN DES PLAINES REHAB.....	5,031				2,584	7,614
ALDEN ESTATES OF EVANSTON.....	3,556					3,556
ALDEN TOWN MANOR REHAB.....	3,020					3,020
ALDEN WATERFORD REHAB.....	3,497					3,497
ALEGENT CREIGHTON HEALTH.....	6,462					6,462
ALEXANDER DIGENIS.....		2,486				2,486
ALEXANDER HAWKINS.....	3,700					3,700
ALEXIAN BROTHERS BEHAVIORAL.....	3,678					3,678
ALEXIAN BROTHERS MEDICAL CTR.....	35,091		13,364			48,455
ALFRED KAHN III.....	3,833					3,833
ALL CHILDRENS HOSPITAL.....	2,049					2,049
ALL HEART HOME HEALTH AGENCY.....		2,343				2,343
ALLIANCE HEALTH CENTER.....	4,480					4,480
ALLIANCE HOME HEALTH.....	3,090					3,090
ALLPORT CLINIC LLC.....					26,400	26,400
ALONSO V PACHECO MD.....	2,128					2,128
ALPHA HEALTH & REHAB.....	9,276					9,276
ALVIN OTSUKA.....	7,029	3,530				10,559
AMEDISYS HOME HEALTH CARE.....	2,389					2,389

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	Aging Analysis of Unpaid Claims					
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
AMERIGROUP FLORIDA	2,600					2,600
AMERIGROUP GEORGIA					2,238	2,238
AMERIGROUP OHIO	9,299	2,394	2,306			14,000
AMERIGROUP TENNESSEE		5,074				5,074
AMISUB OF SOUTH CAROLINA	6,759					6,759
ANANTHA K MURTHY MD	2,265					2,265
ANCA NASTASA					2,026	2,026
ANCHOR HOSPITAL	2,313					2,313
ANDERSON HOSPITAL	19,033	7,980				27,013
ANDOVER HEALTH CARE CENTER	2,492					2,492
ANDREW RINGER	2,931					2,931
ANESTHESIA ASSOCIATES OF CINCINNATI INC	6,377	3,971				10,348
ANGELO COLOSIMO	2,696					2,696
ANGELO DIFELICE JR	2,093					2,093
ANMED HEALTH	153,548	25,251				178,799
ANN HOEPNER	3,132					3,132
ANTHONY GUANCIALE	2,470					2,470
ANTONE TATOLES	4,802					4,802
ARA SOUTH LABURNUM DIALYSIS	15,036					15,036
ARBOR OAKS HEALTHCARE & REHAB	2,367					2,367
ARCTIC AX US LTD	10,680					10,680
ARIZONA REGIONAL MEDICAL CENTER	4,005					4,005
ARKANSAS HEART HOSPITAL	21,879					21,879
ARKANSAS HOMECARE OF FULTON LLC	3,710	2,935				6,645
ARROWHEAD HOSPITAL	30,562					30,562
ARTHUR BROCK	2,042					2,042
ARTHUR M JOHNSON MD	4,526					4,526
ARVIND AHUJA		17,945				17,945
ASH GROVE HEALTHCARE	3,849					3,849
ASHLEY HEALTH AND REHAB	2,144					2,144
ASHTON PLACE HEALTH AND REHAB	6,677					6,677
ASSOC ST JAMES RADIOLOGISTS					84,201	84,201
ATHENS LIMESTONE HOSPITAL	41,575					41,575
ATHENSLIMESTONE HOMECARE LLC	2,275					2,275
AUBURN NURSING & REHAB CENTER	2,894					2,894
AUBURN REGIONAL MEDICAL CTR	2,896					2,896
AUBURN SURGICAL CENTER	6,760					6,760
AURORA BEHAVIORAL HEALTHCARE	6,615					6,615
AURORA CHICAGO LAKESHORE HOSPITAL	2,386					2,386
AURORA DIALYSIS CENTER	14,498					14,498
AURORA WEST ALLIS MEMORIAL HOSPITAL	2,302					2,302
AUTUMN CARE OF NORFOLK	2,223					2,223
AUTUMN HILL INC	4,016					4,016
AVAMERE HERITAGE REHABILITATION	4,598					4,598
AZ PHYSICIANS IPA					2,987	2,987
BANNER BAYWOOD HEART HOSPITAL	31,501					31,501
BANNER BAYWOOD MEDICAL CENTER	23,184	6,996				30,180
BANNER BOSWELL MEDICAL CENTER	41,462	7,720				49,182
BANNER DEL E WEBB MEDICAL CENTER	16,786					16,786
BANNER DESERT MEDICAL CENTER	34,533	34,351		29,958		98,842
BANNER ESTRELLA MEDICAL CENTER	17,685					17,685
BANNER GATEWAY MEDICAL CENTER	21,572					21,572
BANNER GOOD SAM REHAB INSTITUTE	5,910					5,910
BANNER GOOD SAMARITAN MEDICAL	13,359	47,049				60,408
BANNER GOOD SAMARITAN MEDICAL CENTER	6,537					6,537
BANNER HOME CARE COLORADO	2,281					2,281

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
BANNER IRONWOOD MEDICAL CENTER	2,161					2,161
BANNER THUNDERBIRD BEHAVIORAL	7,401					7,401
BANNER THUNDERBIRD MED CENTER	89,441	80,098				169,539
BAPTIST EASLEY HOSPITAL	77,218					77,218
BAPTIST HEALTH LEXINGTON	6,770	29,136				35,907
BAPTIST HEALTH LOUISVILLE	42,657				8,252	50,909
BAPTIST HEALTH MEDICAL CENTER	57,144					57,144
BAPTIST HEALTH SYSTEM	11,067					11,067
BAPTIST HLTH MED CTR ARKADDELPHIA	2,856					2,856
BAPTIST HOSPITAL EAST	2,049					2,049
BAPTIST MEMORIAL MED CTR NLR	27,903	40,625				68,528
BAPTIST REGIONAL MEDICAL CENTER	9,175		3,022			12,197
BAPTIST REHAB INSTITUTE	14,924					14,924
BARTON COUNTY MEMORIAL HOSPITAL	2,999					2,999
BAXTER REG MED CENTER	61,916					61,916
BAYADA HOME HEALTH CARE INC	9,853					9,853
BAYFLITE			3,555			3,555
B UNABLE TO UPDATE PROVIDE INFORMATION	15,317					15,317
BAYLOR UNIVERSITY MEDICAL CENTER					78,643	78,643
BEAR CREEK CARE AND REHABILITATION	3,365					3,365
BELLA VITA HEALTH & REHAB	2,467	2,053				4,520
BELLEVUE MEDICAL CENTER	8,924					8,924
BELTWAY SURGERY CENTERS	2,713					2,713
BENCHMARK HEALTHCARE OF RAYTOWN	7,997					7,997
BENT WOOD NURSING AND REHAB	5,063					5,063
BERKSHIRE HEALTH AND REHAB	2,418					2,418
BETHANY AT PACIFIC	6,379					6,379
BETHANY AT SILVER LAKE	11,489					11,489
BETHESDA HOSPITAL INC	20,950					20,950
BETHESDA NEONATOLOGIST					2,686	2,686
BIG SPRINGS SPECIALTY CARE CENTER	11,505					11,505
BINDU BAMRAH	2,945					2,945
BIO MEDICAL APPLICATIONS OF MICHIGAN	12,904					12,904
BIRINDER MARWAH MD					58,001	58,001
BLOUNT MEMORIAL HOSPITAL					4,014	4,014
BMA AUDUBON	2,421					2,421
BMA EAST LOUISVILLE	25,070					25,070
BMA S LOUISVILLE	6,744					6,744
BMH TIPTON					9,738	9,738
BOLINGBROOK DIALYSIS	11,665					11,665
BON SECOURS DEPAUL MEDICAL CENTER	129,229					129,229
BON SECOURS MEMORIAL REGIONAL	12,120	8,912				21,032
BON SECOURS ST FRANCIS HEALTH	301,229	49,501				350,730
BONNER GENERAL HOSPITAL	9,462					9,462
BOONE HOSPITAL CENTER	5,424					5,424
BOSTON HEART LAB CORPORATION	3,033	2,466				5,499
BRADFORD HEALTH SERVICES	5,566					5,566
BRADFORD HOUSE NURSING AND REHAB	2,341					2,341
BRANDON REGIONAL HOSPITAL	5,040					5,040
BRENDA SATCHIE		4,580				4,580
BRENT GABRIEL					3,103	3,103
BRENTWOOD MEADOWS	3,200					3,200
BRENTWOOD SUBACUTE HEALTHCARE					2,276	2,276
BRIAN C CHO MD					30,600	30,600
BRIAN RATIGAN	2,462					2,462
BRIAN THORNTON		2,294				2,294

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
BRIDGEPORT HOSPITAL.....					62,707	62,707
BRISTOL HEALTH AND REHAB.....	8,958					8,958
BRISTOL POINTE HEALTH AND REHAB.....	6,412					6,412
BRISTOL REG MED CTR.....	158,653	44,735				203,387
BROOKSTONE VILLAGE INC.....	5,028					5,028
BROOKWOOD MEDICAL CENTER.....	66,074					66,074
BROWN HAND CENTER PHOENIX LLC.....				3,750		3,750
BRYAN MEDICAL CENTER EAST.....	2,815					2,815
BUFFALO RHEUMATOLOGY.....	2,326					2,326
BUREAU OF TENNCARE.....		7,709	3,079			10,789
CAMELOT SCHOOLS LLC KINGSTON.....	3,976					3,976
CAMP CARE.....	3,758					3,758
CANCER CENTERS ANDREWS GMH.....	3,834					3,834
CANCER CENTERS EASTSIDE GMH.....	2,934					2,934
CANCER CENTERS FARIS GMH.....	6,938					6,938
CANCER CENTERS SPARTANBURG GMH.....	2,035					2,035
CANNON MEMORIAL HOSPITAL.....	10,987					10,987
CAPITAL REGION MEDICAL CENTER.....	7,396					7,396
CARDINAL HILL REHABILITATION.....		17,606				17,606
CARDINAL HILL REHABILITATION.....	6,516					6,516
CAREAGE OF WHIDBEY.....	2,796					2,796
CARESOURCE OH.....	12,007	24,111	18,605			54,723
CARILION GILES COMMUNITY HOSPITAL.....	4,327					4,327
CARILION ROANOKE MEMORIAL HOSPITAL.....	14,356					14,356
CARIS MPI INC.....		9,917	6,869			16,785
CAROLE VETTER.....	2,193					2,193
CAROLINAS MEDICAL CENTER PINEVIEW.....	3,328					3,328
CAROLINAS MEDICAL CTR CMC.....	7,427					7,427
CARONDELET HEART AND VASCULAR.....					13,054	13,054
CARONDELET HOME CARE SERVICES.....		2,360				2,360
CARONDELET MANOR.....	12,462					12,462
CARONDELET ST JOSEPHS HOSPITAL.....	31,068					31,068
CARONDELET ST MARYS HOSPITAL.....	8,830					8,830
CASS REGIONAL MEDICAL CENTER.....	11,196					11,196
CATHOLIC CARE CENTER.....	2,353					2,353
CATHOLIC HEALTH PARTNERS SVS.....	2,188	20,921				23,110
CEDAR LAKE VILLAGE.....	3,571					3,571
CEDAR RIDGE HEALTH CAMPUS.....	2,637					2,637
CEDAR SPRINGS BEHAVIORAL HEALTH SYSTEM.....	2,372					2,372
CENTENE GEORGIA.....		2,747				2,747
CENTENE TEXAS.....	5,094	4,273				9,368
CENTENNIAL HILLS HOSPITAL MEDICAL.....					450,293	450,293
CENTENNIAL MEDICAL CENTER.....		7,951				7,951
CENTERPOINT MEDICAL CENTER.....	85,106					85,106
C UNABLE TO UPDATE PROVIDER INFORMATION.....	23,292					23,292
CENTRAL DU PAGE HOSPITAL.....	12,684					12,684
CENTRAL DUPAGE DIALYSIS CENTER.....	19,017					19,017
CENTRAL DUPAGE HOSPITAL.....	12,737					12,737
CENTRAL MISSISSIPPI MEDICAL CENTER.....	2,765					2,765
CEP AMERICA ILLINOIS PC.....					144,602	144,602
CHAD E HARTLEY MD.....	3,188					3,188
CHANDLER HEALTH CARE CTR.....	6,501					6,501
CHANDLER REGIONAL HOSPITAL.....	5,808					5,808
CHARLES HANEY.....		3,501				3,501
CHARLES MILLER.....	3,425					3,425

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
CHARLES WEAVER JR.....		2,180				2,180
CHESAPEAKE GENERAL HOSPITAL.....	13,158		14,963			28,120
CHESAPEAKE HEALTH AND REHAB.....	2,257					2,257
CHICAGO PROCURE MANAGEMENT LLC.....	5,696					5,696
C UNABLE TO UPDATE PROVIDER INFORMATION.....					2,014	2,014
CHILDRENS HOSP HOME HEALTH.....				2,336		2,336
CHILDRENS HOSPITAL.....	2,378					2,378
CHILDRENS HOSPITAL MEDICAL CENTER.....	29,314	2,924			147,394	179,633
CHILDRENS HOSPITAL MEDICAL CENTER LAB.....			2,245			2,245
CHILDREN'S SURGICAL FOUNDATION.....	3,454					3,454
CHINO VALLEY MEDICAL CENTER.....	2,643					2,643
CHIPPENHAM & JOHNSTON WILLIS.....	62,235					62,235
CHRIS RIDGE PREMIER CARE AND REHAB.....	2,799					2,799
CHRIST HOSPITAL.....	32,335	41,111	2,388		16,958	92,792
CHRIST MED CENTER.....	25,494	39,253				64,746
CHRISTIAN G ZIMMERMAN MD.....	3,473					3,473
CHRISTIAN HEALTH AND REHABILITATION.....	24,463					24,463
CHRISTIAN HLTH CNTR OF HOPKINS.....	7,130					7,130
CHRISTOPHER J MALINKY MD.....	4,950					4,950
CHRISTOPHER STURM.....	9,761					9,761
CHRISTUS SPOHN MEMORIAL HOSPITAL.....	6,111					6,111
CHRISTUS ST MICHAEL HOSPITAL.....	14,915					14,915
CHRISTUS ST MICHAEL REHAB HOSPITAL.....	9,114					9,114
CINCINNATI VAMC.....		28,868				28,868
CITIZENS MEMORIAL HEALTH CARE.....	2,562					2,562
CLAIRE WILLIE.....	3,346					3,346
CLARK MEMORIAL HOSPITAL.....	81,050				2,595	83,644
CLARK REGIONAL MEDICAL CENTER.....	12,939					12,939
CLEARWATER ORTHOPEADIC ASC.....	5,600					5,600
CLERMONT COUNTY DIALYSIS.....	2,323					2,323
CLINCH VALLEY MED CENTER INC.....	11,193					11,193
COLORADO DHCPF.....	3,387					3,387
COLUMBIA OPERATIONS LLC.....	3,066					3,066
COMMUNITY ALLIANCE HOME HLTH.....	2,146					2,146
COMMUNITY HEALTH PLANS.....	3,953	2,376				6,329
COMMUNITY HOME HEALTH SERVICES.....	5,032					5,032
COMMUNITY HOSPITAL.....					3,011	3,011
COMMUNITY HOSPITAL ANDERSON.....	2,449					2,449
COMMUNITY HOSPITAL OF LAGRANGE.....	2,453					2,453
COMMUNITY HOSPITALS OF IN INC.....	67,003					67,003
COMMUNITY MEDICAL CENTER.....	4,059					4,059
CONWAY REG HEALTH SYSTEM.....	3,024					3,024
CONWAY REGIONAL REHAB HOSPITAL.....	2,547					2,547
COPLEY MEMORIAL HOSPITAL.....	211,262	4,654			3,008	218,924
COPPER QUEEN COMMUNITY HOSPITAL.....	8,523					8,523
CORAM ALTERNATE SITE SERVICES.....	3,332					3,332
CORAM HEALTHCARE.....	5,062					5,062
CORAM HEALTHCARE CAROLINA HOME.....	2,497					2,497
COUNTRYSIDE CARE CENTRE.....	7,675					7,675
COVENANT HEALTHCARE CENTER.....	2,325					2,325
COVENTRY CARES KY.....	8,005					8,005
CRESTWOOD MEDICAL CENTER LP.....	3,786					3,786
CROWNE HEALTH CARE OF MOBILE.....	4,307					4,307
CROWNE HEALTH CARE OF SPRINGHILL.....	2,282					2,282
CRS SURGICAL.....		2,573				2,573

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
CYPRESS GROVE REHABILITATION CENTER.....	7,483					7,483
DANA M COBERLY MD PA.....		3,910				3,910
DANIEL A TROY MD.....	8,461					8,461
DANIEL HOLUB.....	2,629					2,629
DANIEL MULCONREY.....	3,070					3,070
DAVID ARGO.....	2,383					2,383
DAVID C HALL MD.....	3,079					3,079
DAVID DEWITT.....	2,056					2,056
DAVID DROSICK.....	2,051					2,051
DAVID ELIAS.....					2,244	2,244
DAVID GELBART PAC.....	2,938					2,938
DAVID L HEADLEY.....	2,128					2,128
DAVID SUN.....	2,249					2,249
DAVID WONG.....	4,570					4,570
DAY SURGERY FACILITIES.....			2,800		53,426	56,225
DCA SKOKIE.....		5,625				5,625
DEACONESS HOSPITAL.....	40,828					40,828
DEACONESS HOSPITAL INC.....	69,046					69,046
DEBORAH L LINDQUIST MD.....	4,098					4,098
DECATUR GENERAL HOSPITAL.....	4,058					4,058
DEKALB MEMORIAL HOSPITAL.....	5,166					5,166
DELMAR GARDENS OF LENEXA.....	4,313					4,313
DELMAR GARDENS OF OVERLAND PK.....	2,465					2,465
DELNOR COMMUNITY HOSPITAL.....	7,107					7,107
DENISE K PETERS LCSW.....	3,600					3,600
DENVER HEA LTH AND HOSPITAL.....	2,129					2,129
DENVER HEALTH MEDICAL CENTER.....	15,336					15,336
DEPARTMENT OF OPHTHALMOLOGY.....			92,335			92,335
DEPAUL HEALTH CENTER.....	3,143					3,143
DESERT BLOSSOM HEALTH AND REHAB.....	2,956					2,956
DESERT REGIONAL MEDICAL CENTER.....	10,417					10,417
DESERT SPRINGS HOSPITAL MEDICAL.....	39,683		68,163		749,636	857,482
DESERT VIEW REGIONAL MEDICAL.....			3,743		5,171	8,914
DETAR HEALTHCARE SYSTEMS.....			20,030			20,030
DIAGNOSTIC IMAGING ASSOCIATES.....					68,001	68,001
DIALYSIS CLINIC INC.....	10,646					10,646
DIALYSIS CTRS OF AMERICA.....	23,724					23,724
DIALYSIS CTRS OF AMERICA.....	14,987					14,987
DIRECT DIALYSIS.....					8,152	8,152
DLP MARQUETTE GENERAL HOSPITAL.....					2,296	2,296
DLP TWIN COUNTY REGIONAL HOSPITAL.....	11,670					11,670
DONALD CORENMAN.....		5,031				5,031
DOUGLAS FEHRMAN.....	6,597			2,317		8,914
DOWNERS GROVE DIALYSIS CENTER.....	54,697					54,697
DRISCOLL C H P.....		15,265				15,265
DSI DENHAM SPRINGS.....				2,198		2,198
DSI SCOTTSDALE RENAL CENTER.....	25,930					25,930
DUKE UNIVERSITY HEALTH SYSTEM.....		2,037				2,037
DUPONT HOSPITAL.....	75,507					75,507
EAGLE HIGHLANDS SURGERY CENTER.....	5,451					5,451
EAST CAMPUS SURGERY CENTER LLC.....		2,309				2,309
EASTGATE HOME TRAINING.....	2,587					2,587
EDWARD HOSPITAL.....	57,032					57,032
EISENHOWER MEDICAL CENTER.....	30,368		83,824			114,192
ELK GROVE LAB PHYSICIANS.....					43,000	43,000
ELMHURST MEMORIAL HOSPITAL.....	9,471	10,284	14,620			34,375

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
ELMHURST MEMORIAL HOSPITAL	5,327					5,327
EMORY JOHNS CREEK HOSPITAL					5,477	5,477
EPHRAIM MCDOWELL REG MED CTR				3,034		3,034
ERIC S SCHAEFER MD	2,265					2,265
ERIN COLLIGAN	2,014					2,014
ERLANGER MEDICAL CENTER		8,178				8,178
EUGENIO VARGAS	4,562					4,562
EUREKA SPRINGS HOSPITAL	4,849					4,849
EUREKA SPRINGS HOSPITAL HOMECARE	2,038	2,201				4,239
EVANGELICAL HOSPITAL CORP	3,444		2,239			5,683
EVANSVILLE SURGERY CENTER	2,387				36,103	38,490
EVERETT TRANSITIONAL CARE SERVICES	3,530					3,530
EVERGREEN AT TACOMA LLC	5,322					5,322
EVERGREEN HOME HEALTH		2,703				2,703
EXEMPLA GOOD SAMARITAN MEDICAL	34,221					34,221
EXEMPLA LUTHERAN MEDICAL CTR	3,442					3,442
FAIRFIELD DIALYSIS		5,315				5,315
FAIRMONT CARE CENTER					4,293	4,293
FAYETTEVILLE HEALTH & REHAB	4,844					4,844
FIVE RIVERS MEDICAL CENTER	3,202					3,202
FL AHCA	21,598	13,640	84,670	21,663	19,168	160,739
FLAGET MEMORIAL HOSPITAL	27,457					27,457
FLAGLER HOSPITAL INC					13,569	13,569
FLORIDA HOSPITAL CENTRE CARE					55,801	55,801
FLORIDA ORTHOPAEDIC INSTITUTE	31,051	13,169				44,220
FLOYD MEMORIAL HOSPITAL	11,441				4,770	16,211
FMC DIALYSIS SERVICES	3,129					3,129
FMC OLDHAM COUNTY	4,067					4,067
FORT HEALTHCARE INC	2,918					2,918
FORUM AT DESERT HARBOR	3,948					3,948
FOX VALLEY DIALYSIS LTD	11,379					11,379
FRANCESCO MANGANO		3,025	3,460			6,485
FRANCISCAN ST JAMES HTLH MICHIGAN	3,223			2,917		6,140
FRANCISCAN ST MARGARET HLTH	26,015					26,015
FRANKFORT REG MED CTR	2,205					2,205
FRAZIER REHAB INSTITUTE	8,718					8,718
FREEMAN HOSPITAL	33,079					33,079
FREEMAN HOSPITAL EAST CAMPUS	20,083					20,083
FREEMAN NEOSHO HOSPITAL	13,111					13,111
FRESENIUS MEDICAL CARE CAMPBELLSVILLE			11,342			11,342
FRESENIUS MEDICAL CARE CHATHAM	10,199					10,199
FRESENIUS MEDICAL CARE INDIANA	5,283					5,283
FRESENIUS MEDICAL CARE KINGS	10,699					10,699
FRESENIUS MEDICAL CARE RIVER	16,994					16,994
FRESENIUS MEDICAL CARE STEGER	5,231					5,231
FRIENDSHIP HEALTH AND REHAB CENTER	2,246					2,246
FROEDTERT MEMORIAL LUTHERAN HOSPITAL	5,872		15,905			21,777
FT SANDERS REGIONAL MEDICAL CENTER		22,375				22,375
FULLERTON KIMBALL MEDICAL GRP					70,161	70,161
GA DEPT OF COMMUNITY HEALTH	3,228					3,228
GARDEN VALLEY NURSING	9,104					9,104
GENERAL FACILITY SERVICES	160,289	2,075				162,364
GENERAL PHYSICIAN SERVICES	12,438	7,432				19,870
GENTIVA HEALTH SERVICES	4,160					4,160
GENTIVA HEALTH SVCS	23,312	5,737				29,049
GEOFFREY L BLATT MD	2,171					2,171

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
GEORGE FREY.....	5,589					5,589
GGNSC INDEPENDENCE II LLC.....	3,626					3,626
GIBSON GENERAL HOSPITAL.....	2,124					2,124
GILBERT HOSPITAL.....	7,774					7,774
GLENNON PLACE LLC.....	2,418					2,418
GLENVIEW TERRACE NURSING CTR.....					3,183	3,183
GLORIFIED HEALTH & REHAB.....	8,297					8,297
GOLDEN LIVINGCENTER-ELIZABETH.....	4,136					4,136
GOLDEN LIVINGCENTER-FOLEY.....	12,790					12,790
GOLDEN LIVINGCENTER-LANSING.....	2,094					2,094
GOLDEN LIVINGCENTER-MCDONALD.....	4,316					4,316
GOLDEN LIVINGCENTER-NEW HAVEN.....	5,731					5,731
GOLDEN LIVINGCENTER-PETERSBURG.....	4,335					4,335
GOLDEN LIVINGCENTER-ST MATTHEW.....	4,096					4,096
GOLDEN LIVINGCENTER-TRUSSVILLE.....	3,585					3,585
GOLDEN LIVINGCENTER-WINFIELD.....	2,139					2,139
GOOD SAMARITAN HOSPITAL.....	86,495	2,547			2,476	91,518
GOOD SHEPHERD MEDICAL CENTER.....	4,877					4,877
GOTTLIEB MEMORIAL HOSPITAL.....	39,922	2,384				42,307
GRACE HEALTHCARE OF ABINGDON.....	2,624					2,624
GREENVILLE DIALYSIS CLINIC LLC.....			8,347			8,347
GREENVILLE HOSPITAL SYSTEM.....	26,422					26,422
GREENVILLE MEMORIAL HOSPITAL.....	3,215	86,271				89,486
GREENVILLE MEMORIAL MEDICAL.....	36,037					36,037
GREENVILLE RADIOLOGY PA.....	169,497					169,497
GREENWOOD HEALTH AND LIVING COMMUNITY.....	2,631					2,631
GREER MEMORIAL HOSPITAL.....	3,466					3,466
GREGORY GILOT.....		2,907				2,907
GREYSTONE HEALTH CARE CENTER.....	2,928					2,928
GROVE HILL MEMORIAL HOSPITAL.....	3,406					3,406
GROVE NORTH LIVING & REHAB CTR.....					3,516	3,516
GULF BREEZE HOSPITAL.....					15,741	15,741
GULF TO BAY ANESTHESIOLOGY ASSOCIATES.....	2,678	2,393				5,071
H LEE MOFFITT CANCER CENTER.....		2,603				2,603
HALLMARK HEALTH SYSTEMS.....	2,318					2,318
HAMBURG DIALYSIS.....		3,634				3,634
HANCOCK REGIONAL HOSPITAL.....	18,407					18,407
HANOVER HEALTH AND REHAB.....	2,776					2,776
HARBOUR POINTE MEDICAL.....	6,904					6,904
HARESH B SAWLANI.....					28,000	28,000
HARLAN ARH.....	3,799	3,656				7,455
HARLINGEN DIALYSIS.....	5,931					5,931
HARLINGEN MEDICAL CENTER.....	18,167					18,167
HARMONY SURGERY CENTER LLC.....	4,561					4,561
HAROLD CATES JR.....	3,612					3,612
HARRISON MEMORIAL HOSPITAL.....	5,211					5,211
HART ROAD PAIN AND SPINE INSTITUTE.....	5,625					5,625
HASLUP ENTERPRISES LTD.....	2,434					2,434
HAVASU REGIONAL MEDICAL CENTER.....	8,191					8,191
HAYS MEDICAL CENTER.....	7,959					7,959
HAYSVILLE HEALTHCARE CENTER.....	5,281					5,281
HAYWOOD REGIONAL MEDICAL CTR.....	4,150					4,150
HAZARD ARH REGIONAL MEDICAL CTR.....		4,570				4,570
HEALTH CARE CENTER AT RICHMOND.....	3,412					3,412
HEALTH PARTNERS HOME CARE INC.....	4,124					4,124
HEALTHSOUTH LAKESHORE REHABILITATION.....	4,924					4,924

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
HEALTHSOUTH REHABILITATION HOSPITAL.....					7,589	7,589
HEALTHTRENDS LTD.....	2,786					2,786
HEART OF FLORIDA REGIONAL MEDICAL CENTER.....	2,951					2,951
HEARTLAND OF HYATTSVILLE MD.....	3,235					3,235
HEARTLAND REHABILITATION.....	3,468					3,468
HENRICO DOCTORS HOSPITAL.....	5,352				62,290	67,642
HGA HOMECARE LLC.....		2,751				2,751
HIDDEN LAKE CARE CENTER.....		2,171				2,171
HIGHLAND HEALTHCARE AND REHAB.....	3,102					3,102
HIGHLAND RIDGE HOSPITAL.....	2,970					2,970
HIGHLANDS MEDICAL CENTER.....	4,347					4,347
HIGHLINE MEDICAL CENTER.....	5,575					5,575
HILLCREST MEDICAL CENTER.....		3,985				3,985
HILLHAVEN.....					35,694	35,694
HMS AAF MERCY CARE PLAN.....	5,617		4,761		35,409	45,787
HOLSTON VALLEY MED CTR.....		54,493				54,493
HOLY CROSS HOSPITAL.....	12,162					12,162
HOLY FAMILY MEDICAL CENTER.....	75,218					75,218
HOSANNA HEALTH & REHAB.....	7,231					7,231
HUNTSVILLE HOSPITAL.....	159,682					159,682
HYO-JONG PARK MD.....	2,416					2,416
IDAHO ELKS REHABILITATION HOSPITAL.....	6,250					6,250
IHHI DBA INFIRMARY WEST.....	6,449					6,449
I UNABLE TO UPDATE PROVIDER INFORMATION.....			2,265			2,265
INDIAN PATH MEDICAL CENTER.....	11,887					11,887
INDIANA MEDICAID.....	2,746					2,746
INDIANA UNIVERSITY HEALTH.....	7,714				14,855	22,569
INDIANA UNIVERSITY HEALTH INC.....	3,992					3,992
INGALLS MEMORIAL HOSPITAL.....	14,918	5,941				20,859
INNISFREE HEALTH AND REHAB LLC.....	2,145					2,145
INTERIM HEALTHCARE OF GREENVILLE.....	5,994					5,994
INTERIM HEALTHCARE OF KC INC.....		4,699				4,699
JACELYN AHRENS.....			4,151			4,151
JACKSON PARK HOSPITAL.....	52,727	2,824				55,551
JACKSON PURCHASE MEDICAL CTR.....	2,104					2,104
JACQUES HERZOG.....	2,800					2,800
JAMES BEE.....		12,108				12,108
JAMES BREZINA JR.....			2,742			2,742
JAMES HOLLOWELL.....	3,842					3,842
JAMES MAGUIRE JR.....	2,669					2,669
JAMES MCCARTHY.....	3,320					3,320
JAMES MCCOY.....	2,824					2,824
JAMES RIVER CARE AND REHAB CENTER.....	4,378					4,378
JAMES RIVER CONVALESCENT.....	10,552					10,552
JAMES WHITE.....		2,318				2,318
JAMES Y CHOI MD.....	2,451					2,451
JAMESTOWN NURSING AND REHAB LLC.....	13,071					13,071
JANNY JUN KIM MD.....	2,550					2,550
JEFF A BROWN MD.....	3,495					3,495
JEFFERSON CITY NURSING & REHAB.....	4,262					4,262
JEFFERSON MEMORIAL HOSPITAL.....	2,035					2,035
JEFFERSON PLACE 2.....	2,142					2,142
JEFFERSON REGIONAL MEDICAL CENTER.....	28,912					28,912
JEFFERSON REGIONAL MEDICAL CTR.....	11,106					11,106
JEFFREY ALFORD.....					3,056	3,056

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
JEFFREY B MONASH MD.....	3,848					3,848
JEFFREY B RICH MD.....	3,327					3,327
JEFFREY SCHWARTZ MD.....	6,348					6,348
JEFFREY V MATOUS MD.....	3,184					3,184
JELLICO COMMUNITY HOSPITAL.....		2,082				2,082
JENNIE STUART MEDICAL CENTER.....	2,136					2,136
JENNIFER E HOFER MD.....					46,361	46,361
JENNIFER MARTIN.....	3,700					3,700
JENNIFER MIRENDA.....	3,842					3,842
JESIKA POSTHUMA.....	2,392					2,392
JEWISH HOSPITAL INC.....	81,128	5,800				86,928
JEWISH HOSPITAL/ST MARYS HEALTHCARE.....	17,392					17,392
JH STROGER HOSPITAL OF COOK.....	2,255					2,255
JIMMY BRASFIELD.....	4,725					4,725
JOE A CATES MD.....	2,450					2,450
JOEL NORMAN.....		2,853				2,853
JOHN C LINCOLN HOSPITAL.....	5,034					5,034
JOHN C LINCOLN HOSPITAL DEER.....	7,286					7,286
JOHN C LINCOLN HOSPITAL NORTH.....	29,183					29,183
JOHN HORAN.....	2,912					2,912
JOHN MORIARITY.....	3,894					3,894
JOHN RANDOLPH MEDICAL CENTER.....	11,678	3,626				15,304
JOHN ROBERTS.....		2,456				2,456
JOHNSON CITY MED CTR HOSP INC.....	39,923					39,923
JOHNSON COUNTY NURSING CENTER.....	2,891					2,891
JOHNSTON MEMORIAL HOSPITAL.....	33,177					33,177
JONATHAN POND.....		34,921				34,921
JOSEPH PIDKOWICZ.....	3,162					3,162
JOSEPH ZAVATSKY.....	2,124					2,124
JOSHUA MILLER.....	2,492					2,492
JUAN TELLEZ MD.....					58,801	58,801
JUAN URIBE.....	2,307					2,307
JULIE TUDOR.....	2,159					2,159
JUSTIN S SMITH MD.....		11,144				11,144
KATTULLE EATON.....		4,201				4,201
KENNEWICK GENERAL HOSPITAL.....	2,567					2,567
KENTON MANOR.....	4,430					4,430
KENTUCKY KDMS.....					4,516	4,516
KENWOOD SURGERY CENTER.....	4,874					4,874
KEVIN MURPHY.....	2,132					2,132
KIDNEY CENTER OF WESTMINSTER.....	49,602					49,602
KIERNAN EXTENDED CARE.....					23,647	23,647
KIMATHI DOSS.....	2,142					2,142
KINDRED HOSPITAL AURORA.....					165,139	165,139
KINDRED HOSPITAL DENVER.....					85,533	85,533
KINDRED HOSPITAL KANSAS CITY.....	28,958	51,727				80,685
KINDRED HOSPITAL LAS VEGAS.....					5,231	5,231
KINDRED HOSPITALS ARIZONA NORTH.....	6,461					6,461
KINDRED NURSING.....	2,924					2,924
KINDRED TRANSITIONAL CARE.....	3,447					3,447
KINDRED TRANSITIONAL CARE & REHAB.....	3,857					3,857
KINDRED TRANSITIONAL CARE.....	12,262					12,262
KINGMAN REGIONAL MEDICAL CENTER.....	99,641				13,232	112,873
KINGS DAUGHTERS HOSPITAL.....	2,825					2,825
KINGS DAUGHTERS MEDICAL CENTER.....					7,951	7,951

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
KINO COMMUNITY HOSPITAL.....	2,517					2,517
KISHWAUKEE COMMUNITY HOSPITAL.....	3,193					3,193
KOOTENAI MEDICAL CENTER.....	47,221					47,221
KOSAIR CHILDRENS HOSPITAL.....	26,245					26,245
KOSCIUSKO COMMUNITY HOSPITAL.....	19,810					19,810
KPS SUITES LLC.....	3,400					3,400
KRISTEN REYNOLDS PHD.....	2,206					2,206
KYLE HERRON.....		2,704				2,704
L E COX MEDICAL CENTERS.....	17,853					17,853
LA AMISTAD BEHAVIORAL HEALTH.....	2,200					2,200
LA COLINA CARE CENTER.....	2,201					2,201
LA ESTANCIA NURSING & REHABILITATION.....	8,754					8,754
LAKE HAMILTON HEALTH AND REHAB.....	3,824					3,824
LAKELAND REGIONAL MEDICAL CENTER.....					9,852	9,852
LAKEPOINT AUGUSTA LLC.....	3,752					3,752
LAKEVIEW REGIONAL MEDICAL CENTER.....		12,354				12,354
LAKEVIEW VILLAGE INC.....	6,338					6,338
LARRY TODD JR.....	3,090					3,090
LAS PALMAS MEDICAL CENTER.....	4,190					4,190
LAS PALOMAS CARE AND REHABILITATION.....	7,270					7,270
LAS VEGAS HEALTHCARE AND REHAB.....					10,556	10,556
LAUREL BAYE HC OF GREENVILLE.....	2,586					2,586
LAWRENCE COUNTY NURSING HOME.....	2,976					2,976
LCC OF SAINT LOUIS.....	3,436					3,436
LECONTE MEDICAL CENTER.....					13,922	13,922
LEES SUMMIT MEDICAL CENTER.....	22,025					22,025
LEGACY SALMON CREEK HOSPITAL.....	8,381					8,381
LEMONT NURSING & REHAB.....	7,922					7,922
LEON RAVVIN.....	4,131					4,131
LEONARD J CERULLO MD.....					45,870	45,870
LEWIS GALE MEDICAL CENTER.....	17,748					17,748
LEWISGALE HOSPITAL PULASKI.....	4,360					4,360
LEXINGTON CLINIC AMBULATORY.....	6,074					6,074
LEXINGTON HC CNTR ELMHURST.....	4,824					4,824
LEXINGTON HC CNTR LAGRANGE.....	8,206					8,206
LEXINGTON HEALTHCARE CENTER.....	4,598					4,598
LEXINGTON MEDICAL CENTER.....	13,185					13,185
LIBERTY HOSPITAL.....	23,387					23,387
LIFE CARE CENTER LITTLETON.....	7,771					7,771
LIFE CARE CENTER OF AURORA.....	11,728					11,728
LIFE CARE CENTER OF BOISE.....	5,843					5,843
LIFE CARE CENTER OF GRAY.....	2,916					2,916
LIFE CARE CENTER OF GREELEY.....	11,400					11,400
LIFE CARE CENTER OF PUYALLUP.....	4,295					4,295
LIFE CARE CENTER SCOTTSDALE.....	3,859					3,859
LIFEPOINT HOSPITAL HOLDINGS.....	4,202					4,202
LINDEN OAKS HOSPITAL.....	11,014					11,014
LINDNER CENTER OF HOPE.....	15,252					15,252
LITTLE CO OF MARY HOSPITAL.....	11,000					11,000
LITTLE COMPANY OF MARY HOSPITAL.....	3,918					3,918
LLC OF COEUR D ALENE.....	9,408					9,408
LOGAN MEMORIAL HOSPITAL.....	4,224					4,224
LONESOME PINE HOSPITAL.....	7,724					7,724
LONGMONT UNITED HOSPITAL.....	12,086					12,086
LOOP RENAL CENTER.....	12,264			2,420		14,684
LORI HUBACEK.....	3,707					3,707

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
L UNABLE TO UPDATE PROVIDER INFORMATION.....	4,754					4,754
LOUISVILLE VAMC.....			2,512			2,512
LOURDES HOSPITAL.....	17,515					17,515
LOVELACE HOSP WESTSIDE.....	3,779					3,779
LOWELL BARROW MD.....					12,391	12,391
LOYOLA UNIVERSITY MED CTR.....	56,700		3,642			60,341
LSS AT LENOIR WOODS SKILLED CARE.....	2,748					2,748
LUCY CORR VILLAGE.....	2,477					2,477
LUKE MADIGAN.....	2,489					2,489
LUTHERAN HOSPITAL.....	24,504					24,504
LUTHERAN LIFE VILLAGES.....	5,154					5,154
LUTHERAN NURSING HOME.....	3,629					3,629
MACNEAL HOSPITAL.....	158,239	11,872	112,197			282,308
MADELEINE VILLA INC.....	3,775					3,775
MADONNA REHABILITATION HOSPITAL.....	4,314					4,314
MAGNOLIA SQUARE NURSING AND REHAB.....	2,839					2,839
MANAGEMENT AND NETWORK SERVICE.....	40,157					40,157
MANJUSHA KOTA MD.....	6,923					6,923
MANOR CARE OF ELK GROVE VILLAGE.....	6,666					6,666
MANOR CARE OF GIG HARBOR.....	4,092					4,092
MANOR CARE OF HINSDALE IL LLC.....	2,983					2,983
MANOR CARE OF WESTMONT IL LLC.....		2,852				2,852
MANOR CARE OF WILMETTE IL LLC.....					3,694	3,694
MANORCARE HEALTH SERVICES.....	2,764					2,764
MANORCARE HEALTH SERVICES.....	8,781					8,781
MANORCARE HEALTH SERVICES LLC.....	5,181					5,181
MANORCARE OF DENVER CO LLC.....	4,795					4,795
MANORCARE OF LYNWOOD.....	5,172					5,172
MANORCARE OF SOUTH HOLLAND LLC.....	2,290					2,290
MANORCARE STRATFORD HALL.....	4,692					4,692
MANUEL MODIANO.....	2,134					2,134
MARGARET R NETTLETON MD.....					39,740	39,740
MARIANJOY REHABILITATION HOSPITAL.....	9,337					9,337
MARICOPA HEALTH SYSTEM.....	143,571					143,571
MARIO ZUCCARELLO.....	2,758					2,758
MARK B KERNER MD.....	2,855					2,855
MARK DUBIN MD LLC.....					60,801	60,801
MARK GIACOMIN.....					686,807	686,807
MARK HAMMOND.....					2,075	2,075
MARK HERR.....	3,217					3,217
MARK WICHMAN.....	3,497					3,497
MARSHALL J PICKENS HOSPITAL.....	3,599					3,599
MARTHA JEFFERSON HOSPITAL.....	14,473					14,473
MARY ALBERS.....	6,698					6,698
MARY BLACK MEMORIAL HOSPITAL.....	14,480					14,480
MARY IMMACULATE HOSPITAL.....	8,259					8,259
MARYVIEW MEDICAL CENTER.....	61,112					61,112
MASON HEALTHCARE FACILITY.....	3,163					3,163
MASONIC HOME OF LOUISVILLE.....	2,341					2,341
MATHEW ALEXANDER.....		2,699				2,699
MATTHEW TUTT.....	3,573					3,573
MATTHEW W BRADLEY MD.....	5,003					5,003
MAXWELL BOAKYE.....				9,674		9,674
MAYO CLINIC ARIZONA.....	11,169	3,778				14,947
MAZEN KHATTAB MD.....	2,220					2,220
MCHS ARLINGTON HEIGHTS.....	15,696					15,696

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	Aging Analysis of Unpaid Claims					
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
MCKEE MEDICAL CENTER.....	61,204					61,204
MEA ELK GROVE LLC.....					477,605	477,605
MEADOWBROOK REHABILITATION HOSPITAL.....	15,819					15,819
MEDICAL CENTER OF AURORA.....	65,522					65,522
MEDICAL CENTER OF THE ROCKIES.....	29,235					29,235
MEDICAL CENTER S ARKANSAS.....	7,920					7,920
MEDICAL UNIV HOSP AUTHORITY.....	4,443					4,443
MEMORIAL HEALTH SYSTEM.....	52,757			6,879		59,635
MEMORIAL MEDICAL CENTER.....	3,021					3,021
MEMORIAL MISSION HOSPITAL.....	10,859					10,859
MENORAH MEDICAL CENTER.....	32,507	3,387				35,894
MERCY GILBERT MEDICAL CENTER.....	21,797					21,797
MERCY HOSPITAL & MEDICAL CTR.....	30,932					30,932
MERCY HOSPITAL ANDERSON.....	12,412					12,412
MERCY HOSPITAL AURORA.....	10,538					10,538
MERCY HOSPITAL BERRYVILLE.....	15,912					15,912
MERCY HOSPITAL CASSVILLE.....	2,500					2,500
MERCY HOSPITAL FORT SMITH.....	58,897					58,897
MERCY HOSPITAL HOT SPRINGS.....	10,068					10,068
MERCY HOSPITAL JOPLIN.....	8,564	3,397				11,961
MERCY HOSPITAL LEBANON.....	13,060					13,060
MERCY HOSPITAL NORTHWEST ARKANSAS.....	26,358					26,358
MERCY HOSPITAL PARIS.....	3,489					3,489
MERCY HOSPITAL SPRINGFIELD.....	109,654	2,296				111,950
MERCY HOSPITAL ST LOUIS.....	10,485					10,485
MERIDIAN CARE & REHABILITATION.....	3,519					3,519
METHODIST ASC MEDICAL CENTER.....	2,174					2,174
METHODIST MEDICAL CENTER.....	14,512					14,512
METHODIST STONE OAK HOSPITAL.....	15,844					15,844
METHODIST WILLOWBROOK HOSPITAL.....	9,342					9,342
METRO SOUTH MEDICAL CENTER.....	20,744					20,744
METROPOLITAN MEDICAL CENTER LLC.....	10,774					10,774
MIAMI INSTITUTE FOR JOINT RECONSTRUCTION.....		5,400				5,400
MIAMI VALLEY HOSPITAL.....	6,651					6,651
MICHAEL A BOXER.....	3,807					3,807
MICHAEL A DANSO MD.....	4,664					4,664
MICHAEL CHEN MD.....	3,262					3,262
MICHAEL FROMKE.....	2,695					2,695
MICHAEL J EISENBERG.....					3,657	3,657
MICHAEL MERKLEY.....	2,727					2,727
MICHAEL SCHUH.....	2,901					2,901
MICHAEL TRESSLER.....	2,439					2,439
MID AMERICA REHAB HOSPITAL.....	4,058					4,058
MIHAELA CARMEN MATEI MD.....	2,128					2,128
MILES GRAIVIER.....					4,254	4,254
MISSOURI BAPTIST MEDICAL CENTER.....		6,606				6,606
MITCHELL SIMONS.....	3,160					3,160
MOBILE INFIRMARY MEDICAL CNTR.....	72,808					72,808
MOBILE SURGERY CENTER.....	2,731					2,731
MOHAMMAD MAJD.....	3,354					3,354
MOLINA HEALTHCARE OF WISCONSIN.....	11,472					11,472
MONTEVISTA HOSPITAL.....	16,536					16,536
MOUNT CARMEL COMMUNITIES LLC.....	3,077					3,077
MOUNT CARMEL NEW ALBANY.....	13,814					13,814
MOUNT SINAI HOSPITAL.....	17,417		35,479			52,896
MOUNTAIN VIEW CARE CENTER.....	2,176					2,176

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
MOUNTAIN VIEW HOSPITAL.....	7,849				442,872	450,721
MOUNTAIN VISTA MEDICAL CENTER.....	21,274					21,274
MOUNTAIN VISTA ORTHOPAEDIC SURGERY.....	7,722					7,722
MT VERNON PLACE CARE CENTER.....	4,514					4,514
MUNSTER MEDICAL RESEARCH FOUNDATION.....	4,585					4,585
NANSEMOND POINTE REHAB.....	10,056					10,056
NARENDER R GORUKANTI MD.....	9,932					9,932
NATIONAL PARK MEDICAL CENTER.....	43,889					43,889
NATIONAL SEATING & MOBILITY.....	8,204					8,204
NAVOS.....	5,543					5,543
NEBRASKA METHODIST HOSPITAL.....	45,365	56,944				102,309
NEOMEDICA.....	3,877					3,877
NEOMEDICA EVERGREEN PARK.....	12,816					12,816
NEOMEDICA SOUTH SHORE.....	15,262					15,262
NEW HAVEN CARE AND REHAB CENTER.....	2,100					2,100
NEW HOPE HEALTH AND REHABILITATION.....	3,052					3,052
NEWTON MEDICAL CENTER.....	3,668					3,668
NHC HEALTHCARE ANDERSON.....	2,737					2,737
NHC HEALTHCARE BRISTOL.....	10,514					10,514
NHC HEALTHCARE GREENVILLE.....	5,764					5,764
NHC MARYLAND HEIGHTS.....	3,381					3,381
NNA OF PADUCAH LLC.....					8,569	8,569
NO KANSAS HOSPITAL HOME HEALTH.....	2,350					2,350
NORBERTO ANDALUZ.....	3,524					3,524
NORFOLK HEALTH & REHABILITATION.....	12,184					12,184
NORTH ARKANSAS REGIONAL MEDICAL.....	30,382					30,382
NORTH AUSTIN MEDICAL CENTER.....		8,982				8,982
NORTH AVENUE DIALYSIS CENTER.....	4,757					4,757
NORTH CAMPUS SURGERY CENTER LLC.....	4,096					4,096
NORTH COLORADO MEDICAL CENTER.....	60,560					60,560
NORTH FULTON HOSPITAL.....	3,180					3,180
NORTH KANSAS CITY HOSPITAL.....	104,938					104,938
NORTH MOUNTAIN MEDICAL AND REHAB.....	5,205					5,205
NORTH SUBURBAN MEDICAL CENTER.....	68,918	13,188				82,106
NORTH VISTA HOSPITAL.....	52,391				108,881	161,272
NORTHEAST METHODIST HOSPITAL.....	3,976					3,976
NORTHERN COCHISE COMMUNITY HOSITAL.....		2,259				2,259
NORTHERN COLORADO KIDNEY CTR.....	8,567					8,567
NORTHSHORE UNIVERSITY HEALTHSYSTEMS.....	46,969					46,969
NORTHSIDE HOSPITAL.....	12,842	20,990				33,832
NORTHWEST COMMUNITY HOME HEALTCARE.....	2,599					2,599
NORTHWEST COMMUNITY HOSPITAL.....	57,074		2,050			59,123
NORTHWEST HOSPITAL AND MEDICAL.....			50,939			50,939
NORTHWEST MEDICAL CENTER.....	25,575		7,308			32,883
NORTON AUDUBON HOSPITAL.....	162,577					162,577
NORTON BROWNSBORO HOSPITAL.....	12,054					12,054
NORTON COMMUNITY HOSPITAL.....	6,399					6,399
NORTON HOSPITAL INC.....	100,257					100,257
NORTON HOSPITALS INC.....	63,841	20,763				84,604
NORTON SUBURBAN HOSPITAL.....	34,586	2,284		3,661		40,530
NORWEGIAN AMERICAN HOSPITAL.....	2,447					2,447
NORWOOD DIALYSIS.....	3,177					3,177
NW MED CTR WILLOW CREEK WOMENS.....	117,904					117,904
OAK HEALTH CARE INVESTORS.....	7,370					7,370
OAKLAWN RADIOLOGY IMAGING.....					27,400	27,400

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STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
OAKMONT EAST.....	2,662					2,662
OCHSNER BAPTIST MED CTR.....	2,789					2,789
OCHSNER MEDICAL CENTER BATON ROUGE.....	3,259					3,259
OCHSNER MEDICAL CENTER NORTHSORE.....	3,667					3,667
OCONEE MEDICAL CENTER.....	4,742					4,742
OHIO DJFS.....			27,414			27,414
OKAY ONAN.....	6,180					6,180
OLATHE MEDICAL CENTER INC.....	16,780					16,780
ORO VALLEY HOSPITAL.....	26,877					26,877
ORR LIMPISVASTI.....	2,992					2,992
OSAMA ZAIDAT.....	3,150					3,150
OSBORN HEALTH & REHABILITATION.....	2,810					2,810
OSCAR CASTELLANOS.....					2,617	2,617
OSF SAINT FRANCIS MEDICAL CENTER.....	10,915					10,915
OUACHITA COUNTY MEDICAL CENTER.....		4,582				4,582
OUR LADY OF PEACE.....	5,915					5,915
OUR LADY OF THE RESURRECTION.....	69,945					69,945
OVERLAND PARK REGIONAL MEDICAL.....	111,849					111,849
OWENSBORO MEDICAL HEALTH SYSTEM.....					2,117	2,117
OZARK NURSING HOME.....	2,594					2,594
PA DPW HMS TPL SEC.....	3,506					3,506
PALM VALLEY REHABILITATION.....	2,730					2,730
PALOS COMMUNITY HOSPITAL.....	27,422					27,422
PARADISE VALLEY HOSPITAL.....	17,521					17,521
PARAMOUNT SURGERY CENTER.....	2,005					2,005
PARKER ADVENTIST HOSPITAL.....	2,662					2,662
PARKLAND HEALTH CENTER.....	3,536					3,536
PARKRIDGE MEDICAL CENTER INC.....	2,943					2,943
PARKRIDGE VALLEY HOSPITAL.....	3,495					3,495
PARKVIEW HEALTH CARE FACILITY.....	3,244					3,244
PARKVIEW HOSPITAL INC.....	95,749					95,749
PARKVIEW MEDICAL CENTER.....	5,083	157,628				162,711
PARKWEST MEDICAL CENTER.....		8,323				8,323
PARKWEST MEDICAL CENTER PENINSULA.....	3,753					3,753
PASSPORT HEALTH PLAN.....	13,618	54,730	17,040		21,996	107,383
PATIENT CARE INFUSION.....	2,228					2,228
PATRICK OLEARY.....	4,042					4,042
PAUL JOHNSON.....	4,640					4,640
PC PAIN DOCTORS II PLLC.....	3,754					3,754
PEACEHEALTH SOUTHWEST MEDICAL.....	21,251					21,251
PENROSE HOSPITAL.....	2,801					2,801
PENROSE ST FRANCIS.....	2,356					2,356
PERSONAL TOUCH HOME CARE.....		3,640				3,640
PETER D GELDNER MD.....	2,093					2,093
PHGY LLC DBA GOLDEN YEARS.....	10,662					10,662
PHILIP L JOHNSON MD.....		3,220				3,220
PHILLIP FALENDER.....	2,039					2,039
P UNABLE TO UPDATE PROVIDER INFORMATION.....	7,984					7,984
P UNABLE TO UPDATE PROVIDER INFORMATION.....					5,469	5,469
PHOENIX CHILDRENS HOSPITAL.....	7,581			2,035		9,616
PHOENIX VAMC.....	3,613					3,613
PHYSICIANS ANESTHESIA SERVICES INC GROUP.....	5,140					5,140
PHYSICIANS EYE SURGERY CENTER.....	2,440					2,440
PHYSICIANS MEDICAL CENTER.....		3,444				3,444
PIKEVILLE MEDICAL CENTER INC.....	3,033					3,033
P UNABLE TO UPDATE PROVIDER INFORMATION.....	6,975					6,975

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
PINNACLE RIDGE.....	5,724					5,724
PITT COUNTY MEMORIAL HOSPITAL.....	38,983					38,983
PLATTE VALLEY MEDICAL CENTER.....	12,515					12,515
PLEASANT VALLEY MANOR CARE.....	5,672					5,672
POINTER TRAIL HEALTH AND REHAB.....	3,073					3,073
PORTER ADVENTIST HOSPITAL.....					7,126	7,126
POUDRE VALLEY HOSPITAL.....	25,547					25,547
PREFERRED HOMECARE BILLING.....	5,560					5,560
PREMIER PAIN SPECIALISTS LLC.....					50,601	50,601
PRESBYTERIAN HOME HEALTH.....	2,132					2,132
PRESBYTERIAN HOSPITAL.....	15,131					15,131
PRESBYTERIAN RR EMERG CTR.....			4,211			4,211
PRESBYTERIAN RUST MED CTR.....	2,429					2,429
PRESBYTERIAN ST LUKES MED CTR.....		53,482				53,482
PRESBYTERIAN ST LUKES MEDICAL.....	51,484					51,484
PROVENA MCAULLEY MANOR.....	8,453					8,453
PROVENA MERCY MED CENTER.....	60,226					60,226
PROVENA MERCY MEDICAL CENTER.....	9,389	3,776				13,166
PROVENA SAINT JOSEPH HOSPITAL.....	5,657					5,657
PROVENA ST JOSEPH MEDICAL CNT.....	88,658		4,921			93,578
PROVENA ST MARYS HOSPITAL.....					9,040	9,040
PROVENA ST MARYS OF KANK.....					4,780	4,780
PROVIDENCE HOSPICE AND HOMECARE.....	6,492					6,492
PROVIDENCE HOSPITAL.....	129,084					129,084
PROVIDENCE MEDICAL CENTER.....	178,203	3,630				181,833
PROVIDENCE REGIONAL MED CENTER.....		9,346				9,346
PROVIDENCE REGIONAL MEDICAL.....	56,148					56,148
P UNABLE TO UPDATE PROVIDER INFORMATION.....					6,028	6,028
PUEBLO SPRINGS REHABILITATION.....	10,961					10,961
QUALITY CARE DIALYSIS CTR NC.....			17,127			17,127
QUEST DIAG NOSTICS.....	4,485					4,485
RACHEL M HARPER MD.....	2,423					2,423
RADIOLOGICAL CONS OF WOODSTOCK.....					174,402	174,402
RADIOLOGICAL PHYSICIANS.....					46,581	46,581
RAI MERCURY BLVD HAMPTON.....	23,128					23,128
RANCH.....					4,780	4,780
RANDALL MARX.....	2,665					2,665
RCGCI EAST PEORIA.....	5,777					5,777
RECOVERY PLACE INC.....	9,002					9,002
REGENCY CARE AT ARLINGTON.....	2,085					2,085
REGENCY CARE CENTER AT MONROE.....	6,437					6,437
REGENCY HOSP NW ARKANSAS.....		6,912				6,912
REHAB INSTITUTE OF CHICAGO.....	3,122					3,122
RENAISSANCE AT MIDWAY.....	2,883					2,883
RENAL CARE GROUP WICHITA.....	8,812					8,812
RENAL CTR MOUNTAIN HOME.....	20,308					20,308
RENNES HEALTH & REHAB CENTER.....				3,505		3,505
RESEARCH MEDICAL CENTER.....	287,424		77,071			364,496
RESEARCH PSYCHIATRIC CENTER.....	29,065					29,065
RESURRECTION HOSPITAL.....	10,767				57,601	68,368
RESURRECTION MED CENTER REHAB.....		3,801				3,801
RESURRECTION MEDICAL CENTER.....	81,981	10,224			41,613	133,818
RESURRECTION NURSING & REHAB.....	4,023					4,023
RICHARD ASSING.....					2,086	2,086
RICHARD BEATY.....					23,000	23,000
RICHARD BOYER.....			2,542			2,542

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
RICHARD HARRISON.....	5,598					5,598
RICHARD LENNERTZ JR.....	3,078					3,078
RICHARD RAINEY.....		2,181				2,181
RICHARD WILLIAMS.....	2,800					2,800
RICHMOND COMMUNITY HOSPITAL.....	75,741	6,220			15,936	97,896
RIDGEVIEW INSTITUTE.....	4,416					4,416
RIVER VALLEY MEDICAL CENTER.....	7,948					7,948
RIVERSIDE REGIONAL MEDICAL CENTER.....	35,156					35,156
RIVERSIDE REHABILITATION INSTITUTE.....	7,644					7,644
RIVERSIDE RENAL CENTER.....	12,830					12,830
RIVERVIEW MEDICAL CENTER.....			8,601			8,601
RML HEALTH PROVIDERS LP.....	6,788					6,788
ROBERT BOHINSKI.....		8,166				8,166
ROBERT M DRISKO II MD.....	5,103					5,103
ROBERT M JOTTE MD PHD.....	4,609					4,609
ROBERT ROSEN.....		3,957				3,957
ROBERT WHITFIELD.....	2,040					2,040
ROBIN ZON.....	2,058					2,058
ROCK HILL SURGERY CENTER LP.....	3,722					3,722
ROCKFORD MEMORIAL HOSPITAL.....	17,468					17,468
ROGERS MEMORIAL HOSPITAL.....	2,682					2,682
ROKEYA BEGUM AKHTAR M D.....					491,205	491,205
ROLANDO PUNO.....	3,761					3,761
RONALD DEGON.....	2,756					2,756
ROSE DELIMA HOSPITAL.....					580,904	580,904
ROSE MEDICAL CENTER.....	27,755				46,918	74,673
ROSELAND COMMUNITY HOSPITAL.....	2,882					2,882
ROSEWOOD CARE CENTER OF ROCKFORD.....	2,823					2,823
ROSEWOOD CARE CTR OF ST LOUIS.....	3,797					3,797
ROSEWOOD HEALTH AND REHAB CENTER.....	2,160					2,160
RUSH OAK PARK HOSPITAL.....	3,704	2,212				5,915
RUSH UNIVERSITY MEDICAL CTR.....	13,547					13,547
RUSSELL COUNTY MEDICAL CT.....	11,524					11,524
RUTH WARREN.....					7,081	7,081
S BALDWIN REGIONAL MEDICAL CTR.....	18,920					18,920
SAAD HEALTHCARE SERVICES INC.....	26,860					26,860
SABINO CANYON REHAB & CARE CTR.....	6,992					6,992
SACRED HEART HOME HEALTH CARE.....	6,860	2,901				9,761
SACRED HEART VILLAGE.....	3,286					3,286
SAINT ALPHONSUS REGIONAL MEDICAL.....	11,102					11,102
SAINT ANTHONY MEDICAL CENTER.....		26,456				26,456
SAINT JOSEPH BERA.....	2,128					2,128
SAINT JOSEPH EAST.....	32,036					32,036
SAINT JOSEPH EAST HOSPITAL.....	5,196				3,336	8,533
SAINT JOSEPH HEALTH SYSTEM.....	5,766					5,766
SAINT JOSEPH HOSPITAL.....	6,351					6,351
SAINT JOSEPH REGIONAL MEDICAL.....	2,921					2,921
SAINTS MARY & ELIZABETH MEDICAL.....	67,508				3,326	70,834
SAINTS MARY AND ELIZABETH HOSPITAL.....	17,465	8,103				25,567
SAINTS MARY AND ELIZABETH MEDICAL.....	7,570					7,570
SALINE MEMORIAL HOSPITAL.....	4,136					4,136
SALLY HEBERT.....					2,879	2,879
SAMEH LABIB.....		2,039				2,039
SAMUEL MARION.....		2,238				2,238
SANDRA R VALAITIS MD.....	5,228					5,228
SANJIV MEHTA.....		2,060				2,060

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
SCOTT AND WHITE MEMORIAL HOSPITAL.....		3,568				3,568
SCOTT BARBOUR.....				4,600		4,600
SCOTT DERENNE.....	5,386					5,386
SCOTT GILLOGLY.....		2,660				2,660
SCOTT M SCHLESINGER MD.....	5,767					5,767
SCOTT MEMORIAL HOSPITAL.....	2,592					2,592
SCOTTSDALE HERITAGE COURT.....	7,392					7,392
SCTTSDLE HLTH OSB.....	42,667					42,667
SCTTSDLE HLTH SHEA.....	214,573					214,573
SCTTSDLE HLTH TPK.....	82,525					82,525
SELECT SPECIALTY HOSPITAL.....	41,412					41,412
SELECT SPECIALTY HOSPITAL DENVER.....		96,208				96,208
SELECT SPECIALTY HOSPITAL OMAHA.....		59,742				59,742
SENTARA BAYSIDE HOSPITAL.....	2,162					2,162
SENTARA CAREPLEX HOSPITAL.....	22,111					22,111
SENTARA HOME CARE SERVICES.....	4,279					4,279
SENTARA LEIGH HOSPITAL.....	24,302					24,302
SENTARA NORFOLK GENERAL HOSPITAL.....	17,177	2,747				19,924
SENTARA OBICI HOSPITAL.....	4,665					4,665
SENTARA PRINCESS ANNE HOSPITAL.....	5,607					5,607
SENTARA VIRGINIA BEACH GENERAL.....	8,428					8,428
SEPEHR B SANI MD.....	19,735					19,735
SETON MEDICAL CENTER AUSTIN.....	3,562					3,562
SHAHRAM AHMADZADEH MD.....	2,351					2,351
SHANGRI LA REHAB & LIVING CENTER.....	5,973					5,973
SHAWNEE GARDENS HEALTHCARE.....		5,688				5,688
SHAWNEE MISSION MEDICAL CTR.....	8,001		16,238			24,239
SHEBOYGAN DIALYSIS.....					2,393	2,393
SHERMAN HOSPITAL.....	5,493					5,493
SHERVIN DASHTI.....	2,104					2,104
SHORE MEMORIAL HOSPITAL.....					4,607	4,607
SHRINERS HOSPITALS FOR CHILDREN.....			17,877			17,877
SIERRA VISTA REGIONAL HEALTH CARE.....	11,698					11,698
SILOAM SPRINGS REGIONAL HOSPITAL.....	8,772					8,772
SILVER CROSS HOSPITAL.....	6,025					6,025
SIMHA KUKUNOORU.....					2,062	2,062
SKAGGS COMMUNITY HOSPITAL.....			9,362			9,362
SKAGGS REGIONAL MEDICAL CENTER.....	6,472					6,472
SKYLINE SURGERY CENTER.....	4,679					4,679
SLEEP CARE DIAGNOSTICS INC.....					2,510	2,510
SOLARI HOSPICE CARE LLC.....					4,027	4,027
SOUTH BAY HOSPITAL.....	15,816					15,816
SOUTH CENTRAL KANSAS REG MED.....	10,665					10,665
SOUTH COUNTY SURGICAL CENTER.....	2,044					2,044
SOUTH DENVER ANESTHESIOLOGISTS.....	2,361					2,361
SOUTH JERSEY HEALTHCARE.....	3,454					3,454
SOUTH MIAMI HOSPITAL INC.....		3,503				3,503
SOUTH SHORE HOSPITAL.....	7,394					7,394
SOUTHERN HILLS HOSPITAL.....					270,294	270,294
SOUTHERN INDIANA TREATMENT CENTER.....	2,218					2,218
SOUTHWEST HEALTHCARE SYSTEM.....					8,854	8,854
SOUTHWEST MISSOURI HOMECARE LLC.....		3,614				3,614
SPARKS REGIONAL MEDICAL CENTER.....	265,426	87,299				352,725
SPARTANBURG REGIONAL MED CTR.....	10,359					10,359
SPECTRUM HOME HEALTH AGENCY.....	6,225	3,756				9,981
SPRING MTN SAHARA.....	9,600					9,600

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
SPRING VALLEY HOSPITAL MEDICAL.....	15,344		103,850		786,943	906,138
SPRING VIEW HOSPITAL.....	3,020					3,020
SPRINGDALE HEALTH AND REHAB.....	2,713					2,713
SPRINGHILL MEMORIAL HOSPITAL.....	18,439					18,439
SPRINGTREE HEALTH AND REHAB.....	9,249					9,249
SSC FORT COLLINS SPRING CREEK.....	7,010					7,010
SSC GREELEY CENTENNIAL OPERATION.....	2,115					2,115
SSM ST CLARE HEALTH CENTER.....	9,935					9,935
ST JOHN HOSPITAL.....	3,034					3,034
ST ALEXIUS MEDICAL CENTER.....	6,210					6,210
ST ALPHONSUS NAMPA.....	8,650					8,650
ST ANTHONY EMERGENCY SVCS.....					117,001	117,001
ST ANTHONY HOSPITAL.....	244,495	5,457				249,951
ST ANTHONY MEDICAL CENTER.....	64,987					64,987
ST ANTHONY NORTH HOSPITAL.....	7,130					7,130
ST ANTHONYS HOSPITAL.....	6,400					6,400
ST ANTHONYS MEDICAL CENTER.....	2,062					2,062
ST BENEDICT NURSING & REHAB.....					2,496	2,496
ST BERNARDS REGIONAL MED CNTR.....	6,030					6,030
ST CLARE HOSPITAL.....	3,268					3,268
ST DOMINIC JACKSON MEMORIAL HOSPITAL.....		2,324				2,324
ST ELIZABETH HEALTHCARE.....	504,007	13,199			27,275	544,481
ST ELIZABETH MEDICAL CENTER.....	3,054					3,054
ST FRANCIS EASTSIDE.....	15,761					15,761
ST FRANCIS HOSPITAL.....	15,020					15,020
ST FRANCIS MEDICAL CENTER.....	8,427	3,502				11,929
ST JOHN HOSPITAL.....					2,313	2,313
ST JOHNS HOSPITAL.....	4,779					4,779
ST JOSEPH HOSPITAL.....	45,033					45,033
ST JOSEPH HOSPITAL OF ORANGE.....					24,946	24,946
ST JOSEPH HOSPITAL WEST.....	6,025	33,009				39,034
ST JOSEPHS HOSP AND MED CTR.....	2,959	55,816				58,775
ST JOSEPHS HOSPITAL MED CENTER.....	2,928					2,928
ST JOSEPHS HOSPITAL OF ATLANTA INC.....					9,318	9,318
S UNABLE TO UPDATE PROVIDER INFORMATION.....			45,178			45,178
ST JOSEPHS MEDICAL CENTER.....	12,729					12,729
ST LUKE HOSPITAL WEST.....	5,605					5,605
ST LUKES BEHAVIORAL HOSPITAL.....	7,333					7,333
ST LUKES HOSPITAL OF KANSAS.....	6,233					6,233
ST LUKES MEDICAL CENTER.....	17,041					17,041
ST LUKES NORTHLAND HOSPITAL.....	11,761					11,761
ST LUKES REGIONAL MEDICAL CENTER.....	36,577					36,577
ST MARY CORWIN MEDICAL CENTER.....	14,231					14,231
ST MARYS HOSPITAL.....	205,506					205,506
ST MARYS MANOR.....	9,367					9,367
ST MARYS MEDICAL CENTER.....	81,485	7,264	18,576			107,326
ST MARYS REGIONAL MEDICAL CTR.....	5,206					5,206
ST MICHAELS SURGERY CTR.....	5,277					5,277
ST PAULS HOUSE & HEALTH CARE.....					4,115	4,115
ST ROSE DOMINICAN HOSPITAL.....					134,590	134,590
ST ROSE DOMINICAN HOSPITAL.....					60,892	60,892
ST ROSE DOMINICAN HOSPITAL.....					88,126	88,126
ST ROSE DOMINICAN SIENA HOSPITAL.....					811,245	811,245
ST THOMAS MORE HOSPITAL.....	2,917					2,917
ST VINCENT ANDERSON REGIONAL.....	5,452					5,452

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	Aging Analysis of Unpaid Claims					
	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
ST VINCENT HEALTH SYSTEM.....	105,363					105,363
ST VINCENT HOSPITAL.....	35,481					35,481
ST VINCENT HOSPITAL AND HEALTH.....	18,321					18,321
ST VINCENT JENNINGS HOSPITAL.....	2,379					2,379
ST VINCENT MEDICAL CTR NORTH.....	4,085					4,085
ST VINCENT ST CLAIR.....	13,900					13,900
ST VINCENTS EAST.....	12,468					12,468
STANLEY A GALL JR MD.....	2,581					2,581
STEPHEN DELAHUNT.....	11,159					11,159
STEPHEN L CURTIN MD.....	2,747					2,747
STEVE EDWARDS.....					2,499	2,499
STEVEN KIEFER.....	3,425					3,425
STRINGFELLOW MEMORIAL HOSPITAL.....	4,772					4,772
STROKE CEREBROVASCULAR CNT NJ PC.....	9,305					9,305
SUMMA HEALTH SYSTEM.....	2,631					2,631
SUMMERFORD NURSING HOME INC.....	3,702					3,702
SUMMERLIN HOSPITAL MED CTR LLC.....					913,311	913,311
SUMMERLIN HOSPITAL MEDICAL CENTER.....			102,499		67,334	169,833
SUMMIT HEALTHCARE.....	7,280					7,280
SUMMIT MEDICAL CENTER.....	62,975					62,975
SUNNY RIDGE REHABILITATION.....	2,908					2,908
SUNRISE HOSPITAL AND MEDICAL.....					720,862	720,862
SUNRISE HOSPITAL AND MEDICAL.....	84,760	166,508	102,070		142,174	495,512
SUNSHINE HOME HEALTH CARE INC.....		3,262				3,262
SURGERY CENTER OF N COLORADO.....	2,800					2,800
SUSAN B ALLEN MEMORIAL HOSPITAL.....	8,816					8,816
SUTTER COAST HOSPITAL.....					12,742	12,742
SWEDISH AMERICAN HOSPITAL.....	2,151					2,151
SWEDISH CHERRY HILL.....	65,336					65,336
SWEDISH COVENANT HOSPITAL.....	59,181	11,062		14,020	101,455	185,718
SWEDISH EDMONDS.....	46,547					46,547
SWEDISH EMERGENCY ASSOC PC.....					65,001	65,001
SWEDISH MEDICAL CENTER.....	35,399					35,399
SWEDISH MEDICAL CENTER FIRST.....	93,854					93,854
T H C LAS VEGAS.....			5,231		77,783	83,014
TACOMA GENERAL ALLENMORE.....	62,298					62,298
TAHLEQUAH CITY HOSPITAL.....	2,219					2,219
TAMPA GENERAL HOSPITAL.....		8,939				8,939
TENNOVA HEALTHCARE.....	15,474	13,863				29,336
THE BIRMINGHAM SURGERY CENTER.....		2,330				2,330
THE BROOK HOSPITAL DUPONT.....	2,520					2,520
THE BROOK HOSPITAL KMI.....	10,780					10,780
THE CAROLINA CENTER.....	12,600					12,600
THE CENTER FOR AMBULATORY SURGERY.....		2,021				2,021
THE CHRIST HOSPITAL APOTHECARY.....					14,504	14,504
THE CLAREMONT OF HANOVER PRK.....	10,535					10,535
THE CLAREMONT REHAB.....	3,132					3,132
THE HEALTH CARE AUTHORITY.....	5,573					5,573
THE HEART HOSPITAL AT DEACONES.....	35,115					35,115
THE LAURELS OF BON AIR LLC.....	6,393					6,393
THE MAPLES AT HAR BER MEADOWS.....	2,648					2,648
THE MAPLES HEALTH AND REHAB.....	6,847					6,847
THE NEBRASKA MEDICAL CENTER.....	35,875					35,875
THE ORTHOPAEDIC HOSPITAL.....	23,366					23,366
THE RECTOR AND VISITORS.....	2,772					2,772
THE REGENTS OF THE UNIV OF CA.....					23,327	23,327

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Aging Analysis of Unpaid Claims

1 Account	2	3	4	5	6	7
	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
THE REHABILITATION CENTER.....	3,911					3,911
THE REHABILITATION CENTER.....	7,329					7,329
THE REHABILITATION HOSPITAL.....	7,226					7,226
THE SWEET LIFE AT BROOKDALE.....	2,016					2,016
THE UNIVERSITY OF ARIZONA.....	47,225					47,225
THI OF KANSAS.....	11,614	8,327				19,941
THOMAS ALTSTADT.....	4,151					4,151
THOMAS ESSMAN.....	2,448					2,448
THOMAS HOSPITAL.....	31,339					31,339
THOMAS LEOW.....	8,444					8,444
THOMAS LOFTUS.....			3,962			3,962
THOMAS LOGAN.....	2,500					2,500
THREE RIVERS MEDICAL.....	3,040					3,040
TIAN XIA DO.....					403,404	403,404
TILLERS NURSING & REHAB CENTER.....	3,719					3,719
TJ SAMSON COMMUNITY HOSPITAL.....		2,414				2,414
TODD ABEL.....		4,668				4,668
TORREY PINES CARE CENTER.....					35,316	35,316
TOWN AND COUNTRY HOSPITAL.....	2,518					2,518
TRANSITIONAL HOSP CORP OF NV.....					18,522	18,522
TRIDENT REGIONAL MEDICAL CENTER.....					12,696	12,696
TRINITY MEDICAL CENTER.....	14,816					14,816
TRINITY NURSING AND REHAB.....	2,470					2,470
TRINITY ROCK ISLAND.....	2,224					2,224
TRUMAN MED CTR HOSP HILL.....	13,654					13,654
TRUMAN MEDICAL CENTER LAKEWOOD.....	9,989					9,989
TUALITY COMMUNITY HOSPITAL.....	4,497					4,497
TUCSON MEDICAL CENTER.....	8,034	38,217				46,251
TWO RIVERS PSYCHIATRIC HOSPITAL INC.....	15,036					15,036
TWO RIVERS PSYCHIATRIC HOSPITAL INC.....	2,180					2,180
TX MEDICAID & HC PARTNER.....	25,898	11,429	14,238			51,565
U OF L HOSPITAL.....	13,271					13,271
UAMS HOSPITAL.....	64,430		4,826			69,256
UCLA MEDICAL CENTER.....					71,201	71,201
UCSF MEDICAL CENTER.....				16,309		16,309
UDAYA K KAKARLA MD.....	2,240					2,240
UTC MEDICI NE.....	8,696	2,200				10,896
UK COLLEGE OF DENTISTRY.....		2,845				2,845
UK HEALTHCARE HOSPITAL.....	42,132	4,213				46,346
UK HEALTHCARE HOSPITALS.....	3,716					3,716
UMDC DEPARTMENT OF NEUROLOGICAL SURGERY.....		5,307				5,307
UNITED HOSPITAL.....	2,605					2,605
UNITED HOSPITAL SYSTEM INC.....	3,728					3,728
UNITED SEA TING AND MOBILITY.....	3,011					3,011
UNIV OF TENNESSEE MEDICAL CENTER.....	20,759					20,759
UNIVERSITY HOSP OF NEBRASKA.....	2,187					2,187
UNIVERSITY HOSPITAL.....		2,787				2,787
UNIVERSITY MEDICAL CENTER.....	381,452		17,231		1,804,067	2,202,749
UNIVERSITY NEUROPSYCHIATRIC INSTITUTE.....	2,091					2,091
UNIVERSITY OF CHICAGO MED CTR.....	115,714		9,688		116,894	242,295
UNIVERSITY OF ILLINOIS HOSPITAL.....					20,091	20,091
UNIVERSITY OF ILLINOIS MED CTR.....	38,800	40,535	3,213			82,548
UNIVERSITY OF KANSAS HOSPITAL.....	177,090	28,289				205,379
UNIVERSITY OF KANSAS HOSPITAL AUTHORITY.....					3,508	3,508
UNIVERSITY OF KENTUCKY HOSPITAL.....	40,644					40,644
UNIVERSITY OF LOUISVILLE HOSPITAL.....	61,937	18,328				80,265

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
UNIVERSITY OF MISSOURI HEALTH.....	103,701					103,701
UNIVERSITY PHYS HL.....	3,170					3,170
UNIVERSITY PHYSICIANS DBA.....	33,599					33,599
UNIVERSITY RETIREMENT.....	2,461					2,461
UNM HEALTH SCIENCES CENTER.....	18,073	22,698				40,771
USA MEDICAL CENTER.....	11,975					11,975
USRC BOLINGBROOK LLC.....		10,781				10,781
USRC WEST COUNTY LLC.....	7,158					7,158
VAL VERDE REGIONAL MEDICAL CENTER.....		3,289				3,289
VALLEY GENERAL HOSPITAL RECOVERY.....	4,747					4,747
VALLEY HOSPITAL.....	11,862					11,862
VALLEY HOSPITAL MEDICAL CENTER.....			161,069		849,243	1,010,313
VALLEY VIEW MEDICAL CTR.....	6,456					6,456
VANDERBILT CHILDRENS HOSPITAL.....	50,634					50,634
VANDERBILT UNIVERSITY MEDICAL CENTER.....		5,261				5,261
VANGUARD HEALTH SYSTEM.....	14,470		6,616			21,086
VCU HEALTH SYSTEM.....	31,008					31,008
VEN ABIERA ADUANA MD.....					46,800	46,800
VHS ACQUISITION SUBSIDIARY #3.....				8,060		8,060
VHS HARLINGEN HOSPITAL COMPANY LLC.....	4,306					4,306
VIA CHRISTI HOSPITALS WICHITA.....	6,610					6,610
VIA CHRISTI REGIONAL MEDICAL.....	4,101					4,101
VIA CHRISTI ST FRANCIS CAMPUS.....	24,323	74,222				98,545
VICTORIA FALLS EXTENDED CARE.....	2,545					2,545
VIDELL HEALTHCARE DUFFIELD LLC.....	5,004					5,004
VILLAGE SHALOM INC.....	3,094					3,094
VILLAGES OF JACKSON CREEK.....	17,568					17,568
VINCENT T PENG MD.....					103,801	103,801
VIRGINIA BEACH PSYCHIATRIC CENTER.....	10,400					10,400
VIRGINIA MASON MEDICAL CENTER.....	5,232					5,232
VISTA HEALTH.....	3,975					3,975
VISTA HILLS MEDICAL CENTER.....					12,225	12,225
VISTA MEDICAL CENTER EAST.....	11,962					11,962
VNA NAZARETH HOME CARE.....	2,941					2,941
VOLUNTEER STATE HEALTH PLAN.....	5,328					5,328
WADLEY REGIONAL MEDICAL.....			4,734			4,734
WADLEY REGIONAL MEDICAL CENTER.....	25,186					25,186
WALNUT RIDGE NURSING & REHAB.....	4,075					4,075
WARREN BARR NURSING PAVILION.....	4,115					4,115
WARREN BOLLING JR.....	4,330					4,330
WASHINGTON REG MED CENTER.....	57,023			34,751		91,774
WATERSHED TREATMENT CENTER.....		3,103				3,103
WAUKESHA MEMORIAL HOSPITAL.....					5,466	5,466
WAYNE VILLANUEVA.....	2,006	3,702				5,708
WEBCO MANOR.....	3,066					3,066
WELLCARE GA MEDICAID.....		2,138	7,780		2,464	12,382
WESLEY MEDICAL CENTER.....	27,457					27,457
WEST CHESTER MEDICAL.....	62,373					62,373
WEST SUBURBAN HOSP DIALYSIS.....	5,892					5,892
WEST SUBURBAN MEDICAL CENTER.....	34,657					34,657
WEST VALLEY HOSPITAL MEDICAL.....	9,401					9,401
WESTERN ARIZONA REGIONAL.....	2,156					2,156
WESTLAKE HOSPITAL.....	51,911					51,911
WESTLAKE MEDICAL PRACTICES.....					131,401	131,401
WESTRIDGE GARDENS NURSING.....	2,449					2,449
WEXFORD HOUSE.....	9,110					9,110

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
WHITE COUNTY MEDICAL CENTER.....	6,831					6,831
WHITE OAK NURSING & REHABILITATION.....	7,391					7,391
WHITE RIVER MEDICAL CENTER.....	3,711					3,711
WHITLEY MEMORIAL HOSPITAL INC.....	4,578					4,578
WILLIAM F BERINGER.....	3,641					3,641
WILLIAM J BUSH DPM.....	2,085					2,085
WILLIAM R CROWE JR MD.....	2,119					2,119
WILLIAM REID.....			2,280			2,280
WILLIAM SNYDER.....	2,392					2,392
WILLIAM TOBLER.....	2,270	15,260				17,530
WINDMOORE HEALTHCARE INC.....	3,600					3,600
WINDSOR HOUSE.....	4,221	3,416				7,637
WITHAM MEMORIAL HOSPITAL.....	30,706					30,706
WRMC HOME HEALTH.....	2,514					2,514
YAVAPAI REGIONAL MEDICAL CENTER.....	20,923	11,417				32,340
YUMA REGIONAL MEDICAL CENTER.....	13,324	2,157				15,481
.....						0
.....						0
0199999 Individually listed claims unpaid.....	17,152,685	2,762,361	1,459,168	164,773	14,921,601	36,460,588
0299999 Aggregate accounts not individually listed-uncovered.....	948,994	157,828	77,199	10,465	818,645	2,013,131
0399999 Aggregate accounts not individually listed-covered.....	1,720,814	376,517	76,165	43,352	1,359,529	3,576,377
0499999 Subtotals.....	19,822,493	3,296,706	1,612,532	218,590	17,099,775	42,050,096
0599999 Unreported claims and other claim reserves.....	XXX	XXX	XXX	XXX	XXX	278,754,729
0699999 Total amounts withheld.....	XXX	XXX	XXX	XXX	XXX	0
0799999 Total claims unpaid.....	XXX	XXX	XXX	XXX	XXX	320,804,825
0899999 Accrued medical incentive pool and bonus amounts.....	XXX	XXX	XXX	XXX	XXX	1,327,011

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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)	47,360,882	96,301,056	8,507,687	50,420,382	55,868,569	58,281,161
2. Medicare Supplement .....	.0	.0	.0	.0	.0	.0
3. Dental only	119,519	630,051	41,826	183,393	161,345	169,223
4. Vision only .....	.0	122,844	.0	60,508	.0	.0
5. Federal Employees Health Benefits Plan	9,310,230	21,392,872	4,988,858	7,972,860	14,299,088	11,111,958
6. Title XVIII - Medicare	148,592,943	415,474,140	24,121,250	208,606,619	172,714,193	179,611,895
7. Title XIX - Medicaid .....	.0	.0	.0	.0	.0	.0
8. Other health	(6)	(19)	149	.0	143	617
9. Health subtotal (Lines 1 to 8).....	205,383,568	533,920,944	37,659,771	267,243,761	243,043,339	249,174,853
10. Health care receivables (a) .....	.0	16,201,383	.0	.0	.0	.0
11. Other non-health .....	.0	.0	.0	.0	.0	.0
12. Medical incentive pools and bonus amounts .....	.0	60,283	663,505	663,505	663,505	1,387,294
13. Totals (Lines 9-10+11+12)	205,383,568	517,779,844	38,323,276	267,907,266	243,706,844	250,562,147

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(a) Excludes \$7,992,749 loans or advances to providers not yet expensed.

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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 Kentucky Department of Insurance.

The Kentucky Department of Insurance recognizes only statutory accounting practices prescribed or permitted by the state of Kentucky for determining and reporting the financial condition and results of operations of an insurance Company, for determining its solvency under the Kentucky 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 Kentucky. 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 Kentucky is shown below:

	State of Domicile		2013		2012
Net Income					
1. Humana Health Plan, Inc. Kentucky basis	KY	\$	20,162,177	\$	(28,891,765)
2. State Prescribed Practices that increase/(decrease) NAIC SAP	KY		-		-
3. State Permitted Practices that increase/(decrease) NAIC SAP	KY		-		-
4. NAIC SAP	KY	\$	20,162,177	\$	(28,891,765)
Surplus					
5. Humana Health Plan, Inc. Kentucky basis	KY	\$	336,150,058	\$	307,941,776
6. State Prescribed Practices that increase/(decrease) NAIC SAP	KY		-		-
7. State Permitted Practices that increase/(decrease) NAIC SAP	KY		-		-
8. NAIC SAP	KY	\$	336,150,058	\$	307,941,776

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.

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

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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) The Company accounts for its investments in subsidiaries using the audited statutory equity method of accounting.
- (8) The Company accounts for its investments in joint ventures, partnerships, and LLC's using the audited statutory equity method of accounting.
- (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) Real estate held for production of income is carried at depreciated cost.

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 SSAP10R and SSAP 10* in 2012. SSAP 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 3 *Accounting Changes and Correction Errors*. The cumulative effect of this change in accounting principle resulted in a \$1,846,160 increase in surplus.

In 2012, the Company determined that certain shared administrative contra expenses related to another Humana subsidiary had been improperly allocated in 2011. This resulted in a \$2,425,099 overstatement of the 2011 administrative expenses for the Company. The error had no impact on net admitted assets or total liabilities at December 31, 2011.

Consistent with SSAP 3 *Accounting Changes and Corrections of Errors*, the prior period expense was recorded as an adjustment to surplus on line 47 of the capital and surplus account rollforward. There is no tax impact in this adjustment. The adjustment is 0.08 percent of earned premiums and 7.16 percent of pretax earnings.

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NOTES TO THE FINANCIAL STATEMENTS

In 2012, the Company determined that the 2011 and prior deferred tax provisions included certain items that were not realizable in one year. This error resulted in a \$679,605 understatement of both the 2011 net admitted deferred tax asset and ending capital surplus. The error had no impact on total liabilities or net income at December 31, 2011. Consistent with SSAP 3, an adjustment to 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 0.11% of earned premiums and 7.16% of pretax earnings.

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

- (1) The maximum and minimum lending rates for the mortgage loan in 2013 were 1.11 per cent and 1.4 per cent.
- (2) During 2012 the Company did not reduce interest rates of the mortgage loan.
- (3) The maximum percentage of the loan to the value of the security at any time of the loan, exclusive of insured or guaranteed or purchase-money mortgages was 100 percent.

	<u>Current Year</u>	<u>Prior Year</u>
(4) As of year end, the Company held mortgages with interest more than 180 days past due with a recorded investment, excluding accrued interest	\$ -	\$ -
a. Total interest due on mortgages with interest more than 180 days past due	\$ -	\$ -
(5) Taxes, assessments and any amounts advanced and not included in the mortgage loan total	\$ -	\$ -
(6) Current year impaired loans with a related allowance for credit losses	\$ -	\$ -
a. Related allowance for credit losses	\$ -	\$ -
(7) Impaired Mortgage loans without an allowance for credit losses	\$ -	\$ -
(8) Average recorded investment in impaired loans	\$ -	\$ -
(9) Interest income recognized during the period the loans were impaired	\$ -	\$ -
(10) Amount of interest income recognized on a cash basis during the period the loans were impaired	\$ -	\$ -
(11) Allowance for credit losses:		
a. Balance at beginning of period	\$ -	\$ -
b. Additions charged to operations	\$ -	\$ -
c. Direct write-downs charged against the allowances	\$ -	\$ -
d. Recoveries of amounts previously charged off	\$ -	\$ -
e. Balance at end of period	\$ -	\$ -
(12) 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 March 31, 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 March 31, 2013:

(a) The aggregate amount of unrealized losses:		
1. Less than 12 Months	\$	785,554
2. 12 Months or Longer	\$	132,531

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NOTES TO THE FINANCIAL STATEMENTS

(b) The aggregate related fair value of securities with unrealized losses:

1. Less than 12 Months	\$ 57,412,093
2. 12 Months or Longer	\$ 6,856,165

(5) The unrealized losses at March 31, 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.

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.

6. Joint Ventures, Partnerships and Limited Liability Companies

A. The Company has no investments in Joint Ventures, Partnerships or Limited Liability Companies that exceed 10.0 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 loan 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 and Affiliates

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 \$400.6 million and \$375.6 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. As a result, any residual inter-Company balances are immediately settled in the following month. 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. No dividends were paid in 2012. The Company received a \$60 million capital contribution from Humana Inc. on February 27, 2012. At March 31, 2013, the Company reported \$18.3 million amounts due from Humana Inc. Amounts due to or from parent are generally settled within 30 days.

G. Not Applicable.

H. Not Applicable.

I. Not Applicable.

J. Not Applicable.

K. Not Applicable.

L. Not Applicable.

NOTES TO THE FINANCIAL STATEMENTS

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.

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 \$1 par value common stock with 5,000,000 shares authorized and 2,248,000 shares issued and outstanding.

2) The Company has no preferred stock outstanding.

3-5) Dividends are noncumulative 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 10 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.

No dividends were paid as of March 31, 2013.

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 \$(253,243).

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.

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

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 March 31, 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 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

The gain from operations from Administrative Services Only (ASO) uninsured plans and the uninsured portion of partially insured plans was as follows during the quarter ended March 31, 2013:

	ASO Uninsured Plans		Uninsured Portion of Partially Insured Plans		Total ASO	
a. Net reimbursement for administrative expenses (including administrative fees) in excess of actual expenses	\$	11,940,610	\$	-	\$	11,940,610
b. Total net other income or expenses (including interest paid to or received from plans)	\$	302,037	\$	-	\$	302,037
c. Net gain or (loss) from operations	\$	12,242,647	\$	-	\$	12,242,647
d. Total claim payment volume	\$	353,681,133	\$	-	\$	353,681,133

B. ASC Plans

Not Applicable.

C. Medicare or Other Similarly Structured Cost Based Reimbursement Contract

- a. The Company records no revenue explicitly attributable to the cost share and reinsurance components of administered Medicare products.
- b. As of March 31, 2013, the Company has recorded a receivable from CMS of \$6.8 million related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10.0 percent of the Company's accounts receivable from uninsured Accident & Health Plans or \$10,000.
- c. 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 and receivables.
- d. 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.

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

NOTES TO THE FINANCIAL STATEMENTS

20. Fair Value Measurements

A. (1) The fair value of financial assets at March 31, 2013 were as follows:

	Level 1	Level 2	Level 3	Total
Assets				
Tax-exempt municipal bonds	\$ -	\$ 796,024	\$ -	\$ 796,024
Corporate debt securities	-	39,993	-	39,993
Total invested assets	<u>\$ -</u>	<u>\$ 836,017</u>	<u>\$ -</u>	<u>\$ 836,017</u>

(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 March 31, 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 year ended March 31, 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.

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.

NOTES TO THE FINANCIAL STATEMENTS

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. Collateralized debt obligations – No substantial exposure noted.
- c. Structured Securities (including principal protected notes) – No substantial exposure noted.
- d. Debt Securities of companies with significant sub-prime exposure – No substantial exposure noted.
- e. Equity securities of companies with significant sub-prime exposure – No substantial exposure noted.
- f. Other Assets – 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.

22. Events Subsequent

The Company is not aware of any events 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 May 10, 2013 for the statutory statement issued on May 10, 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 10.0 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 10.0 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)

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

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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- (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 March 31, 2013 that are subject to retrospective rating features was \$68.7 million, or 7.37 percent. 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.

	Individual	Small Group Employer	Large Group Employer	Other Categories with rebates	Total
Prior Reporting Year:					
Medical loss ratio rebates incurred	\$ 21,153	\$4,456,831	\$3,639,829	\$ -	\$ 8,117,813
Medical loss ratio rebates paid	-	7,190,399	6,161,317	-	13,351,716
Medical loss rebates unpaid	30,853	4,331,398	1,881,809	-	6,244,054
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	-	-	-	-	-

Current Reporting Year-to-date:					
Medical loss ratio rebates incurred	\$ 88,847	\$ (192,328)	\$ (47,827)	\$ -	\$ (151,307)
Medical loss ratio rebates paid	-	-	-	-	-
Medical loss rebates unpaid	119,700	4,139,070	1,833,977	-	1,833,977
Plus reinsurance assumed amounts	-	-	-	-	-
Less reinsurance ceded amounts	-	-	-	-	-
Rebates unpaid net of reinsurance	-	-	-	-	-

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2012 were \$251.3 million. As of March 31, 2013, \$207.2 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 \$38 million as a result of reestimation of unpaid claims and claim adjustment expenses principally on the commercial HMO and PPO books of business. Therefore, there has been a \$6.2 million favorable prior-year 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 policies.

26. Intercompany Pooling Arrangements

Not Applicable.

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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
3/31/2013	\$ 16,458,235	\$ 16,458,235	\$ -	\$ 4,548,292	\$ -
12/31/2012	\$ 7,060,992	\$ 7,060,992	\$ 7,060,992	\$ -	\$ -
9/30/2012	\$ 16,969,271	\$ 16,969,271	\$ 14,974,086	\$ 1,995,185	\$ -
6/30/2012	\$ 17,988,759	\$ 17,988,759	\$ 14,805,257	\$ 3,183,502	\$ -
3/31/2012	\$ 14,796,155	\$ 14,796,155	\$ 5,911,727	\$ 8,884,428	\$ -
12/31/2011	\$ 6,238,730	\$ 6,238,730	\$ 6,238,730	\$ -	\$ -
9/30/2011	\$ 6,145,560	\$ 6,145,560	\$ 6,145,560	\$ -	\$ -
6/30/2011	\$ 7,248,706	\$ 7,248,706	\$ 7,248,706	\$ -	\$ -
3/31/2011	\$ 6,319,618	\$ 6,319,618	\$ 6,319,618	\$ -	\$ -
12/31/2010	\$ 6,145,560	\$ 6,145,560	\$ 6,145,560	\$ -	\$ -
9/30/2010	\$ 5,910,198	\$ 5,910,198	\$ 5,910,198	\$ -	\$ -
6/30/2010	\$ 7,414,654	\$ 7,414,654	\$ 7,414,654	\$ -	\$ -
3/31/2010	\$ 4,991,220	\$ 4,991,220	\$ 4,991,220	\$ -	\$ -

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 \$ 7,680,000
2. Date of the most recent evaluation of this liability March 31, 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. 12/31/2008
- 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. 12/31/2008
- 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). 12/20/2010
- 6.4 By what department or departments?
Kentucky 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: \$18,356,875

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	\$31,508,729	\$31,231,071
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).....	\$31,508,729	\$31,231,071
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:

.....

GENERAL INTERROGATORIES
PART 2 - HEALTH

1. Operating Percentages:	
1.1 A&H loss percent.....	87.3 %
1.2 A&H cost containment percent	4.2 %
1.3 A&H expense percent excluding cost containment expenses.....	9.1 %
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.....	\$ 0
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.....	\$ 0

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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	L	24,673	29,131,749	0	0			29,156,422	
2. Alaska	AK	N	0	0	0	0			0	
3. Arizona	AZ	L	9,906,442	62,936,834	0	0			72,843,276	
4. Arkansas	AR	L	200,118	54,210,929	0	0			54,411,047	
5. California	CA	N	0	0	0	0			0	
6. Colorado	CO	L	19,426,606	27,454,645	0	0			46,881,251	
7. Connecticut	CT	N	0	0	0	0			0	
8. Delaware	DE	N	0	0	0	0			0	
9. Dist. Columbia	DC	N	0	0	0	0			0	
10. Florida	FL	N	0	0	0	0			0	
11. Georgia	GA	N	0	0	0	0			0	
12. Hawaii	HI	N	0	0	0	0			0	
13. Idaho	ID	L	60,087	7,313,457	0	0			7,373,544	
14. Illinois	IL	L	32,827,649	97,999,036	0	21,941,905			152,768,590	
15. Indiana	IN	L	4,439,300	22,318,163	0	0			26,757,463	
16. Iowa	IA	N	0	0	0	0			0	
17. Kansas	KS	L	899,614	40,682,897	0	7,719,581			49,302,092	
18. Kentucky	KY	L	106,736,063	22,815,317	30,038,164	1,680,244			161,269,788	
19. Louisiana	LA	N	0	0	0	0			0	
20. Maine	ME	N	0	0	0	0			0	
21. Maryland	MD	N	0	0	0	0			0	
22. Massachusetts	MA	N	0	0	0	0			0	
23. Michigan	MI	N	0	0	0	0			0	
24. Minnesota	MN	N	0	0	0	0			0	
25. Mississippi	MS	N	0	0	0	0			0	
26. Missouri	MO	L	812,470	74,538,932	0	191,853			75,543,255	
27. Montana	MT	N	0	0	0	0			0	
28. Nebraska	NE	L	15,706	8,846,381	0	0			8,862,087	
29. Nevada	NV	L	1,007,377	121,548,122	0	0			122,555,499	
30. New Hampshire	NH	N	0	0	0	0			0	
31. New Jersey	NJ	N	0	0	0	0			0	
32. New Mexico	NM	L	21,712	7,580,539	0	0			7,602,251	
33. New York	NY	N	0	0	0	0			0	
34. North Carolina	NC	N	0	0	0	0			0	
35. North Dakota	ND	N	0	0	0	0			0	
36. Ohio	OH	N	0	0	0	0			0	
37. Oklahoma	OK	N	0	0	0	0			0	
38. Oregon	OR	N	0	0	0	0			0	
39. Pennsylvania	PA	N	0	0	0	0			0	
40. Rhode Island	RI	N	0	0	0	0			0	
41. South Carolina	SC	L	87,389	36,810,898	0	0			36,898,287	
42. South Dakota	SD	N	0	0	0	0			0	
43. Tennessee	TN	L	17,449,329	0	0	136,708			17,586,037	
44. Texas	TX	N	0	0	0	0			0	
45. Utah	UT	N	0	0	0	0			0	
46. Vermont	VT	N	0	0	0	0			0	
47. Virginia	VA	L	38,363	67,627,687	0	0			67,666,050	
48. Washington	WA	L	201,395	31,798,122	0	0			31,999,517	
49. West Virginia	WV	L	0	0	0	0			0	
50. Wisconsin	WI	N	0	0	0	0			0	
51. Wyoming	WY	N	0	0	0	0			0	
52. American Samoa	AS	N	0	0	0	0			0	
53. Guam	GU	N	0	0	0	0			0	
54. Puerto Rico	PR	N	0	0	0	0			0	
55. U.S. Virgin Islands	VI	N	0	0	0	0			0	
56. Northern Mariana Islands	MP	N	0	0	0	0			0	
57. Canada	CAN	N	0	0	0	0			0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		194,154,293	713,613,708	30,038,164	31,670,291	0	0	969,476,456	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 18		194,154,293	713,613,708	30,038,164	31,670,291	0	0	969,476,456	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

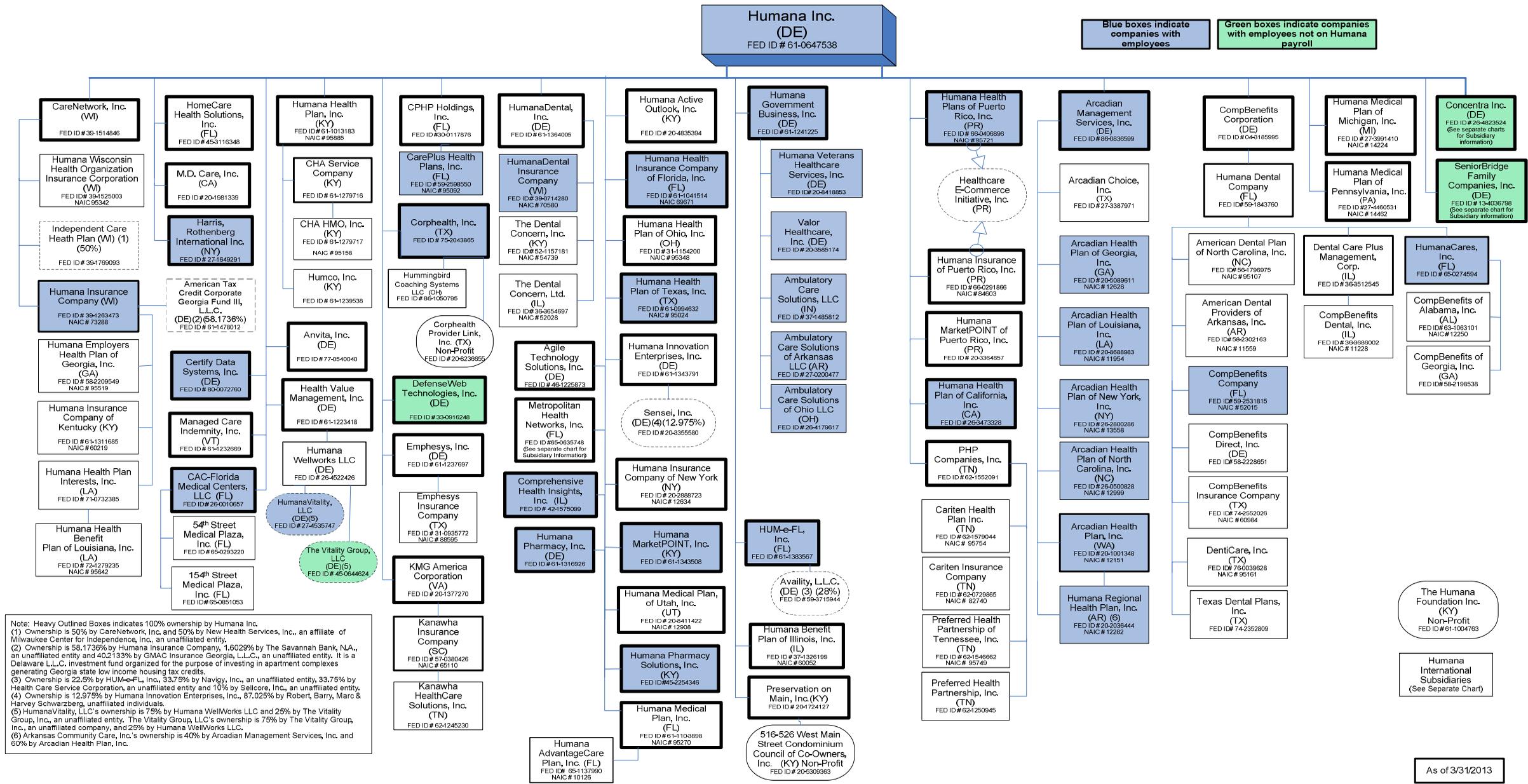
(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business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

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

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

15



Note: Heavy Outlined Boxes indicates 100% ownership by Humana Inc.
 (1) Ownership is 50% by CareNetwork, Inc. and 50% by New Health Services, Inc., an affiliate of Milwaukee Center for Independence, Inc., an unaffiliated entity.
 (2) Ownership is 58.1736% by Humana Insurance Company, 1.6029% by The Savannah Bank, N.A., an unaffiliated entity and 40.2133% by GMAC Insurance Georgia, L.L.C., an unaffiliated entity. It is a Delaware L.L.C. investment fund organized for the purpose of investing in apartment complexes generating Georgia state low income housing tax credits.
 (3) Ownership is 22.5% by HUMe-FL, Inc., 33.75% by Navigy, Inc., an unaffiliated entity, 33.75% by Health Care Service Corporation, an unaffiliated entity and 10% by Sellcore, Inc., an unaffiliated entity.
 (4) Ownership is 12.975% by Humana Innovation Enterprises, Inc., 87.025% by Robert, Barry, Marc & Harvey Schwarzberg, unaffiliated individuals.
 (5) HumanaVitality, LLC's ownership is 73% by Humana Wellworks LLC and 25% by The Vitality Group, Inc., an unaffiliated entity. The Vitality Group, LLC's ownership is 75% by The Vitality Group, Inc., an unaffiliated company, and 25% by Humana Wellworks LLC.
 (6) Arkansas Community Care, Inc.'s ownership is 40% by Arcadian Management Services, Inc. and 60% by Arcadian Health Plan, Inc.

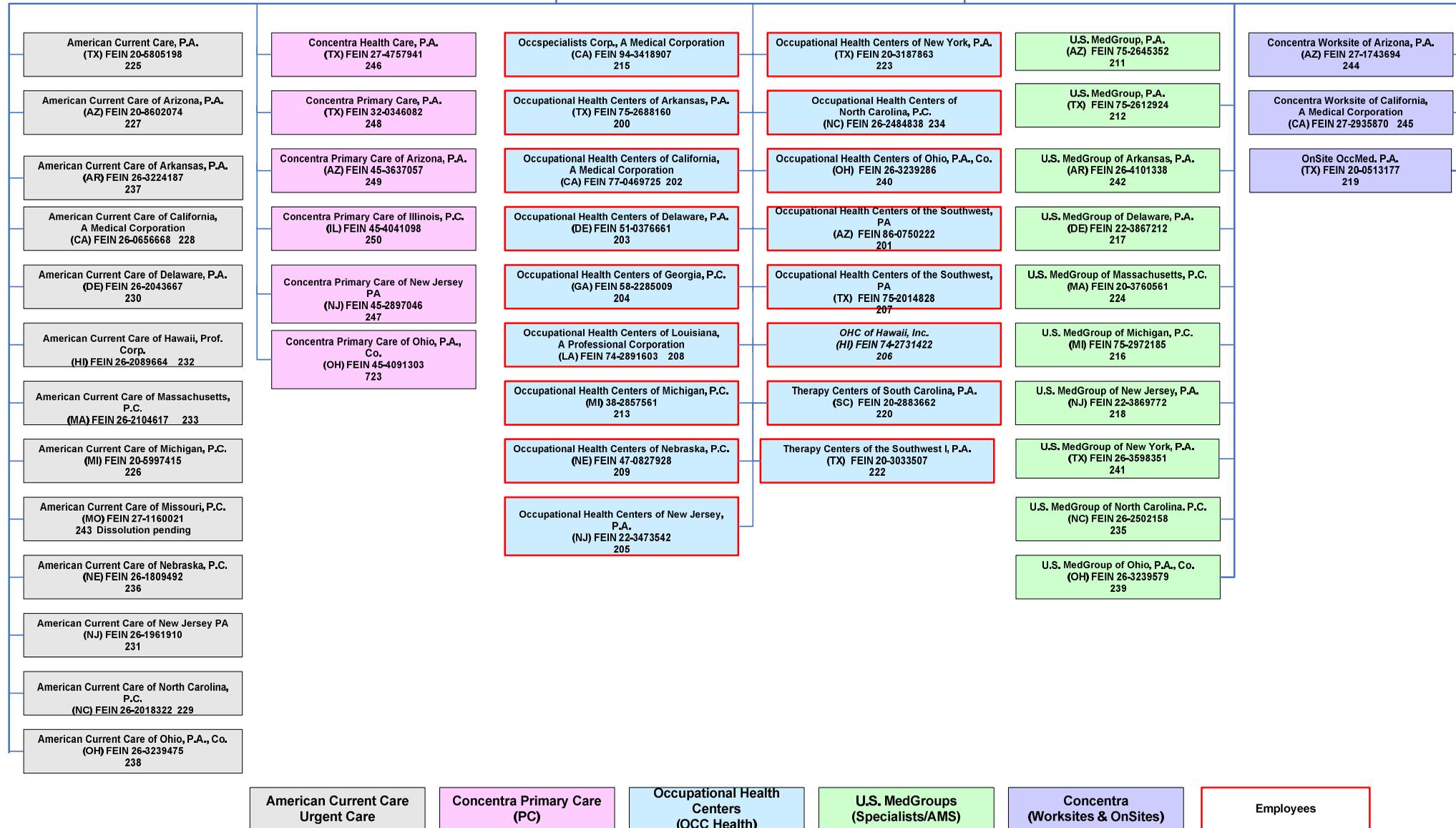
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

As of 3-31-2013

Management/Consulting Agreements
(Professional services relationship with CHS)

NO OWNERSHIP INTEREST



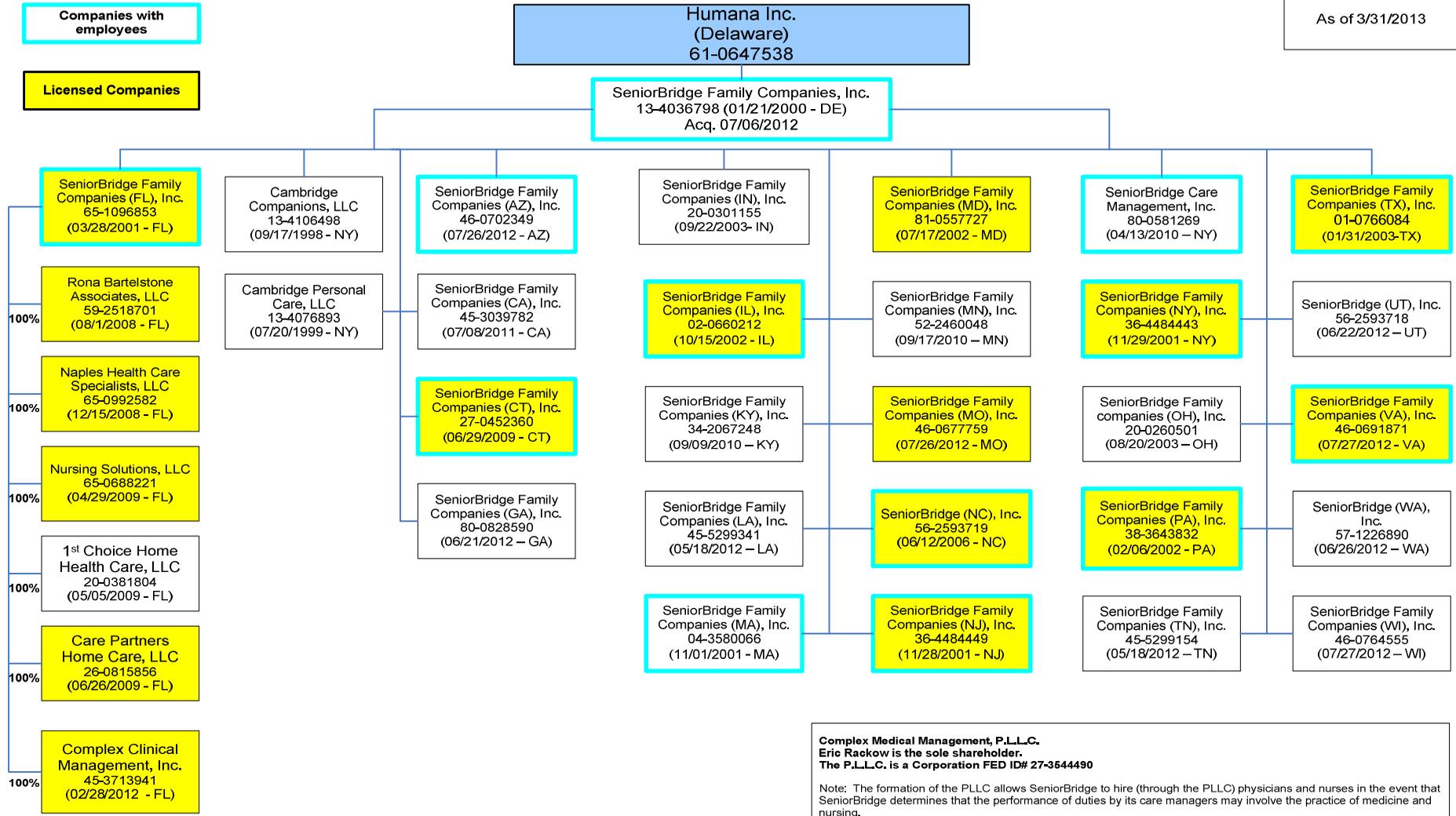
15.2

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

As of 3/31/2013

Companies with employees

Licensed Companies



15.3

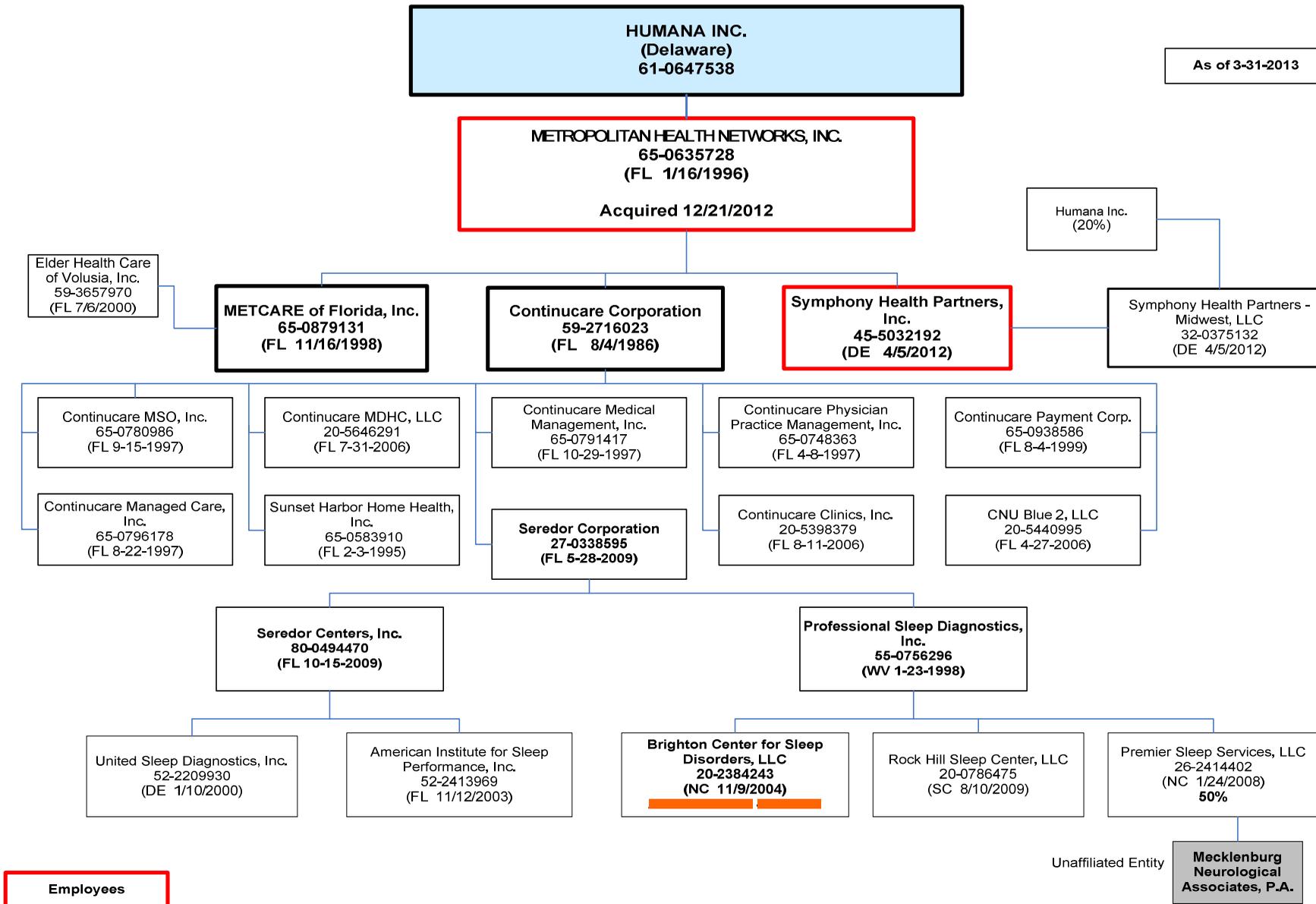
Complex Medical Management, P.L.L.C.
 Eric Rackow is the sole shareholder.
 The P.L.L.C. is a Corporation FED ID# 27-3644490

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.

See next page for
 Branch Office Locations

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

15.4



As of 3-31-2013

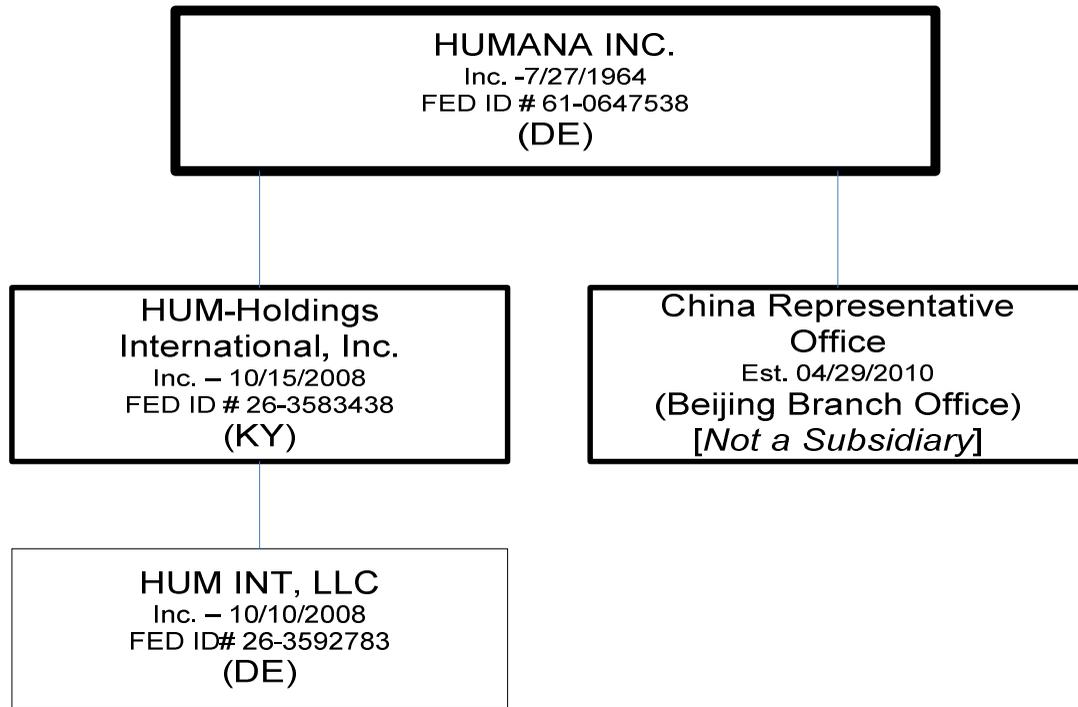
Employees

Unaffiliated Entity

Mecklenburg Neurological Associates, P.A.

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

HUMANA INTERNATIONAL SUBSIDIARIES



STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	39-1514846				CareNetwork, Inc.	WI	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95885	61-1013183				Humana Health Plan, Inc.	KY	OTH	Humana Inc	Ownership	100.0	Humana Inc	.19
00119	Humana Inc	73288	39-1263473				Humana Insurance Company	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95519	58-2209549				Humana Employers Health Plan of GA, Inc.	GA	IA	Humana Insurance Company	Ownership	100.0	Humana inc	.0
00119	Humana Inc	60219	61-1311685				Humana Insurance Company of Kentucky	KY	IA	Humana Insurance Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	54739	52-1157181				The Dental Concern, Inc.	KY	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	52028	36-3654697				The Dental Concern, Ltd.	IL	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95342	39-1525003				Humana Wisc. Health Org. Ins. Corp.	WI	IA	CareNetwork, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1223418				Health Value Management, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	69671	61-1041514				Humana Health Ins. Co. of Florida, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95348	31-1154200				Humana Health Plan of Ohio, Inc.	OH	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95024	61-0994632				Humana Health Plan of Texas, Inc.	TX	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95270	61-1103898				Humana Medical Plan, Inc.	FL	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1241225				Humana Government Business, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1232669				Managed Care Indemnity, Inc.	VT	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1343508				Humana MarketPOINT, Inc.	KY	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1239538				Humco, Inc.	KY	DS	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95721	66-0406896				Humana Health Plans of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	84603	66-0291866				Humana Insurance of Puerto Rico, Inc.	PR	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1364005				HumanaDental, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	70580	39-0714280				HumanaDental Insurance Company	WI	IA	HumanaDental, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1237697				Empheys, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	88595	31-0935772				Empheys Insurance Company	TX	IA	Empheys, 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	IA	CPhi Holdings, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	75-2043865				Corphealth, Inc.	TX	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	30-0117876				CPHP Holdings, Inc	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	61-1478012				American Tax Credit Corp GA Fund III,LLC	DE	OTH	See Footnote 1	Other	.0	Humana Inc	.1
00119	Humana Inc	00000	59-3715944				Availity, L.L.C	DE	OTH	See Footnote 2	Board of Directors	.0	Humana Inc	.2
00119	Humana Inc	00000	61-1279716				CHA Service Company	KY	DS	Humana Health Plan, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95158	61-1279717				CHA HMO, Inc	KY	DS	CHA Service Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-2620891				Healthcare E-Commerce Initiative, Inc	PR	OTH	See Footnote 4	Other	.0	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	Humana Inc	.6
00119	Humana Inc	00000	20-5309363				515-526W MainSt CondoCouncilofCo-Owners	KY	NIA	Preservation on Main, Inc	Ownership	100.0	Humana Inc	.6
00119	Humana Inc	00000	20-8236655				Corphealth Provider Link, Inc	TX	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	33-0916248				DefenseWeb Technologies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	12634	20-2888723				Humana Insurance Company of New York	NY	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-3364857				Humana MarketPOINT of Puerto Rico, Inc	PR	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	12908	20-8411422				Humana Medical Plan of Utah, Inc	UT	IA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-8418853				Humana Veterans Healthcare Services, Inc	DE	NIA	Humana Government Business, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95107	56-1796975				American Dental Plan of N. C., Inc	NC	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	11559	58-2302163				American Dental Providers of Ark, Inc	AR	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	52015	59-2531815				CompBenefits Company	FL	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	04-3185995				CompBenefits Corporation	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	59-1843760				Humana Dental Company	FL	NIA	CompBenefits Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	11228	36-3686002				CompBenefits Dental, Inc	IL	IA	Dental Care Plus Management Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	58-2228851				CompBenefits Direct, Inc	DE	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	60984	74-2552026				CompBenefits Insurance Company	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	12250	63-1063101				CompBenefits of Alabama, Inc	AL	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	58-2198538				CompBenefits of Georgia, Inc	GA	IA	HumanaCares, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	36-3512545				Dental Care Plus Management Corp	IL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95161	76-0039628				DentiCare, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	62-1245230				Kanawha HealthCare Solutions, Inc	TN	IA	Kanawha Insurance Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	65110	57-0380426				Kanawha Insurance Company	SC	IA	KMG America Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-1377270				KMG America Corporation	VA	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0274594				HumanaCares, Inc	FL	NIA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	74-2352809				Texas Dental Plans, Inc	TX	IA	Humana Dental Company	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	95754	62-1579044				Cariten Health Plan Inc	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	82740	62-0729865				Cariten Insurance Company	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	.0

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	10126	65-1137990				Humana AdvantageCare Plan, Inc.	FL	IA	Humana Medical Plan, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	60052	37-1326199				Humana Benefit Plan of Illinois, Inc	IL	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-3473328				Humana Health Plan of California, Inc	CA	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	62-1552091				PHP Companies, Inc	TN	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	95749	62-1546662				Preferred Hlth Partnership of Tenn., Inc	TN	IA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	62-1250945				Preferred Health Partnership, Inc	TN	NIA	PHP Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-4522426				Humana WellWorks LLC	DE	NIA	Health Value Management, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	26-4823524				Concentra Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	14224	27-3991410				Humana Medical Plan of Michigan, Inc	MI	IA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-4660531				Humana Medical Plan of Pennsylvania, Inc	PA	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	86-1050795				Hummingbird Coaching Systems LLC	OH	NIA	Corphealth, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	86-1050795				The Vitality Group, LLC	DE	OTH	See Footnote 7	Ownership	25.0	Humana Inc	7
00119	Humana Inc	00000	27-4535747				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 MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	27-0200477				Ambulatory Care Solutions of Arkansas LLC	AR	NIA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	26-4179617				Ambulatory Care Solutions of Ohio LLC	OH	NIA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	37-1485812				Ambulatory Care Solutions, LLC	IN	NIA	Humana Government Business, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	65-0293220				54th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	65-0851053				154th Street Medical Plaza, Inc.	FL	NIA	CAC-Florida Medical Centers, LLC	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	46-1225873				Agile Technology Solutions, Inc.	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	80-0072760				Certify Data Systems, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	8
00119	Humana Inc	00000	20-8602074				American Current Care of Arizona, P.A.	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3224187				American Current Care of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-0656668				Amer Current Care of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2043667				American Current Care of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2089664				American Current Care of HI, Prof. Corp.	HI	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2104617				American Current Care of MA, P.C.	MA	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	20-5997415				American Current Care of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	27-1160021				American Current Care of Missouri, P.C.	MO	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-1809492				American Current Care of Nebraska, P.C.	NE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-1961910				American Current Care of New Jersey PA.	NJ	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2018322				American Current Care of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3239475				American Current Care of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-5805198				American Current Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-2681597				Auto Injury Solutions, Inc.	DE	NIA	Concentra Integrated Services, Inc.	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	01-0510161				CM Occupational Health, L.L.C.	ME	NIA	See Footnote 8	Joint Venture	0.0	Humana Inc	8
00119	Humana Inc	00000	20-0114482				Concentra Akron, L.L.C.	DE	NIA	See Footnote 9	Joint Venture	100.0	Humana Inc	9
00119	Humana Inc	00000	62-1691148				Concentra Arkansas, L.L.C.	DE	NIA	See Footnote 10	Joint Venture	0.0	Humana Inc	10
00119	Humana Inc	00000	75-2510547				Concentra Health Services, Inc.	NV	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	17
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

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STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	04-2658593				Concentra Integrated Services, Inc	MA	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	76-0546504				Concentra Laboratory, L.L.C	DE	NIA	National Healthcare Resources, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	75-2857879				Concentra Occ Health Research Institute	TX	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	23-2901126				Concentra Occ Healthcare Harrisburg, L.P	PA	NIA	See Footnote 11	Joint Venture	0.0	Humana Inc	11
00119	Humana Inc	00000	75-2678146				Concentra Solutions, Inc	DE	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	75-2784513				Concentra South Carolina, L.L.C	DE	NIA	See Footnote 12	Joint Venture	0.0	Humana Inc	12
00119	Humana Inc	00000	75-2821236				Concentra St. Louis, L.L.C	DE	NIA	See Footnote 13	Joint Venture	0.0	Humana Inc	13
00119	Humana Inc	00000	27-1743694				Concentra Worksite of Arizona, P.A	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	27-2935870				Concentra Worksite of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3675361				Concentra-UPMC, L.L.C	DE	NIA	See Footnote 14	Joint Venture	0.0	Humana Inc	14
00119	Humana Inc	00000	86-0751979				Managed Prescription Program	AZ	NIA	Concentra Health Services, Inc	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	11-3273542				National Healthcare Resources, Inc	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	94-3418907				Occspecialists Corp., A Medical Corp.	CA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2688160				Occupational Health Centers of AR, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	77-0469725				Occ Health Centers of CA, A Med. Corp.	CA	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	51-0376661				Occupational Health Centers of DE, P.A.	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	58-2285009				Occupational Health Centers of GA, P.C.	GA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	74-2891603				Occ Health Centers of LA, A Prof. Corp.	LA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	38-2857561				Occupational Health Centers of MI, P.C.	MI	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	47-0827928				Occupational Health Centers of NE, P.C.	NE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3473542				Occupational Health Centers of NJ, P.A.	NJ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-3187863				Occupational Health Centers of NY, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-2484838				Occupational Health Centers of NC, P.C.	NC	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3239286				Occ Health Centers of OH, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
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

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STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	75-2014828				Occ Health Centers of the Southwest, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	74-2731442				OHC of Hawaii, Inc.	HI	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	04-3353031				OHR/Baystate, LLC	MA	NIA	See Footnote 15	Joint Venture	0.0	Humana Inc	15
00119	Humana Inc	00000	04-3353031				OHR/MMC, Limited Liability Company	ME	NIA	See Footnote 16	Joint Venture	100.0	Humana Inc	16
00119	Humana Inc	00000	98-0445802				OMP Insurance Company, Ltd.	TX	NIA	Concentra Operating Corporation	Ownership	100.0	Humana Inc	17
00119	Humana Inc	00000	20-0513177				OnSite OccMed, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-2883662				Therapy Centers of South Carolina, P.A.	SC	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-3033507				Therapy Centers of the Southwest I, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-4101338				U.S. MedGroup of Arkansas, P.A.	AR	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	22-3867212				U.S. MedGroup of Delaware, P.A.	DE	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	20-3760561				U.S. MedGroup of Massachusetts, P.C.	MA	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2972185				U.S. MedGroup of Michigan, P.C.	MI	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	22-3869772				U.S. MedGroup of New Jersey, P.A.	NJ	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-3598351				U.S. MedGroup of New York, P.A.	TX	NIA	See Footnote 17	Board of Directors	100.0	Humana Inc	17
00119	Humana Inc	00000	26-2502158				U.S. MedGroup of North Carolina, P.C.	NC	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	26-3239579				U.S. MedGroup of Ohio, P.A., Co.	OH	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2612924				U.S. MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2645352				U.S. MedGroup, P.A.	AZ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	13-3464527				Occupational Health + Rehabilitation LLC	DE	NIA	Concentra Health Services, Inc.	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-4757941				Concentra Health Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	32-0346082				Concentra Primary Care, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	45-2897046				Concentra Primary Care of New Jersey PA.	NJ	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	75-2891678				Texas MedGroup, P.A.	TX	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
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

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STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	45-4041098				Concentra Primary Care of Illinois, P.C	IL	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	45-4091303				Concentra Primary Care of Ohio, P.A., Co	OH	NIA	See Footnote 17	Board of Directors	0.0	Humana Inc	17
00119	Humana Inc	00000	13-4036798				SeniorBridge Family Companies, Inc	DE	NIA	Humana Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	65-1096853				SeniorBridge Family Companies (FL), Inc	FL	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	46-0702349				SeniorBridge Family Companies (AZ), Inc	AZ	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-3039782				SeniorBridge Family Companies (CA), Inc	CA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	27-0452360				SeniorBridge Family Companies (CT), Inc	CT	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	80-0828590				SeniorBridge Family Companies (GA), Inc	GA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-0301155				SeniorBridge Family Companies (IN), Inc	IN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	02-0660212				SeniorBridge Family Companies (IL), Inc	IL	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	34-2067248				SeniorBridge Family Companies (KY), Inc	KY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-5299341				SeniorBridge Family Companies (LA), Inc	LA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	04-3580066				SeniorBridge Family Companies (MA), Inc	MA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	81-0557727				SeniorBridge Family Companies (MD), Inc	MD	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	52-2460048				SeniorBridge Family Companies (MN), Inc	MN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	46-0677759				SeniorBridge Family Companies (MO), Inc	MO	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	56-2593719				SeniorBridge (NC), Inc	NC	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	36-4484449				SeniorBridge Family Companies (NJ), Inc	NJ	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	36-4484443				SeniorBridge Family Companies (NY), Inc	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	20-0260501				SeniorBridge Family Companies (OH), Inc	OH	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	38-3643832				SeniorBridge Family Companies (PA), Inc	PA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	45-5299154				SeniorBridge Family Companies (TN), Inc	TN	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	01-0766084				SeniorBridge Family Companies (TX), Inc	TX	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0
00119	Humana Inc	00000	56-2593718				SeniorBridge (UT), Inc	UT	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	0

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Group Code	Group Name	NAIC Company Code	Federal ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Name of Parent Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/ Person(s)	*
00119	Humana Inc	00000	46-0691871				SeniorBridge Family Companies (VA), Inc	VA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	57-1226890				SeniorBridge (WA), Inc	WA	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	46-0764555				SeniorBridge Family Companies (WI), Inc	WI	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	80-0581269				SeniorBridge Care Management, Inc	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	13-4106498				Cambridge Companions, LLC	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	13-4076893				Cambridge Personal Care, LLC	NY	NIA	SeniorBridge Family Companies, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	59-2518701				Rona Bartelstone Associates, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0992582				Naples Health Care Specialists, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0688221				Nursing Solutions, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-0381804				1st Choice Home Health Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	26-0815856				Care Partners Home Care, LLC	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	45-3713941				Complex Clinical Management, Inc	FL	NIA	SeniorBridge Family Companies (FL), Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0635728				Metropolitan Health Networks, Inc	FL	NIA	Humana Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0879131				METCARE of Florida, Inc	FL	NIA	Metropolitan Health Networks, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	59-2716023				Continucare Corporation	FL	NIA	Metropolitan Health Networks, Inc	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	45-5032192				Symphony Health Partners, Inc	DE	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0780986				Continucare MSO, Inc	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	20-5646291				Continucare MDHC, LLC	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	27-0338595				Seredor Corporation	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	65-0791417				Continucare Medical Management, Inc	FL	NIA	Continucare Corporation	Ownership	100.0	Humana Inc	.0
00119	Humana Inc	00000	32-0375132				Symphony Health Partners - Midwest, LLC	DE	NIA	80% Symphony Health Partners, Inc. / 20% Humana Inc	Ownership	.0	Humana Inc	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

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, Inc.

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

Asterisk	Explanation
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. 
9 5 8 8 5 2 0 1 3 3 6 5 0 0 0 0 1

OVERFLOW PAGE FOR WRITE-INS

MQ002 Additional Aggregate Lines for Page 02 Line 25.

*ASSETS

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
2504. Federal Contingency Reserves.....	1,056,283	0	1,056,283	0
2505. Prepaid Expenses.....	586,847	586,847	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	1,643,130	586,847	1,056,283	0

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	27,600,000	27,600,000
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)	27,600,000	27,600,000
12. Total valuation allowance	0	0
13. Subtotal (Line 11 plus Line 12)	27,600,000	27,600,000
14. Deduct total nonadmitted amounts	0	0
15. Statement value at end of current period (Line 13 minus Line 14)	27,600,000	27,600,000

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	499,604,771	384,650,176
2. Cost of bonds and stocks acquired	77,175,107	222,516,063
3. Accrual of discount	33,200	104,926
4. Unrealized valuation increase (decrease)	(253,243)	852,238
5. Total gain (loss) on disposals	361,404	1,961,048
6. Deduct consideration for bonds and stocks disposed of	41,027,864	106,023,522
7. Deduct amortization of premium	1,237,296	4,456,158
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)	534,656,079	499,604,771
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	534,656,079	499,604,771

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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).....	393,144,328	1,615,273,757	1,556,618,211	(724,566)	451,075,308	0	0	393,144,328
2. Class 2 (a).....	102,086,381	7,244,450	4,305,353	(453,547)	104,571,931	0	0	102,086,381
3. Class 3 (a).....	10,252,920			20,636	10,273,556	0	0	10,252,920
4. Class 4 (a).....	2,441,430		6,912	1,499	2,436,017	0	0	2,441,430
5. Class 5 (a).....	0				0	0	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	507,925,059	1,622,518,207	1,560,930,476	(1,155,978)	568,356,812	0	0	507,925,059
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	507,925,059	1,622,518,207	1,560,930,476	(1,155,978)	568,356,812	0	0	507,925,059

(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 \$64,931,804 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

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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	2,983,563	XXX	2,983,563	1,332	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.....	8,380,057	25,697,990
2. Cost of short-term investments acquired	477,470,451	1,877,946,425
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	482,866,945	1,895,264,358
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).....	2,983,563	8,380,057
11. Deduct total nonadmitted amounts.....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	2,983,563	8,380,057

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.....	31,448,958	20,399,889
2. Cost of cash equivalents acquired	1,067,872,648	2,826,416,348
3. Accrual of discount	23,705	62,047
4. Unrealized valuation increase (decrease)	0	0
5. Total gain (loss) on disposals.....	1,631	(2,306)
6. Deduct consideration received on disposals	1,037,398,701	2,815,427,020
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)	61,948,241	31,448,958
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	61,948,241	31,448,958

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 MARCH 31, 2013 OF THE Humana Health Plan, Inc.

SCHEDULE D - PART 3

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

1	2	3	4	5	6	7	8	9	10
CUSIP Identification	Description	Foreign	Date Acquired	Name of Vendor	Number of Shares of Stock	Actual Cost	Par Value	Paid for Accrued Interest and Dividends	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments									
912828-EE-6	UNITED STATES TREASURY GOVERNMENT		03/08/2013	NOMURA SECURITIES		547,189	500,000	1,409	1
912828-PE-4	US TREASURY N/B		01/28/2013	NOMURA SECURITIES		3,069,385	3,000,000	9,323	1
0599999 - Bonds - U.S. Governments						3,616,574	3,500,000	10,732	XXX
Bonds - U.S. States, Territories and Possessions									
246381-CP-0	DELAWARE STATE MUNI		03/21/2013	GOLDMAN SACHS		3,580,968	2,850,000	11,083	1FE
574193-GA-0	MARYLAND ST MUNI		03/25/2013	GOLDMAN SACHS		4,371,185	3,500,000	26,736	1FE
57586C-XY-6	MASSACHUSETTS ST HEALTH & EDL MUNI		01/28/2013	GOLDMAN SACHS		1,900,000	2,000,000	4,337	1FE
604129-ZE-9	MINNESOTA ST MUNI		03/21/2013	CITIGROUP GLOBAL MARKETS INC		7,299,556	5,795,000	140,851	1FE
1799999 - Bonds - U.S. States, Territories and Possessions						17,151,709	14,145,000	183,007	XXX
Bonds - U.S. Political Subdivisions of States, Territories and Possessions									
584002-RR-2	MECKLENBURG CNTY NC MUNI		03/26/2013	BARCLAYS CAPITAL		6,330,450	5,000,000	40,278	1FE
2499999 - Bonds - U.S. Political Subdivisions of States, Territories and Possessions						6,330,450	5,000,000	40,278	XXX
Bonds - U.S. Special Revenue									
3132HR-NC-0	FEDERAL HOME LOAN MTGE CO FHLMC		01/10/2013	MERRILL LYNCH		22,200,664	21,350,000	23,129	1
3138EK-G7-4	FANNIE MAE FNMA		02/22/2013	DEUTSCHE BANK		14,771,227	13,961,874	14,931	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						36,971,891	35,311,874	38,061	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
05367A-AE-3	AVIATION CAPITAL GROUP TRUST CORPORATE		01/14/2013	DEUTSCHE BANK		625,000	625,000		2FE
14309U-AA-0	CARLYLE HOLDINGS FINANCE LLC CORPORATE		01/15/2013	J.P. MORGAN		324,890	325,000		1FE
361448-AP-8	GATX CORPORATION CORPORATE		03/14/2013	CITIGROUP GLOBAL MARKETS INC		4,163,978	4,175,000		2FE
404225-AN-4	HLSS SERVICER ADVANCE RECEIVABLES		01/16/2013	WELLS FARGO		1,475,000	1,475,000		1FE
421946-AH-7	HEALTHCARE REALITY TRUST INC CORPORATE		03/19/2013	WELLS FARGO		1,016,585	1,025,000		2FE
46629Y-AC-3	JPMORGAN CHASE 07-CB18 CMBS		02/04/2013	MORGAN STANLEY		3,109,332	2,723,006	2,469	1FE
709599-AL-8	PENSKE TRUCK LEASING COMPANY LP		01/14/2013	J.P. MORGAN		124,729	125,000		2FE
747262-AH-6	QVC INC CORPORATE		02/26/2013	BLACKROCK INSTITUTIONAL MANAGEMENT		873,213	825,000	6,929	2FE
92345Y-AC-0	VERISK ANALYTICS INC CORPORATE		02/25/2013	SUNTRUST ROBINSON HUMPHREY INC		440,944	425,000	8,084	2FE
268317-AF-1	ELECTRICITE DE FRANCE SA CORPORATE	F	01/24/2013	CITIGROUP GLOBAL MARKETS INC		950,813	960,000		1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						13,104,483	12,683,006	17,482	XXX
8399997 - Subtotals- Bonds - Part 3						77,175,107	70,639,880	289,560	XXX
8399999 - Subtotals - Bonds						77,175,107	70,639,880	289,560	XXX
9999999 Totals						77,175,107	XXX	289,560	XXX

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

E04

STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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	Foreign	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																					
36202E-VP-1	GOVERNMENT NATIONAL MORTGAGE GNMA		03/20/2013	MBS PAYDOWN		627,805	627,805	632,219	627,986		(182)		(182)		627,805			0	6,326	08/01/2038	1
912828-HQ-6	UNITED STATES TREASURY GOVERNMENT		01/31/2013	VARIOUS		3,000,000	3,000,000	2,975,039	2,999,449		551		551		3,000,000			0	43,125	01/31/2013	1
0599999 - Bonds - U.S. Governments						3,627,805	3,627,805	3,607,258	3,627,436	0	369	0	369	0	3,627,805	0	0	0	49,451	XXX	XXX
Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																					
31288D-U8-0	FREDDIE MAC FHLMC		03/01/2013	MBS PAYDOWN		434	434	449	434				0	434			0	4	12/01/2032	1	
31286P-TZ-6	FED NTL MTG ASSO		03/01/2013	MBS PAYDOWN		14,936	14,936	15,396	14,946		(10)		(10)	14,936			0	176	01/01/2017	1	
3128M1-CR-8	FHLMC PC GOLD		03/01/2013	MBS PAYDOWN		149,658	149,658	158,778	149,975		(317)		(317)	149,658			0	1,217	04/01/2021	1	
3128M1-LB-3	COMB 15YR FGOLD		03/01/2013	MBS PAYDOWN		131,865	131,865	139,900	132,136		(271)		(271)	131,865			0	1,069	12/01/2020	1	
3128M1-NZ-8	FHLMC		03/01/2013	MBS PAYDOWN		155,026	155,026	164,473	155,343		(317)		(317)	155,026			0	1,274	12/01/2020	1	
3128M1-PJ-2	FGOLD 15YR GIANT		03/01/2013	MBS PAYDOWN		77,950	77,950	82,700	78,110		(159)		(159)	77,950			0	634	05/01/2021	1	
3128M1-R7-6	FHLMC		03/01/2013	MBS PAYDOWN		124,546	124,546	132,136	124,804		(257)		(257)	124,546			0	999	05/01/2021	1	
3128M1-SY-6	FGOLD 15YR GIANT		03/01/2013	MBS PAYDOWN		75,942	75,942	80,569	76,106		(164)		(164)	75,942			0	581	12/01/2021	1	
3128M6-P2-8	FHLMC		03/01/2013	MBS PAYDOWN		104,895	104,895	106,055	104,930		(35)		(35)	104,895			0	1,045	06/01/2038	1	
3128M9-ED-0	FGOLD 30 YR		01/10/2013	VARIOUS		23,114,492	22,263,508	22,794,005	22,787,257		(20,248)		(20,248)	22,767,009		347,483	347,483	78,888	06/01/2042	1	
3128MB-N7-8	FHLMC		03/01/2013	MBS PAYDOWN		35,481	35,481	37,643	35,548		(68)		(68)	35,481			0	259	12/01/2021	1	
3128PY-WA-8	FGOLD 15YR FNMA		03/01/2013	MBS PAYDOWN		248,833	248,833	248,987	248,987		(154)		(154)	248,833			0	1,108	05/01/2027	1	
3128PY-Y3-2	FGOLD 15YR FNMA		03/01/2013	MBS PAYDOWN		59,129	59,129	61,836	59,164		(35)		(35)	59,129			0	296	04/01/2027	1	
312942-NM-3	FGOLD 30 YR FNMA		03/01/2013	MBS PAYDOWN		203,431	203,431	208,549	203,583		(152)		(152)	203,431			0	1,507	09/01/2040	1	
312971-BM-5	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		16,080	16,080	17,060	16,096		(16)		(16)	16,080			0	135	04/01/2020	1	
312971-CQ-5	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		88,783	88,783	94,194	89,097		(314)		(314)	88,783			0	802	04/01/2020	1	
312971-FQ-2	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		281,708	281,708	298,874	282,200		(492)		(492)	281,708			0	2,112	04/01/2020	1	
312971-MS-0	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		76,810	76,810	81,490	76,977		(167)		(167)	76,810			0	528	05/01/2020	1	
312972-DX-7	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		50,388	50,388	53,459	50,458		(70)		(70)	50,388			0	396	04/01/2020	1	
312972-EK-4	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		27,043	27,043	28,691	27,086		(42)		(42)	27,043			0	244	04/01/2020	1	
312972-GT-3	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		232,594	232,594	246,768	233,300		(706)		(706)	232,594			0	1,421	04/01/2020	1	
312972-GZ-9	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		217,627	217,627	230,888	218,883		(1,256)		(1,256)	217,627			0	2,143	04/01/2020	1	
3132HR-NC-0	FEDERAL HOME LOAN MTGE CO		03/01/2013	MBS PAYDOWN		76,684	76,684	79,740			(8)		(8)	76,684			0	292	01/01/2043	1	
31336W-CP-2	FGOLD 15YR FHLMC		03/01/2013	MBS PAYDOWN		56,790	56,790	60,251	56,909		(119)		(119)	56,790			0	448	10/01/2020	1	
31371K-NX-5	FED NTL MTG ASSO		03/01/2013	MBS PAYDOWN		27,496	27,496	28,456	27,510		(14)		(14)	27,496			0	202	05/01/2017	1	
3138EE-HB-8	30YR FED NTL MTG ASSO	FNMA	03/01/2013	MBS PAYDOWN		212,293	212,293	225,320	212,507		(214)		(214)	212,293			0	1,085	06/01/2042	1	
3138EK-GK-5	FED NTL MTG ASSO	FNMA	03/01/2013	MBS PAYDOWN		81,276	81,276	87,880	81,386		(109)		(109)	81,276			0	500	09/01/2042	1	
3138LV-2K-8	30YR FED NTL MTG ASSO	FNMA	03/01/2013	MBS PAYDOWN		26,804	26,804	28,412	26,810		(6)		(6)	26,804			0	153	07/01/2042	1	
3138LV-6U-6	15YR FED NTL MTG ASSO	FNMA	03/01/2013	MBS PAYDOWN		241,361	241,361	249,469	241,574		(214)		(214)	241,361			0	1,052	07/01/2027	1	
3138M3-QH-0	15YR FED NTL MTG ASSO	FNMA	03/01/2013	MBS PAYDOWN		77,202	77,202	80,290	77,240		(39)		(39)	77,202			0	342	07/01/2027	1	

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STATEMENT AS OF MARCH 31, 2013 OF THE Humana Health Plan, 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	Foreign	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)
31392G-UZ-6	FED NTL MTG ASSO FNMA-02-94: HO		03/01/2013	MBS PAYDOWN		121,453	121,453	128,285	121,724		(271)		(271)		121,453			0	908	01/25/2018	1
31396A-MX-9	FEDERAL HOME LOAN MTGE CO FHLINC		03/01/2013	MBS PAYDOWN		47,812	47,812	49,086	47,841		(28)		(28)		47,812			0	435	09/01/2035	1
31398V-TM-8	FH3659D: BA CMO		03/01/2013	MBS PAYDOWN		603,995	603,995	647,006	605,260		(1,266)		(1,266)		603,995			0	5,024	02/01/2039	1
31406Y-4E-7	FNMA 30YR		03/01/2013	MBS PAYDOWN		74,773	74,773	78,394	74,961		(188)		(188)		74,773			0	638	05/01/2035	1
31410F-Z2-4	FED NTL MTG ASSO FNMA		03/01/2013	MBS PAYDOWN		97,958	97,958	96,550	97,922		37		37		97,958			0	802	07/01/2020	1
31415W-PB-3	FED NTL MTG ASSO FNMA 30YR		03/01/2013	MBS PAYDOWN		629,850	629,850	671,798	631,542		(1,692)		(1,692)		629,850			0	6,715	11/01/2038	1
31416B-4X-3	FED NTL MTG ASSO 15YR		03/01/2013	MBS PAYDOWN		838,817	838,817	899,500	840,832		(2,016)		(2,016)		838,817			0	7,120	01/01/2022	1
31416W-LC-4	FED NTL MTG ASSO 30YR		03/01/2013	MBS PAYDOWN		3,844,199	3,844,199	4,004,575	3,849,058		(4,858)		(4,858)		3,844,199			0	26,699	07/01/2040	1
31418W-OP-8	FNMA		03/01/2013	MBS PAYDOWN		110,848	110,848	116,338	111,037		(190)		(190)		110,848			0	769	08/01/2025	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						32,657,262	31,806,278	32,825,217	32,269,533	0	(36,447)	0	(36,447)	0	32,309,779	0	347,483	347,483	150,019	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
023767-AA-4	AMERICAN AIRLINES INC CORPORATE		02/01/2013	CALLED SECURITY at 100.000		18,679	18,679	18,679	18,679				0		18,679			0	490	07/31/2021	2FE
05946X-BV-4	BANK OF AMERICA FDG CO 2003-1		03/20/2013	VARIOUS		882	882	900	891		(10)		(10)		882			0	18	05/20/2033	1FM
09657W-AC-2	BWV ABS FTST		03/27/2013	CALLED SECURITY at 100.000		174,603	174,603	174,600	174,602		1		1		174,603			0	365	04/25/2014	1FE
30257F-AA-1	FPL ENERGY NATIONAL WIND CORPORATE		03/01/2013	CALLED SECURITY at 100.000		6,912	6,912	6,912	5,892	1,020			1,020		6,912			0	212	03/25/2019	4FE
34529F-AD-9	FORD MOTOR CREDIT ABS FTST		03/15/2013	MBS PAYDOWN		241,127	241,127	256,941	241,736		(609)		(609)		241,127			0	1,778	11/15/2014	1FE
651587-AD-9	NEWMARKET CORP CORPORATE		02/13/2013	J.P. MORGAN		3,474,861	3,475,000	3,469,093	3,469,066		(54)		(54)		3,469,012		5,849	5,849	23,350	12/15/2022	2FE
59151K-AH-1	METHANEX CORPORATION CORPORATE		01/31/2013	RBC CAPITAL MARKETS		825,734	825,000	817,559	817,587		75		75		817,663		8,072	8,072	3,575	12/15/2019	2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						4,742,798	4,742,203	4,744,683	4,728,453	1,020	(596)	0	424	0	4,728,877	0	13,921	13,921	29,788	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						41,027,864	40,176,285	41,177,158	40,625,422	1,020	(36,674)	0	(35,654)	0	40,666,461	0	361,404	361,404	229,257	XXX	XXX
8399999 - Subtotals - Bonds						41,027,864	40,176,285	41,177,158	40,625,422	1,020	(36,674)	0	(35,654)	0	40,666,461	0	361,404	361,404	229,257	XXX	XXX
9999999 Totals						41,027,864	XXX	41,177,158	40,625,422	1,020	(36,674)	0	(35,654)	0	40,666,461	0	361,404	361,404	229,257	XXX	XXX

E05.1

(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

