



QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2011
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 40202
(Street and Number) (City or Town, State and Zip Code)

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

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

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

Internet Web Site Address www.humana.com

Statutory Statement Contact Abby Goodloe 502-580-1632
(Name) (Area Code) (Telephone Number) (Extension)

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

OFFICERS

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

DIRECTORS OR TRUSTEES

James Harry Bloem #	Michael Benedict McCallister	James Elmer Murray
---------------------	------------------------------	--------------------

State ofKentucky.....

ss

County ofJefferson.....

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

Michael Benedict McCallister
CEO

Joan Olliges Lenahan
VP & Corporate Secretary

James Harry Bloem
Sr. VP, CFO & Treasurer

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

b. If no:

1. State the amendment number 0
2. Date filed _____
3. Number of pages attached 0

Subscribed and sworn to before me this
7th day of November, 2011

Myra Carpenter, Notary Public
August 9, 2013

STATEMENT AS OF SEPTEMBER 30, 2011 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	351,564,165	0	351,564,165	344,415,993
2. Stocks:				
2.1 Preferred stocks	0	0	0	0
2.2 Common stocks	29,994,644	0	29,994,644	27,886,723
3. Mortgage loans on real estate:				
3.1 First liens	27,600,000	0	27,600,000	27,600,000
3.2 Other than first liens	0	0	0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$0 encumbrances)	0	0	0	0
4.2 Properties held for the production of income (less \$0 encumbrances)	0	0	0	17,264
4.3 Properties held for sale (less \$0 encumbrances)	0	0	0	0
5. Cash (\$(8,905,283)), cash equivalents (\$147,996,368) and short-term investments (\$17,510,713)	156,601,798	0	156,601,798	8,764,371
6. Contract loans (including \$ premium notes)	0	0	0	0
7. Derivatives	0	0	0	0
8. Other invested assets	0	0	0	0
9. Receivables for securities	0	0	0	0
10. Securities lending reinvested collateral assets	188,469	0	188,469	884,486
11. Aggregate write-ins for invested assets	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11)	565,949,076	0	565,949,076	409,568,837
13. Title plants less \$ charged off (for Title insurers only)	0	0	0	0
14. Investment income due and accrued	3,116,482	0	3,116,482	3,078,853
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection	36,350,079	451,167	35,898,912	41,806,056
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	0	0	0	0
15.3 Accrued retrospective premiums	12,593,736	0	12,593,736	13,979,793
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers	0	0	0	0
16.2 Funds held by or deposited with reinsured companies	0	0	0	0
16.3 Other amounts receivable under reinsurance contracts	0	0	0	0
17. Amounts receivable relating to uninsured plans	15,725,006	202,525	15,522,481	15,656,510
18.1 Current federal and foreign income tax recoverable and interest thereon	0	0	0	0
18.2 Net deferred tax asset	59,542,536	48,611,650	10,930,886	10,930,886
19. Guaranty funds receivable or on deposit	0	0	0	0
20. Electronic data processing equipment and software	1,838,895	1,678,109	160,786	331,909
21. Furniture and equipment, including health care delivery assets (\$0)	2,210,385	2,210,385	0	0
22. Net adjustment in assets and liabilities due to foreign exchange rates	0	0	0	0
23. Receivables from parent, subsidiaries and affiliates	8,461,767	0	8,461,767	3,724,408
24. Health care (\$6,830,187) and other amounts receivable	11,702,446	0	11,702,446	10,830,735
25. Aggregate write-ins for other than invested assets	124,590,851	124,590,851	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)	842,081,259	177,744,687	664,336,572	509,907,987
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts	0	0	0	0
28. Total (Lines 26 and 27)	842,081,259	177,744,687	664,336,572	509,907,987
DETAILS OF WRITE-INS				
1101.	0	0	0	0
1102.	0	0	0	0
1103.	0	0	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. Intangible Asset Related to Acquired Membership	121,908,213	121,908,213	0	0
2502. Prepaid Commissions	1,863,531	1,863,531	0	0
2503. Prepaid Expenses	606,593	606,593	0	0
2598. Summary of remaining write-ins for Line 25 from overflow page	212,514	212,514	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)	124,590,851	124,590,851	0	0

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$335 reinsurance ceded).....	168,667,927	7,777,456	176,445,383	158,743,786
2. Accrued medical incentive pool and bonus amounts	1,487,517		1,487,517	1,156,141
3. Unpaid claims adjustment expenses	2,148,551		2,148,551	1,960,387
4. Aggregate health policy reserves	46,693,681		46,693,681	17,170,692
5. Aggregate life policy reserves	0		0	0
6. Property/casualty unearned premium reserve	0		0	0
7. Aggregate health claim reserves	193,383	8,917	202,300	217,000
8. Premiums received in advance	131,390,121		131,390,121	13,024,706
9. General expenses due or accrued	15,150,554		15,150,554	12,618,275
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized gains (losses))	1,364,317		1,364,317	14,981,855
10.2 Net deferred tax liability.....	0		0	0
11. Ceded reinsurance premiums payable	134,702		134,702	158,032
12. Amounts withheld or retained for the account of others	0		0	0
13. Remittances and items not allocated	9,750		9,750	0
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)	0		0	0
15. Amounts due to parent, subsidiaries and affiliates	0		0	0
16. Derivatives.....	0		0	0
17. Payable for securities	1,561,425		1,561,425	0
18. Payable for securities lending	797,754		797,754	1,499,754
19. Funds held under reinsurance treaties (with \$ authorized reinsurers and \$ unauthorized reinsurers)	0		0	0
20. Reinsurance in unauthorized companies	0		0	0
21. Net adjustments in assets and liabilities due to foreign exchange rates	0		0	0
22. Liability for amounts held under uninsured plans	21,052,407	0	21,052,407	7,495,184
23. Aggregate write-ins for other liabilities (including \$160,608 current)	321,872	0	321,872	331
24. Total liabilities (Lines 1 to 23).....	390,973,961	7,786,373	398,760,334	229,026,143
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	416,255,377	416,255,377
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	(152,927,139)	(137,621,533)
32. Less treasury stock, at cost:				
32.1 shares common (value included in Line 26 \$)	XXX	XXX	0	0
32.2 shares preferred (value included in Line 27 \$)	XXX	XXX	0	0
33. Total capital and surplus (Lines 25 to 31 minus Line 32)	XXX	XXX	265,576,238	280,881,844
34. Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	664,336,572	509,907,987
DETAILS OF WRITE-INS				
2301. Miscellaneous Liability.....	316,273		316,273	0
2302. Medicare Risk Adjustment Payable.....	5,599		5,599	331
2303.			0	0
2398. Summary of remaining write-ins for Line 23 from overflow page	0	0	0	0
2399. Totals (Lines 2301 through 2303 plus 2398) (Line 23 above)	321,872	0	321,872	331
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	3,619,714	3,422,097	4,661,923
2. Net premium income (including \$ 0 non-health premium income).....	XXX	1,752,930,584	1,443,440,071	1,966,534,552
3. Change in unearned premium reserves and reserve for rate credits	XXX	(41,502)	(9,073)	(9,090)
4. Fee-for-service (net of \$ 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	0
7. Aggregate write-ins for other non-health revenues	XXX	0	0	0
8. Total revenues (Lines 2 to 7)	XXX	1,752,889,082	1,443,430,998	1,966,525,462
Hospital and Medical:				
9. Hospital/medical benefits	62,182,126	1,240,915,758	1,069,203,651	1,434,718,024
10. Other professional services		11,234,214	23,543,799	16,894,332
11. Outside referrals		0	0	0
12. Emergency room and out-of-area	2,685,243	43,861,285	30,891,538	46,797,308
13. Prescription drugs		165,539,563	158,260,606	208,381,522
14. Aggregate write-ins for other hospital and medical.....	0	0	6,390	4,162
15. Incentive pool, withhold adjustments and bonus amounts.....		916,814	189,259	270,980
16. Subtotal (Lines 9 to 15)	64,867,369	1,462,467,634	1,282,095,243	1,707,066,328
Less:				
17. Net reinsurance recoveries		325	85,210,230	85,210,536
18. Total hospital and medical (Lines 16 minus 17)	64,867,369	1,462,467,309	1,196,885,013	1,621,855,792
19. Non-health claims (net).....		0	0	0
20. Claims adjustment expenses, including \$ 66,335,467 cost containment expenses.....		83,857,074	26,596,517	62,755,032
21. General administrative expenses.....		198,223,700	178,599,334	251,823,102
22. Increase in reserves for life and accident and health contracts (including \$0 increase in reserves for life only).....		9,163,937	2,246,610	(14,426,329)
23. Total underwriting deductions (Lines 18 through 22)	64,867,369	1,753,712,020	1,404,327,474	1,922,007,597
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	(822,938)	39,103,524	44,517,865
25. Net investment income earned		9,792,247	7,593,483	10,398,490
26. Net realized capital gains (losses) less capital gains tax of \$69,727		129,493	(109,678)	(99,685)
27. Net investment gains (losses) (Lines 25 plus 26)	0	9,921,740	7,483,805	10,298,805
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]		0	0	0
29. Aggregate write-ins for other income or expenses	0	3,586	3,614	12,712
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	9,102,388	46,590,943	54,829,382
31. Federal and foreign income taxes incurred	XXX	8,483,959	14,635,822	24,407,585
32. Net income (loss) (Lines 30 minus 31)	XXX	618,429	31,955,121	30,421,797
DETAILS OF WRITE-INS				
0601.	XXX		0	0
0602.	XXX		0	0
0603.	XXX		0	0
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)	XXX	0	0	0
0701.	XXX		0	0
0702.	XXX		0	0
0703.	XXX		0	0
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798) (Line 7 above)	XXX	0	0	0
1401. Other Medical Expenses.....			6,390	4,162
1402.			0	0
1403.			0	0
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498) (Line 14 above)	0	0	6,390	4,162
2901. Miscellaneous Income.....		3,586	3,614	12,712
2902.			0	0
2903.				
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	3,586	3,614	12,712

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.....	280,881,844	175,615,014	175,615,014
34. Net income or (loss) from Line 32 .....	.618,429	.31,955,121	.30,421,797
35. Change in valuation basis of aggregate policy and claim reserves .....	.0	.0	.0
36. Change in net unrealized capital gains (losses) less capital gains tax of \$	1,578,763	68,890	2,222,446
37. Change in net unrealized foreign exchange capital gain or (loss) .....	.0	.0	.0
38. Change in net deferred income tax .....	.0	(18,940,525)	(25,964,407)
39. Change in nonadmitted assets	12,491,219	32,134,622	44,353,367
40. Change in unauthorized reinsurance .....	.0	.0	.0
41. Change in treasury stock .....	.0	.0	.0
42. Change in surplus notes .....	.0	.0	.0
43. Cumulative effect of changes in accounting principles .....	.0	.0	.0
44. Capital Changes:			
44.1 Paid in .....	.0	.0	.0
44.2 Transferred from surplus (Stock Dividend) .....	.0	.0	.0
44.3 Transferred to surplus .....	.0	.0	.0
45. Surplus adjustments:			
45.1 Paid in .....	.0	2,136,782	2,136,783
45.2 Transferred to capital (Stock Dividend) .....	.0	.0	.0
45.3 Transferred from capital .....	.0	.0	.0
46. Dividends to stockholders	(30,000,000)	.0	.0
47. Aggregate write-ins for gains or (losses) in surplus	5,983	52,064,089	52,096,844
48. Net change in capital and surplus (Lines 34 to 47)	(15,305,606)	99,418,979	105,266,830
49. Capital and surplus end of reporting period (Line 33 plus 48)	265,576,238	275,033,993	280,881,844
DETAILS OF WRITE-INS			
4701. Valuation allowance for securities lending.....	5,983	.0	20,756
4702. Correction of prior period errors.....	.0	52,064,089	52,064,088
4703. ....	.0	.0	.0
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)	5,983	52,064,089	52,084,844

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.....	1,908,379,466	1,430,117,701	1,915,947,612
2. Net investment income	12,624,378	8,119,009	11,935,073
3. Miscellaneous income	0	0	0
4. Total (Lines 1 to 3)	1,921,003,844	1,438,236,710	1,927,882,685
5. Benefit and loss related payments	1,453,612,973	1,225,482,581	1,666,398,916
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	266,234,440	179,263,387	258,339,368
8. Dividends paid to policyholders	0	0	0
9. Federal and foreign income taxes paid (recovered) net of \$69,727 tax on capital gains (losses).....	22,171,224	12,686,117	9,372,053
10. Total (Lines 5 through 9)	1,742,018,637	1,417,432,085	1,934,110,337
11. Net cash from operations (Line 4 minus Line 10)	178,985,207	20,804,625	(6,227,652)
Cash from Investments			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds	57,982,706	68,572,445	88,777,562
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	(656)	0	(4,604)
12.7 Miscellaneous proceeds	2,291,971	(3,742)	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	60,274,021	68,568,703	88,772,958
13. Cost of investments acquired (long-term only):			
13.1 Bonds	68,347,185	258,583,975	279,214,806
13.2 Stocks	0	0	0
13.3 Mortgage loans	0	0	0
13.4 Real estate	0	0	0
13.5 Other invested assets	0	0	0
13.6 Miscellaneous applications	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	68,347,185	258,583,975	279,214,806
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)	(8,073,164)	(190,015,272)	(190,441,848)
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	2,136,782	0
16.3 Borrowed funds	0	0	2,136,783
16.4 Net deposits on deposit-type contracts and other insurance liabilities	0	0	0
16.5 Dividends to stockholders	30,000,000	(52,064,089)	0
16.6 Other cash provided (applied).....	6,925,384	27,559,399	68,630,730
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6).....	(23,074,616)	81,760,270	70,767,513
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)	147,837,427	(87,450,377)	(125,901,987)
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year.....	8,764,371	134,666,358	134,666,358
19.2 End of period (Line 18 plus Line 19.1)	156,601,798	47,215,981	8,764,371

STATEMENT AS OF SEPTEMBER 30, 2011 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	392,801	17,378	237,203	.0	2,490	7,075	24,700	103,955	.0	.0
2. First Quarter	401,004	17,400	215,773	.0	3,566	7,783	24,199	132,283	.0	.0
3. Second Quarter	403,124	18,176	210,394	.0	3,703	8,384	24,026	133,019	.0	5,422
4. Third Quarter	391,481	19,513	191,886		3,862	11,839	23,926	134,951		5,504
5. Current Year	0									
6. Current Year Member Months	3,619,714	162,191	1,863,709		33,087	97,485	216,877	1,197,595		48,770
Total Member Ambulatory Encounters for Period:										
7. Physician	1,958,155	71,221	740,704				158,827	987,403		
8. Non-Physician	1,623,758	56,354	559,719				64,368	943,317		
9. Total	3,581,913	127,575	1,300,423	0	0	0	223,195	1,930,720	0	0
10. Hospital Patient Days Incurred	138,877	3,358	34,182				5,146	96,191		
11. Number of Inpatient Admissions	30,567	812	8,177				1,835	19,743		
12. Health Premiums Written (a).....	1,753,631,971	24,465,181	557,990,957	3,729	449,576	2,242,225	97,037,945	1,071,442,358		
13. Life Premiums Direct.....	.0									
14. Property/Casualty Premiums Written .....	.0									
15. Health Premiums Earned	1,753,590,479	24,423,679	557,990,957	3,739	449,576	2,242,225	97,037,945	1,071,442,358		
16. Property/Casualty Premiums Earned .....	.0									
17. Amount Paid for Provision of Health Care Services	1,444,449,670	15,654,593	465,081,813	634	259,037	1,227,108	79,731,928	882,328,300		166,257
18. Amount Incurred for Provision of Health Care Services	1,462,467,634	15,983,473	456,052,764	326	259,037	1,281,995	78,122,216	910,601,566		166,257

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 1,071,442,358

STATEMENT AS OF SEPTEMBER 30, 2011 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)						
CIARLARIELLO SIDHOM.....	3,734					3,734
GLEN ELLYN CLINIC.....					148,422	148,422
N W SUBURBAN ANESTHESIA.....	7,310				12,506	19,815
WEDIG KATHY.....	4,651					4,651
WOMENS HEALTH.....					374,696	374,696
ABDUL R C AMINE.....	4,355					4,355
ABUBAKAR DURRANI.....	15,633					15,633
ACCELERATE D REHABILITATION.....	3,216					3,216
ACCESS MEDIQUIP LLC.....	11,697					11,697
ACCREDITO HEALTH GROUP.....					16,185	16,185
ACCREDITO HEALTH GROUP INC.....	5,002					5,002
ACCREDITO THERAPEUTICS INC.....					4,821	4,821
ADDISON RADIOLOGY ASSOC SC.....					400,716	400,716
ADV GOOD SAMARITAN HOSPITAL.....	32,988					32,988
ADV LUTHERAN GEN HOSPITAL.....	6,512					6,512
ADVANCED PAIN CARE INC.....	3,504					3,504
ADVENTIST BOLINGBROOK HOSPITAL.....	22,872					22,872
ADVENTIST GLEN OAKS HOSPITAL.....	15,625		7,564			23,189
ADVENTIST HINSDALE HOSPITAL.....	62,873	14,721				77,594
ADVOCATE CHRIST MEDICAL CENTER.....	186,992	45,847			11,055	243,893
ADVOCATE CONDELL MEDICAL CTR.....	19,835	16,305				36,140
ADVOCATE GOOD SAMARITAN.....	63,870	11,454	80,994		14,615	170,934
ADVOCATE HOME HEALTH SERVICES.....		7,619				7,619
ADVOCATE HOME HEALTH SERVICE.....	8,700					8,700
ADVOCATE ILLINOIS MASONIC.....	123,405	23,556	3,573	3,705	16,402	170,641
ADVOCATE LUTHERAN GENERAL HOSPITAL.....	167,122					167,122
ADVOCATE SOUTH SUBURBAN.....	33,529	11,543				45,071
ADVOCATE SOUTH SUBURBAN HOSPITAL.....	189,297	88,346	38,302	76,719	29,038	421,702
ADVOCATE TRINITY HOSPITAL.....	275,159	76,571	57,971	10,868	40,285	460,854
AETNA ARIZONA.....	5,767					5,767
AFFILIATED HOME HEALTH CARE.....	3,413					3,413
AKASH AHUJA MD.....	4,614					4,614
ALADIN M MARIANO MD.....		3,530				3,530
ALAN L GILMAN MD.....	3,433					3,433
ALAN PORTER.....	5,337					5,337
ALASKA REGIONAL HOSPITAL.....	6,051					6,051
ALDEN ALMA NELSON MANOR.....	5,178					5,178
ALDEN NORTHMOOR REHAB.....	5,471					5,471
ALDEN TOWN MANOR REHAB.....		9,734				9,734
ALDEN VALLEY RIDGE REHAB.....	6,717					6,717
ALDEN WATERFORD REHAB.....	14,381	8,274				22,655
ALEGENT HEALTH BERGAN MERCY.....	5,669					5,669
ALEGENT HEALTH IMMANUEL.....	6,949	10,692				17,642
ALEGENT HEALTH IMMANUEL MED CT.....	8,066	4,692				12,758
ALEGENT HEALTH LAKESIDE HOSPITAL.....	16,498	158,568				175,066
ALEGENT HLTH MIDLANDS HOSPITAL.....	62,972	3,886				66,859
ALEX COLQUE MD SC.....	8,710					8,710
ALEXANDRINA SAULIS MD.....					5,985	5,985
ALEXIAN BROTHERS BEHAVIORAL.....	34,243	45,016				79,259
ALEXIAN BROTHERS BEHAVIORAL HEALTH.....	3,756					3,756
ALEXIAN BROTHERS MEDICAL CTR.....	111,502	213,559				325,061
ALFRED KAHN III.....		4,094				4,094
ALI SHAIBANI MD.....	4,548					4,548
ALL CHILDRENS HOSPITAL.....	16,518					16,518
ALL SAINTS MEDICAL CENTER.....	16,480					16,480

STATEMENT AS OF SEPTEMBER 30, 2011 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
ALLEN VUKOV.....	3,311					3,311
ALLIANCE HOME HEALTH.....	3,378					3,378
ALLIANCE MEDICAL TRANSPORT SERVICES.....	4,306					4,306
ALLPORT CLINIC LLC.....					41,580	41,580
ALMA HEALTHCARE & REHAB.....	3,187					3,187
ALPINE LIVING CENTER.....	8,447					8,447
ALTAPOINTE HEALTH SYSTEMS.....	3,276					3,276
AMANDA MAGNUSON.....	8,167	8,167				16,335
AMEDISYS INC.....	11,254					11,254
AMERICAN MEDICAL RESPONSE.....	5,514					5,514
AMERICANA HLTHCARE CTR OAKLAWN.....					9,833	9,833
AMG DIALYSIS CENTERS.....		13,955	12,696			26,651
AMISHI SAWLANI MD.....					127,261	127,261
AMR EL NAGGAR.....	6,694					6,694
AMY DEAN.....	6,488					6,488
ANDERSON REGIONAL MEDICAL CENTER.....		21,136				21,136
ANDREA S KRAMER MD.....	10,338					10,338
ANDREW BEYKOVSKY.....	21,045					21,045
ANDREW J STINGO MD.....	13,383					13,383
ANDRZEJ WOJEWODA DPM.....	3,791					3,791
ANDY BLINT.....	3,306					3,306
ANESTHESIA ASSOCIATES OF CINCINNATI INC.....	24,585					24,585
ANESTHESIA ASSOC OF KCPC.....	5,301					5,301
ANESTHESIA MEDICAL ALLIANCE OF EAST TN.....	5,945					5,945
ANESTHESIOLOGY CHARTERED.....	6,887					6,887
ANESTHESIOLOGY CONSULTANTS.....	3,604	3,812		18,434		25,849
ANGELO COLOSIMO.....	3,182					3,182
ANNE ARUNDEL MEDICAL CENTER.....	6,465					6,465
ANNE BATES LEACH EYE HOSPITAL.....	3,212					3,212
ANSHUL B BAMROLIA MD.....	14,196					14,196
ANTHONY JASLOWSKI.....		19,374				19,374
ANTON FAKHOURI.....	11,871					11,871
ANURAG GUPTA MD.....	3,944					3,944
APPLEWOOD NURSING & REHAB CTR.....	10,369					10,369
APRIA HEALTHCARE INC.....	6,698				5,238	11,936
AREA AGENCY ON AGING.....	9,153					9,153
ARH REGIONAL MEDICAL CENTER.....	44,053				3,313	47,366
ARLINGTON REHAB & LIVING CTR.....		5,414				5,414
ARROWHEAD HOSPITAL.....	20,502	5,968				26,470
ARTHUR BROCK.....	3,217					3,217
ARTHUR JAMES CANCER HOSPITAL.....	57,938					57,938
ARVIND AHUJA.....	8,278					8,278
ASHLEY HEALTH AND REHAB.....	14,155					14,155
ASHTON COURT CARE AND REHABILITATION.....	28,011	6,607				34,618
ASSOC ST JAMES RADIOLOGISTS.....					132,616	132,616
ASTORIA PLACE LIVING & REHAB.....	4,179	4,609				8,788
ATI PHYSICAL THERAPY.....	6,964					6,964
ATP ANESTHESIA LLC.....					53,595	53,595
ATRIUM MEDICAL CENTER.....	37,654					37,654
AURORA ANESTHESIA ASSOCIATES.....					16,664	16,664
AURORA BAYCARE MEDICAL CENTER.....	32,374			12,520	3,364	48,258
AURORA HEALTH CARE METRO INC.....	405,602			84,812	29,964	520,377
AURORA MEDICAL CENTER GRAFTON LLC.....	69,066					69,066
AURORA MEDICAL CENTER SUMMIT.....	9,031					9,031
AURORA MEMORIAL HOSPITAL OF BURLINGTON.....	8,923					8,923
AURORA SHEBOYGAN MEMORIAL MEDICAL CENTER.....	14,903					14,903

STATEMENT AS OF SEPTEMBER 30, 2011 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
AURORA VISITING NURSE ASSOCIATION.....	4,533					4,533
AVALON HEALTHCARE SHADOW MOUNT.....	7,277					7,277
AVEE LABORATORIES INC.....	3,928					3,928
AVERA HEART HOSPITAL OF SOUTH DAKOTA.....		30,431				30,431
AVERA MCKENNAN HOSPITAL AND UNIVERSITY.....	13,623					13,623
AZURA OF LAKEWOOD LLC.....	11,132					11,132
BANNER BAYWOOD HEART HOSPITAL.....	11,332					11,332
BANNER BAYWOOD MEDICAL CENTER.....	49,424					49,424
BANNER BEHAVIORIAL HEALTH HOSPITAL.....				5,443		5,443
BANNER BOSWELL MEDICAL CENTER.....	27,584	3,256				30,839
BANNER DEL E WEBB MEDICAL.....	77,786	5,422				83,209
BANNER DEL E WEBB MEDICAL CENTER.....	37,729				5,725	43,454
BANNER DESERT MEDICAL CENTER.....	35,360					35,360
BANNER ESTRELLA MEDICAL CENTER.....	17,915					17,915
BANNER GATEWAY MEDICAL CENTER.....	16,136	10,798				26,934
BANNER GOOD SAM REHAB INSTITUTE.....	12,811					12,811
BANNER GOOD SAMARITAN MEDICAL.....	312,242					312,242
BANNER GOOD SAMARITAN MEDICAL CENTER.....	5,542	8,590				14,132
BANNER THUNDERBIRD MED CENTER.....	28,521	7,925				36,447
BAPTIST HOSPITAL.....	24,674				5,136	29,810
BAPTIST HOSPITAL EAST.....	62,081	13,474	14,834		4,217	94,606
BAPTIST HOSPITAL OF COCKE COUNTY.....	4,742					4,742
BAPTIST MED CTR OF THE BEACHES.....			7,650			7,650
BAPTIST MEMORIAL HOSPITAL.....	3,720					3,720
BAPTIST MEMORIAL HOSPITAL MEMPHIS.....	14,608					14,608
BAPTIST OUTPATIENT SERVICES INC.....	4,288					4,288
BAPTIST REGIONAL MEDICAL CENTER.....					3,924	3,924
BASSAM MATAR.....	3,511					3,511
BAY AREA INFECTIOUS DISEASE.....	4,523					4,523
BAYADA NURSES INC.....	6,251					6,251
BAYFRONT MEDICAL CENTER.....	103,991					103,991
BAYLOR MEDICAL CENTER AT IRVING.....	3,265					3,265
BAYLOR REGIONAL MEDICAL CENTER.....		3,229				3,229
BEACHCOMBER REHABILITATION.....	7,560					7,560
BELLIN MEMORIAL HOSPITAL INC.....	4,831					4,831
BELTWAY SURGERY CENTER.....	3,771					3,771
BENCHMARK HEALTHCARE OF RAYTOWN.....	27,467					27,467
BERKSHIRE NURSING & REHAB.....	6,698					6,698
BERWYN REHABILITATION CENTER.....	9,849	13,559				23,408
BETH ISRAEL DEACONESS MEDICAL CENTER.....					6,043	6,043
BETHANY MEDICAL ASSOCIATES.....					184,069	184,069
BETHESDA HOSPITAL INC.....	14,880		11,547			26,427
BETHESDA NORTH HOSPITAL.....	121,898	5,507		4,053		131,459
BG HOME HEALTH PROVIDERS LLC.....	3,717					3,717
BHARAT MOCHERLA MD.....	3,465					3,465
BI ANESTHESIA LLC.....		3,308				3,308
BIG SPRINGS SPECIALTY CARE CENTER.....	7,775	4,409				12,184
BIOPARTNERS IN CARE INC.....					7,775	7,775
BIORX LLC.....	6,273					6,273
BIRINDER MARWAH MD.....					91,351	91,351
BLADEN COUNTY HOSPITAL.....	11,595					11,595
BLOUNT MEMORIAL HOSPITAL.....	16,346		4,567			20,913
BLOUNT MEMORIAL HOSPITAL INC.....	4,080					4,080
BLUE ASH DIALYSIS.....	13,866					13,866
BLUE RIVER REHABILITATION CENTER.....	27,835	16,293				44,128
BLUEGRASS CARE & REHAB CENTER.....	8,593					8,593

STATEMENT AS OF SEPTEMBER 30, 2011 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
BLUEMOUND DIALYSIS.....	5,207					5,207
BLUEMOUND PD.....	5,162					5,162
BMA LEAWOOD.....	3,752					3,752
BMA NORTH KNOXVILLE.....		7,011				7,011
BMA OF NEVADA.....	4,686					4,686
BMA OF SOUTH CENTRAL LOUISVILLE.....	3,396					3,396
BON SECOURS HOSPICE.....	3,531					3,531
BON SECOURS MEMORIAL REGIONAL.....	6,880	16,515	9,972			33,367
BON SECOURS ST FRANCIS HEALTH.....	19,563	15,362			33,479	68,404
BOONEVILLE COMMUNITY HOSPITAL.....	8,060					8,060
BOULDER COMMUNITY HOMECARE.....					3,373	3,373
BOURBOURVILLE HOME DIALYSIS.....	12,470					12,470
BRADBURY SKIDMORE.....	7,126					7,126
BRADFORD CURT.....	9,562					9,562
BRADFORD HOUSE NURSING AND REHAB.....			4,447			4,447
BRADLEY KOCH.....					5,851	5,851
BRADLEY L FREILICH MD.....		3,233				3,233
BRAIN O SHAUGHNESSY.....				4,313		4,313
BRANDON REGIONAL HOSPITAL.....	104,815	3,185				108,000
BRIAN C CHO MD.....					48,196	48,196
BRIAN GANZEL.....	3,307					3,307
BRIAN MCCARTY.....	4,798					4,798
BRIAN MURRAY.....	4,380					4,380
BRIDGEPORT HOSPITAL.....					98,763	98,763
BRIDGEVIEW ESTATES.....		7,111				7,111
BRIDGEVIEW HEALTHCARE CENTER.....	3,701					3,701
BRIDGEWAY.....	5,015					5,015
BRIDGEWAY CHRISTIAN VILLAGE.....	7,113					7,113
BRISTOL REGIONAL MEDICAL CENTER.....	19,022					19,022
BROOKSTONE MEADOWS INC.....	4,013	6,315				10,329
BROOKSVILLE REGIONAL HOSPITAL.....	10,861					10,861
BROOKWOOD MEDICAL CENTER.....	165,258					165,258
BROWNSBORO HILLS HEALTHCARE.....		3,984				3,984
BRUCE E FEARON MD.....	4,298					4,298
BRUCE R DOLITSKY MD.....	5,856					5,856
BRUNSWICK COMMUNITY HOSPITAL.....	6,792					6,792
BUREAU OF TENNCARE.....	7,249					7,249
CAMP LOWELL SURGERY CENTER.....	4,355					4,355
CAPITAL REGIONAL MEDICAL CENTER.....	10,115					10,115
CARDINAL HILL REHAB AT UK.....		4,211				4,211
CARDINAL HILL SPECIALTY HOSPITAL.....		17,123				17,123
CARDIOVASCULAR SURGERY ASSOCIATION.....	3,329					3,329
CARESPRING.....	8,926					8,926
CARLILION ROANOKE MEMORIAL HOSPITAL.....	57,927					57,927
CARMEL HEALTH & LIVING COMMUNITY.....		5,939				5,939
CARMEL HILLS HEALTHCARE.....	46,778	28,056				74,834
CARONDELET HEART AND VASCULAR.....	8,671	6,843				15,514
CARONDELET HEART AND VASCULAR INSTITUTE.....					26,515	26,515
CARONDELET HOME CARE SERVICES.....	8,910					8,910
CARONDELET MANOR.....	15,523	6,514				22,037
CARONDELET ST JOSEPHS HOSPITAL.....	34,527					34,527
CARONDELET ST MARYS HOSPITAL.....	20,283					20,283
CARR REHAB INC.....		7,167				7,167
CASS REGIONAL MEDICAL CENTER.....	20,744	11,339				32,083

STATEMENT AS OF SEPTEMBER 30, 2011 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
CATHOLIC HEALTH PARTNERS SERVICES.....	12,834					12,834
CEDAR HILLS HOSPITAL.....		5,812				5,812
CEDAR LAKE VILLAGE.....	18,333	6,304				24,637
CEDAR VILLAGE.....		4,022				4,022
CEDARS SINAI MEDICAL CENTER.....					42,723	42,723
CENTENNIAL HILLS HOSPITAL MEDICAL.....	1,003,993	328,572	549,525		599,922	2,482,012
CENTER FOR AUTISM AND RELATED DISORDERS.....	10,247					10,247
CEBTER FOR HEALTH AMBULATORY SURGERY.....			13,199			13,199
CENTERPOINT AMB SURGERY.....	9,278					9,278
CENTERPOINT MEDICAL CENTER.....	595,565	23,381				618,947
CENTRAL BAPTIST HOSPITAL.....	28,821	7,330			27,626	63,778
CENTRAL DUPAGE HOSPITAL.....	60,305	30,167			4,575	95,047
CENTRAL ILLINOIS ENDOSCOPY CENTER.....	3,402					3,402
CEP AMERICA ILLINOIS PC.....					227,748	227,748
CHAD COLE.....	5,001					5,001
CHAD E HARTLEY MD.....					3,625	3,625
CHAD J MORGAN MD.....	7,068					7,068
CHAD PRUSMACK.....	5,095					5,095
CHANDLER REGIONAL HOSPITAL.....	187,475	7,461			67,734	262,670
CHANGE ACADEMY AT LAKE OF THE OZARKS.....		3,174				3,174
CHARLES SCOGGINS.....	5,262					5,262
CHEYENNE MOUNTAIN CARE AND REHAB.....	5,816					5,816
CHICAGO DE PT REV CFD EMS.....	6,731					6,731
CHICAGO PR OSTATE CANCER CENTER.....			7,294			7,294
CHICAGO PROCURE MANAGEMENT LLC.....	4,359					4,359
CHILDRENS AT EGGLESTON.....	46,551					46,551
CHILDRENS HEALTHCARE OF ATL.....	7,703					7,703
CHILDRENS HOSP DME.....					4,961	4,961
CHILDRENS HOSP HOME HEALTH.....	53,920			6,254	28,032	88,207
CHILDRENS HOSP MEDICAL CENTER.....	27,971					27,971
CHILDRENS HOSP OF WISCONSIN.....	12,625					12,625
CHILDRENS HOSPITAL.....	4,746					4,746
CHILDRENS HOSPITAL MEDICAL CENTER.....	400,516	12,519	70,304	9,686	33,505	526,529
CHILDRENS HOSPITAL MEDICAL CENTER LAB.....	4,435				5,606	10,041
CHILDRENS HOSPITAL OF WISCONSIN.....	68,361			6,143		74,504
CHILDRENS MERCY HOSPITAL.....	5,053					5,053
CHRIST HOSPITAL.....	365,447	21,019	16,112		52,870	455,447
CHRISTIAN HEALTH CARE OF NIXA.....		3,207				3,207
CHRISTOPHER GORDON.....	4,684					4,684
CHRISTOPHER KING.....	20,107					20,107
CHRISTOPHER MCPHERSON.....	17,282					17,282
CHRISTOPHER PILLER.....	6,086					6,086
CHRISTOPHER SLIVA.....	12,271					12,271
CHRISTOPHER TOMARAS.....		8,779				8,779
CHRISTUS SANTA ROSA HOSPITAL.....		3,759				3,759
CHRISTUS SPOHN ALICE HOSPITAL.....	4,579					4,579
CHRISTUS SPOHN BEEVILLE HOSPITAL.....		8,721				8,721
CHRISTUS SPOHN CC MEMORIAL HOSPITAL.....	8,490	59,375				67,864
CHRISTY M SAPP MD.....	3,533					3,533
CHW FOX VALLEY.....		5,322				5,322
CINCINNATI VAMC.....		7,642				7,642
CITADEL CARE CENTER.....	6,217	6,461				12,678
CITY OF PH OENIX ETS.....	3,156					3,156
CJW MEDICAL CENTER.....	43,232	6,704				49,937
CLARIAN HEALTH NORTH LLC.....	3,226					3,226

STATEMENT AS OF SEPTEMBER 30, 2011 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
CLARIAN HEALTH WEST LLC.....	11,992					11,992
CLARK MEMORIAL HOSPITAL.....	41,804	5,349				47,154
CLARK REGIONAL MEDICAL CENTER.....	4,321					4,321
CLAY FRANK.....	16,896					16,896
CLC OF OCEAN SPRINGS LLC.....		3,207				3,207
CLEMENT MANOR INC.....	10,346					10,346
CLEVELAND CLINIC FOUNDATION.....	5,706					5,706
CLINTON DEVIN.....		8,460				8,460
CLINTON MEMORIAL HOSPITAL.....			4,979			4,979
COLUMBIA ST MARYS CSM OZAUKEE PHARMACY.....	3,454					3,454
COLUMBIA ST MARYS HOSPITAL MILWAUKEE INC.....	39,797					39,797
COMMUNITY HOSPITAL.....	6,950					6,950
COMMUNITY HOSPITALS OF IN INC.....	56,735	4,168				60,903
COMMUNITY MEMORIAL HOSPITAL.....	25,756					25,756
COMPREHENSIVE SLEEPDISORDER CTR.....					3,575	3,575
COPLEY MEMORIAL HOSPITAL.....	131,991	8,675	8,821		37,052	186,540
COPPER QUEEN COMMUNITY HOSPITAL.....	7,088					7,088
CORAM HEALTHCARE.....	11,500					11,500
CORNERSTONE OF RECOVERY INC.....	4,772				4,678	9,450
CORPUS CHRISTI MEDICAL CENTER.....		10,519				10,519
COTTONWOOD DE TUCSON INC.....	3,449					3,449
COUNTRYSIDE CARE CENTRE.....	12,792				3,326	16,118
COVINGTON COURT HEALTH.....		5,966				5,966
CRAIG SILVERMAN.....	4,232					4,232
CRITICAL CARE SYSTEMS INC.....	4,562					4,562
CRITTENTON CHILDRENS CENTER.....	3,837					3,837
CROWNE HEALTH CARE OF MOBILE.....	14,648					14,648
CUMBERLAND HEIGHTS TREATMENT CENTER.....		8,096				8,096
CURTIS D JOHNSON MD.....	6,163					6,163
CUSHING MEMORIAL HOSPITAL.....	7,334		12,861			20,195
D JAMES SCEATS JR.....	3,600					3,600
DANIEL GITTER.....					3,833	3,833
DANIEL LIEBERMAN.....	5,422	7,333				12,755
DANNA M PREMER MD.....	5,815					5,815
DARRELL LOWREY.....	4,530					4,530
DARREN JOHNSON.....	4,159					4,159
DARREN KOCS.....	3,916					3,916
DAVID COOLEY.....	4,630					4,630
DAVID DRAJKOWSKI.....					3,583	3,583
DAVID HAWK.....	8,966					8,966
DAVID J DOUGHERTY MD.....	5,499					5,499
DAVID ROUBEN.....	5,659					5,659
DAVID TAYLOR.....	4,100					4,100
DAVID WILES.....					4,962	4,962
DAY SURGERY FACILITIES.....	347,852	90,603	22,965	19,761	535,026	1,016,207
DCA OF CINCINNATI LLC.....	13,067					13,067
DCA OF KENWOOD.....	9,404					9,404
DEACONESS HOSPITAL INC.....	3,962					3,962
DEARBORN COUNTY HOSPITAL.....	8,603					8,603
DEBORAH MANJONEY.....	9,505					9,505
DECATUR MEMORIAL HOSPITAL.....	4,129					4,129
DECATUR TOWNSHIP CARE & REHAB.....	9,804					9,804
DEHLI DIALYSIS.....	17,698					17,698
DELL CHILDRENS MEDICAL CENTER.....		21,586				21,586
DELMAR GARDENS OF LENEXA.....	3,239	7,556				10,794
DELMAR GARDENS OF OVERLAND PK.....	10,214					10,214

STATEMENT AS OF SEPTEMBER 30, 2011 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
DELNOR COMMUNITY HOSPITAL.....	23,988					23,988
DENNIS SULLIVAN.....	3,760					3,760
DENVER HEALTH MEDICAL CTR.....			13,146			13,146
DEPARTMENT OF OPHTHALMOLOGY.....					3,778	3,778
DESERT BLOSSOM HEALTH AND REHAB.....		4,389				4,389
DESERT COVE NURSING CENTER.....		16,133				16,133
DESERT REGIONAL MED CTR.....	52,275					52,275
DESERT SPRINGS HOSPITAL MEDICAL.....	903,029	166,575	358,263		1,201,292	2,629,160
DESERT TERRACE NURSING CENTER.....	9,450					9,450
DESERT VIEW REGIONAL MEDICAL.....	11,031					11,031
DIAGNOSTIC IMAGING ASSOCIATES.....					107,101	107,101
DIAGNOSTIC IMAGING CENTERS PA.....	4,054					4,054
DIALYSIS CLINIC INC.....	66,530				20,437	86,967
DIALYSIS CTRS OF AMERICA.....		58,388			16,825	16,825
DIALYSIS CTRS OF AMERICA.....						58,388
DIANE VANDERLIN.....	4,564					4,564
DINH DZUNG.....					9,370	9,370
DIRECT DIALYSIS.....	17,502	9,610				27,111
DISCOVER VISION CENTERS.....					21,644	21,644
DOCTORS HOSPITAL OF LAREDO.....	7,174					7,174
DOCTORS HOSPITAL OF SARASOTA.....	46,539					46,539
DOMINICK STELLA.....	3,197					3,197
DOUGLAS COUNTY HOSPITAL.....	3,572					3,572
DOUGLAS J LONG.....	3,371					3,371
DOUGLAS PACACCIO.....	3,156					3,156
DRISCOLL CHILDRENS HOSPITAL.....	5,138					5,138
DSI HAZEL CREST RENAL CENTER.....	13,314					13,314
DSI LAS VEGAS RENAL CENTER.....	61,407					61,407
DSI LOOP RENAL CENTER.....	50,859	23,214				74,073
DSI SCOTTDALE RENAL CENTER.....		9,656				9,656
DSI SOUTH HOLLAND RENAL CENTER.....	16,878					16,878
DSI WAUKEGAN RENAL CENTER.....	12,897					12,897
DUKE UNIVERSITY HOSPITAL.....					4,372	4,372
EAGLE HIGHLANDS SURGERY CENTER.....	5,031					5,031
EAST JEFFERSON GENERAL HOSPITAL.....	18,060					18,060
EAST TAMPA DIALYSIS.....	15,341					15,341
EAST TENNESSEE CHILDRENS HOSPITAL.....	3,828				13,912	17,740
EASTERN IDAHO REGIONAL MEDICAL.....	10,561					10,561
EASTERN STATE HOSPITAL.....	7,036					7,036
EDGE PARK MEDICAL SUPPLIES.....	5,815					5,815
EDGEWOOD MANOR NH.....	16,077					16,077
EDWARD BROUN.....	4,194					4,194
EDWARD CRANE.....	3,917					3,917
EDWARD HOSPITAL.....	97,275	47,527	3,164		5,940	153,906
EDWARD HOSPITAL EMERGENCY MDS.....	5,906					5,906
ELK GROVE LAB PHYSICIANS.....					67,726	67,726
ELMHURST ANESTHESIOLOGISTS PC.....					40,039	40,039
ELMHURST MEMORIAL HEALTH SYSTEM.....					24,207	24,207
ELMHURST MEMORIAL HOSPITAL.....	101,602	6,154			21,436	129,191
ELMHURST MEMORIAL HOSPITAL.....	15,942					15,942
EMERGENCY PROFESSIONAL SERVICES.....	5,236					5,236
EMORY UNIVERSITY HOSPITAL.....	35,360					35,360
ENGLEWOOD DIALYSIS CENTER.....	20,065					20,065
ESOTERIX GENETIC LABORATORIES.....	8,519					8,519
ESTHER CAHAL.....	11,082					11,082
ETHICUS HOSPITAL GRAPEVINE.....	32,869					32,869

STATEMENT AS OF SEPTEMBER 30, 2011 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
EUGENE MINEVICH.....	3,297					3,297
EUGENE Y CHEN MD.....		3,222			5,670	8,892
EUREKA SPRINGS HOSPITAL HOMECARE.....	5,896					5,896
EVANGELICAL HOSPITAL CORPORATION.....	729,441	444,812	150,216	8,073	1,723,917	3,056,458
EVENDALE MEDICAL CENTER LLC.....					42,132	42,132
EVERGREEN AT PAHRUMP LLC.....	11,697	14,037				25,734
EXCELSIOR SPRINGS MEDICAL CTR.....	6,946	6,267				13,213
EXEMPLA GOOD SAMARITAN MEDICAL CENTER.....		4,985				4,985
EXEMPLA LUTHERAN MEDICAL CTR.....	18,956	10,708				29,664
FAIRHOPE HEALTH AND REHAB.....	6,088					6,088
FAIRMONT CARE CENTER.....					6,762	6,762
FAIRVIEW RIDGES HOSPITAL.....	7,340					7,340
FATIMA MOHIUDDIN.....					48,826	48,826
FAYETTE COMMUNITY HOSPITAL.....	9,197					9,197
FAYETTEVILLE HEALTH & REHAB.....	11,034					11,034
FL INST FOR CARDIOVASCULAR CARE.....	4,024					4,024
FLAGET MEMORIAL HOSPITAL.....	6,412					6,412
FLAGLER HOSPITAL.....	4,328					4,328
FLAGLER HOSPITAL INC.....					21,370	21,370
FLAGSTAFF MEDICAL CENTER.....		35,710				35,710
FLIGHT FOR LIFE.....	4,536					4,536
FLORIDA CANCER SPECIALISTS.....	4,416					4,416
FLORIDA HOSPITAL CENTRE CARE.....					87,886	87,886
FLORIDA OR THOPAEDIC INSTITUTE.....	7,740					7,740
FLORIDA ORTHOPAEDIC INSTITUTE.....	7,285	5,506				12,791
FLOYD MEDICAL CENTER.....	115,762		8,321			124,083
FLOYD MEMORIAL HOSPITAL.....	40,667	6,485			41,565	88,717
FMC FORT SANDERS.....		8,365	3,653			12,018
FMC OF HARTFORD.....	18,410					18,410
FOREIGN HOSPITAL.....	3,154	5,281				8,434
FORT HAMILTON HOSPITAL.....	6,930		3,733			10,663
FOUNTAIN CIRCLE HEALTH AND REHAB.....	5,565					5,565
FOUR COURTS AT CHEROKEE PARK.....		3,875				3,875
FOXWOOD SPRINGS.....		3,175				3,175
FRANCISCAN HEALTHCARE CENTER.....	3,266					3,266
FRANCISCAN PHYSICIAN HOSPITAL.....	18,469					18,469
FRANCISCAN ST FRANCIS BEECH GROVE.....	6,472	4,684				11,156
FRANCISCAN ST JAMES HTLH.....	36,780					36,780
FRANCISCAN ST JAMES OLYMPIA.....	19,931					19,931
FRANCISCAN ST MARGARET HEALTH.....	8,231	10,815				19,046
FRANCISCAN ST MARGARET HLTH.....	14,381	4,702				19,083
FRANCISCO GUITIERREZ.....	6,552					6,552
FRANK NOYES.....	8,340					8,340
FRANKFORT REG MED CTR.....	5,390					5,390
FRANKLIN WOODS COMMUNITY HOSPITAL.....	3,837					3,837
FREDERICK DEWEESE.....	3,630					3,630
FRESENIUS MEDICAL CARE NEPHROL.....		21,419				21,419
FRESENIUS MEDICAL CARE NILES.....	9,338					9,338
FRIENDSHIP MANOR INC.....	5,189					5,189
FROEDTERT MEMORIAL LUTHERAN HOSPITAL.....	135,396	5,523	3,340			144,259
FT LOUDOUN MEDICAL CENTER.....	5,501	9,451				14,951
FT SANDERS REGIONAL MEDICAL CENTER.....	197,097	44,950			102,624	344,671
FT SMITH HMA HOME HEALTH.....	4,731					4,731
FULLERTON KIMBALL MEDICAL GRP.....					110,503	110,503
GARDEN TERRACE.....	6,137					6,137
GARDEN TERRACE OVERLAND PARK.....	5,654	13,038				18,692

STATEMENT AS OF SEPTEMBER 30, 2011 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
GATEWAY AT FLORENCE REHABILITATION.....	5,333					5,333
GATEWAY AT FLORENCE REHABILITATION.....	19,515	25,683	10,450			55,649
GATEWAY MEDICAL CENTER.....					3,519	3,519
GEISINGER WYOMING VALLEY MEDICAL CENTER.....	4,098					4,098
GENERAL FACILITY SERVICES.....	36,295					36,295
GENERAL PHYSICIAN SERVICES.....	9,228					9,228
GENESIS MEDICAL CENTER DAVENPORT.....		14,085				14,085
GENTIVA HEALTH SERVICES.....	29,678					29,678
GEORGE ELKANICH.....	15,460					15,460
GEORGE SHYBUT.....	3,165					3,165
GEORGETOWN COMMUNITY HOSPITAL.....	14,629	4,344				18,973
GERALD J MINGOLELLI.....					7,710	7,710
GGNSC INDEPENDENCE II LLC.....	11,488	14,936				26,424
GLENDALE CARE CENTER.....	4,309					4,309
GLENSHIRE NURSING & REHAB.....	3,181	4,837	9,129			17,148
GLENVIEW TERRACE NURSING CTR.....					5,014	5,014
GLYN JONES.....	4,591					4,591
GOLDEN ACRES LIVING & REHAB.....	4,003					4,003
GOLDEN LIVINGCENTER-BEAVER DAM.....					3,301	3,301
GOLDEN LIVINGCENTER-FOLEY.....		6,475				6,475
GOLDEN LIVINGCENTER-HERITAGE SQUARE.....		5,300				5,300
GOLDEN LIVINGCENTER-KAW RIVER.....	7,721	5,776				13,497
GOLDEN LIVINGCENTER-MEADOWOOD.....	9,250					9,250
GOLDEN LIVINGCENTER-MT HOLLY.....		13,266				13,266
GOLDEN LIVINGCENTER-OMAHA.....	16,743	6,143				22,886
GOLDEN LIVINGCENTER-SMITHVILLE.....	7,698	25,508				33,205
GOLDEN LIVINGCENTER-SPRING HIL.....	10,285					10,285
GOLDEN LIVINGCENTER-WESTWOOD.....	6,183					6,183
GOLF DIAGNOSTIC IMAGING CNTR.....	5,529					5,529
GOOD SAMARITAN HOSPITAL.....	287,730	40,135		31,838		359,703
GOOD SAMARITAN HOSPITAL AND HEALTH.....	16,360					16,360
GOTTLIEB MEMORIAL HOSPITAL.....	72,768	69,969	5,317			148,054
GRADY HEALTH SYSTEM.....	3,270					3,270
GRAND STRAND REGIONAL MEDICAL CENTER.....	37,201					37,201
GREENVIEW REGIONAL HOSPITAL.....	4,458	9,773				14,231
GREENVILLE MEMORIAL HOSPITAL.....	88,164	8,187		8,420		104,771
GREGORY D MALO LCP.....	3,980					3,980
GREGORY GOTTSCHLICH.....	19,893					19,893
GREGORY NAZAR.....	3,295					3,295
GROVE NORTH LIVING & REHAB CTR.....		5,537				5,537
GULF HEALTH HOSPITALS INC.....	4,149					4,149
GUY J PETRUZZELLI MD.....	12,884					12,884
GWINNETT MEDICAL CENTER - DULUTH.....					13,628	13,628
GYNECOLOGIC ONCOLOGY ASSOCIATES INC.....				7,586		7,586
H LEE MOFFITT CANCER CENTER.....	26,412					26,412
HACIENDA REHAB AND CARE CENTER.....		5,225				5,225
HACKENSACK UNIVERSITY MEDICAL CTR.....	18,198					18,198
HALO FLIGHT INC.....	5,478					5,478
HAMNER HANNAH III MD.....	3,522					3,522
HAND & ORTHOPAEDIC SURGERY CENTER.....	3,213					3,213
HANOVER HEALTH AND REHAB.....		3,891				3,891
HARDIN MEMORIAL HOSPITAL.....	6,973					6,973
HARESH B SAWLANI.....					44,100	44,100
HARLAN ARH.....	17,798	7,453				25,251

STATEMENT AS OF SEPTEMBER 30, 2011 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
HARRISON COUNTY HOSPITAL.....	5,645	4,595				10,239
HARTGROVE HOSPITAL.....	6,431					6,431
HAVEN BEHAVIORAL SENIOR CARE.....	26,066					26,066
HEALTH DIAGNOSTIC LABORATORY.....	4,035					4,035
HEALTH DIAGNOSTIC LABORATORY INC.....	4,913					4,913
HEALTHSOUTH DESERT CANYON REHAB.....	17,849					17,849
HEALTHSOUTH REHABILITATION HOSPITAL.....	26,652				11,952	38,604
HEART OF AMERICA SURGERY CTR.....					33,175	33,175
HENDERSON HEALTHCARE CENTER.....	7,269					7,269
HENRICO DOCTORS HOSPITAL.....	37,473	78,248				115,721
HENRICO DOCTORS HOSPITAL FOREST.....	3,577					3,577
HENRY FORD HOSPITAL.....				8,802		8,802
HENRY LEIS.....	3,320					3,320
HERME O SYLORA.....					52,228	52,228
HIGH FIELD AND OPEN MRI.....	4,388					4,388
HIGH TECHNOLOGY INC.....	6,864					6,864
HILLCREST MEMORIAL HOSPITAL.....	10,998					10,998
HILLHAVEN.....					56,218	56,218
HILLSIDE VILLAGE LLC.....		3,927				3,927
HINSDALE ANESTHESIA ASSOC LTD.....					3,624	3,624
HLG ANES ASSOCIATES LLC.....					30,138	30,138
HMS AAF ME RCY CARE PLAN.....	10,969					10,969
HMS AAF MERCY CARE PLAN.....	12,669					12,669
HOLMESDALE HEALTHCARE AND REHAB.....	4,082					4,082
HOLSTON VALLEY MEDICAL CENTER.....	129,436					129,436
HOLY CROSS HOSPITAL.....	31,895	4,937	4,089		24,410	65,331
HOLY FAMILY MEDICAL CENTER.....	5,187					5,187
HOSPITAL OF THE UNIVESITY OF PA RSF.....	8,687					8,687
HOUSTON NORTHWEST MEDICAL CENT.....	17,295					17,295
HUGULEY MEMORIAL MEDICAL CENTER.....	32,962					32,962
HUNT REGIONAL COMMUNITY HOSPITAL.....	3,197					3,197
HUNTINGTON BEACH HOSPITAL.....	28,616					28,616
HUNTSVILLE HOSPITAL.....	7,029					7,029
IDAHO PHY MED AND REHAB.....		3,402				3,402
IHAB LABATIA.....				7,143		7,143
IHHI DBA INFIRMARY LTAC.....	55,679					55,679
IHHI DBA INFIRMARY WEST.....		6,498				6,498
IJAZ MAHMOOD.....	8,282					8,282
IL DEPT OF HEALTHCARE & FAMILY.....	4,610					4,610
ILLINOIS BONE AND JOINT INSTIT.....					8,741	8,741
ILLINOIS DEPT OF HEALTHCARE.....					41,771	41,771
ILLINOIS MASONIC MEDICAL CTR.....					20,449	20,449
ILLINOIS PATHOLOGY ASSOCIATION.....	7,393					7,393
IMELDIA SIA MD SC.....					45,045	45,045
INDEPENDENT ANESTHESIOLOGISTS PSC.....	4,967					4,967
INDIAN CREEK HEALTH CARE CTR.....	14,653					14,653
INDIAN PATH MEDICAL CENTER.....	30,085			6,544	12,497	49,126
INDIANA UNIVERSITY HEALTH.....				3,957		3,957
INDIANA UNIVERSITY HEALTH INC.....	13,101					13,101
INFUSION PARTNERS CINCINNATI.....	4,807					4,807
INGALLS MEMORIAL HOSPITAL.....	24,580	13,236				37,816
INNOVATIVE RENAL CARE.....	11,668					11,668
INNOVATIVE SENIOR CARE.....		4,161				4,161
INPHYNET C ONTRACTING SRVS INC.....	3,485					3,485
INSIGHT OPEN MRI OF INDIANAPOL.....	5,938					5,938
INTERIM HEALTHCARE OF GREENVILLE.....	3,744					3,744

STATEMENT AS OF SEPTEMBER 30, 2011 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
INTERIM HEALTHCARE OF KC INC.	3,591					3,591
INTRATHECAL CARE SOLUTIONS	3,723					3,723
IOWA LUTHERAN HOSPITAL	3,154					3,154
IRWIN E BROWN DO.		3,942				3,942
JACKSON MEMORIAL HOSPITAL					73,296	73,296
JACKSON PARK HOSPITAL	45,726			14,063		59,789
JACKSON PURCHASE MEDICAL CTR	4,508					4,508
JAMES A SCOWCROFT MD	6,744					6,744
JAMES BAILEY IV	6,090	3,970				10,060
JAMES BEAN	3,471					3,471
JAMES BILBO	3,249					3,249
JAMES BURT	5,967					5,967
JAMES CAIN	14,984					14,984
JAMES D ALBERT MD	3,388					3,388
JAMES MILLER JR					3,684	3,684
JAMES RIVER CARE AND REHAB CENTER	9,285					9,285
JAMESTOWN REGIONAL MEDICAL CENTER	7,735					7,735
JAMIE BAISDEN	5,001					5,001
JANET CHIN MD	3,625					3,625
JASKARNDIP CHAHAL MD		5,140				5,140
JAWEED SAYEED MD	3,338					3,338
JDL CTSPA	3,583					3,583
JEFFREY ISAACS	3,451					3,451
JEFFREY K COLLINS DDS	3,226					3,226
JEFFREY KLOPFENSTEIN			9,987			9,987
JENNIFER GARDON	3,760					3,760
JEREMY AFFOLTER	7,534					7,534
JERSEY CITY MEDICAL CENTER	3,525					3,525
JEWISH HOME OF CINCINNATI INC		5,710				5,710
JEWISH HOSPITAL INC	175,128	10,864	3,944		35,344	225,281
JEWISH HOSPITAL LLC	21,558				3,695	25,254
JEWISH HOSPITAL SHELBYVILLE	9,942					9,942
JEWISH HOSPITAL/ST MARYS HEALT	9,260					9,260
JOCELYN SEGOVIA	7,686					7,686
JOEL RAGLAND	12,613					12,613
JOHANNA BENDELL	5,323			8,772		14,095
JOHANNA CHOOKASZIAN					23,131	23,131
JOHN ATWATER	13,318					13,318
JOHN BARSTIS	3,977					3,977
JOHN C LINCOLN HOSPITAL DEER	35,550					35,550
JOHN C LINCOLN HOSPITAL NORTH	61,111	4,513				65,624
JOHN COWAN JR		5,352		7,844		13,196
JOHN CRAWFORD	4,185					4,185
JOHN CROUCH	7,302					7,302
JOHN E OTOOLE MD	24,255					24,255
JOHN FRAKER	3,709					3,709
JOHN GUARNASCHELLI	4,316					4,316
JOHN KNOX VILLAGE	49,358	6,352				55,710
JOHN L BIBB MD	3,638					3,638
JOHN M BURKE MD	6,817					6,817
JOHN M FORMAN MD	3,378					3,378
JOHN REISTER	3,376					3,376
JOHN ROBERTS V	7,241					7,241
JOHN SCOTT	7,379					7,379
JOHN SMITH	5,906					5,906
JOHNSON CITY MED CTR HOSP INC	25,651					25,651

STATEMENT AS OF SEPTEMBER 30, 2011 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
JOHNSON CITY MEDICAL CENTER.....	35,501		3,259	29,028	3,527	71,315
JOHNSTON MEMORIAL HOSPITAL.....	23,826			5,534		29,361
JONATHAN BORDEN.....	4,102				5,485	9,587
JONATHAN POND.....	3,193					3,193
JOSE GARRI.....	10,540					10,540
JOSEPH MCCLURE.....	3,240					3,240
JOSEPH N NABONG MD.....	3,338					3,338
JOSEPH NEIMAT.....			3,167			3,167
JOSEPH PIDKOWICZ.....	3,401					3,401
JOURNEYLITE OF CINCINNATI LLC.....	11,970					11,970
JUAN TELLEZ MD.....					92,611	92,611
K JOSEPH PHILIP MD.....	7,557					7,557
KANSAS CITY ORTHOPAEDIC INSTIT.....					11,190	11,190
KAREN BIBB.....	6,946	3,780				10,726
KARL GREENE.....	3,547					3,547
KASEMAN HOSPITAL.....	4,859					4,859
KCI USA INC.....	25,187	6,912				32,100
KCI USA INC.....	6,398					6,398
KELLIE SCHRANK.....	12,629					12,629
KENDALL REGIONAL MEDICAL CENTER.....	37,491					37,491
KETTERING MEDICAL CENTER.....		6,151				6,151
KEVIN MCCORD.....	4,069					4,069
KIDNEY CENTER OF LAKEWOOD.....	7,905					7,905
KIERNAN EXTENDED CARE.....					46,566	46,566
KINDRED HOSPITAL KANSAS CITY.....	170,847					170,847
KINDRED HOSPITAL SYCAMORE.....		21,347				21,347
KINDRED TRANS & REHAB-MALLEY.....	8,413					8,413
KINDRED TRANSITIONAL CARE.....	15,364					15,364
KINGMAN REGIONAL MEDICAL CENTER.....					20,840	20,840
KINGS DAUGHTERS HOSPITAL.....	3,579					3,579
KINGS DAUGHTERS MEDICAL CENTER.....	4,150					4,150
KIRPAL SIDHU.....	3,638					3,638
KNOX COUNTY HOSPITAL.....					3,974	3,974
KORDS AMBULANCE SERVICE.....	9,382					9,382
KOSAIR CHILDRENS HOSPITAL.....	129,066	3,313			8,290	140,669
KU PSYCH FOUNDATION.....	4,012					4,012
KY DEPT FOR MEDICAID SERVICE.....		4,109				4,109
L E COX MEDICAL CENTERS.....	8,042					8,042
LA VIDA LLENA.....		4,096				4,096
LABCORP OF AMERICA HOLDINGS.....	10,001	4,351				14,352
LABORATORY CORP OF AMERICA.....	5,443					5,443
LAFAYETTE REGIONAL HEALTH CTR.....	4,127					4,127
LAGRANGE MEMORIAL HOSPITAL.....	79,266	5,113	7,477			91,856
LAKE CUMBERLAND REGIONAL HOSPITAL.....	35,645					35,645
LAKE OF THE OZARKS GEN HOSP.....	9,405					9,405
LAKELAND REGIONAL MEDICAL-CTR.....	4,755					4,755
LAKESHORE ANESTHESIA PC.....	3,178					3,178
LAKEVIEW ANESTHESIA LLC.....					3,374	3,374
LAKEVIEW VILLAGE HEALTH CENTER.....	53,574	8,222				61,796
LAKEWAY REGIONAL HOSPITAL.....	6,006					6,006
LAKWOOD RANCH MEDICAL CENTER.....	15,077					15,077
LARGO MEDICAL CENTER.....	78,953					78,953
LAS VEGAS HEALTHCARE AND REHAB.....	98,104	21,129	13,553		16,626	149,413
LASER SPINE INSTITUTE LLC.....		13,071				13,071
LASER SPINE SURGICAL CENTER.....		9,323				9,323
LAWRENCE BRENNAN.....	10,198					10,198

STATEMENT AS OF SEPTEMBER 30, 2011 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
LCC OF GRANDVIEW.....	3,267	6,181				9,448
LCC OF KANSAS CITY.....	14,123	6,654				20,777
LCC OF SAINT LOUIS.....		8,269				8,269
LECONTE MEDICAL CENTER.....	5,250		20,925			26,175
LEE SCHEINBART.....	4,748					4,748
LEES SUMMIT MEDICAL CENTER.....	167,133	32,080				199,213
LEES SUMMIT MEDICAL CENTER SUM.....		3,869				3,869
LEESBURG REGIONAL MEDICAL CTR.....	5,491					5,491
LEGACY HEALTH & REHAB CTR.....		4,361				4,361
LENEXA DIALYSIS.....	21,797					21,797
LEONARD J CERULLO MD.....					72,245	72,245
LESTER BENN.....	3,341					3,341
LEWIS GALE MEDICAL CENTER.....	4,489					4,489
LEXINGTON HC CENTER SCHAUMBERG.....	10,786	8,792				19,578
LEXINGTON HC CNT CHICAGO RIDGE.....	7,615					7,615
LEXINGTON HC CNTR BLOOMINGDALE.....	6,947					6,947
LEXINGTON HC CNTR LAGRANGE.....	3,849					3,849
LEXINGTON HC CNTR LAKE ZURICH.....	6,070					6,070
LIBERTY DIALYSIS LLC.....	24,268					24,268
LIBERTY HOSPITAL.....	32,215	3,448				35,663
LIBERTY TERRACE HEALTHCARE.....	6,469					6,469
LIFE CARE CENTER OF.....	7,372	5,342				12,714
LIFE CARE CENTER OF AURORA.....	14,551					14,551
LIFE CARE CENTER OF S MOUNTAIN.....	5,401	4,615				10,016
LIFE CARE CENTER OF WESTMINSTER.....	3,445					3,445
LIFECARE CNTR PARADISE VALLEY.....	17,038					17,038
LIFEFLIGHT EAGLE.....	6,269					6,269
LINCARE INC.....	5,138					5,138
LINCOLN PARK PHYSICAL THERAPY.....					72,703	72,703
LINDEN GROVE INC.....	3,680					3,680
LINDNER CENTER OF HOPE.....	25,790	9,606	5,507			40,902
LINKIA LLC.....	7,414					7,414
LITTLE CO OF MARY HOSPITAL.....	173,115	25,826			21,774	220,715
LITTLE COMPANY OF MARY HOSPITAL.....					6,380	6,380
LITTLE COMPANY OF MARY HOSPITAL.....	23,336					23,336
LIVINGSTON HOSPITAL AND HEALTHCARE.....					4,810	4,810
LODGE CARE CENTER.....		4,339				4,339
LOMA LINDA UNIV MED CENTER.....		29,193				29,193
LONESOME PINE HOSPITAL.....	28,485					28,485
LOOMIS ROAD DIALYSIS.....	16,302					16,302
LOUIS LOUIS.....					6,599	6,599
LOUISVILLE FIRST ASSISTANT.....	3,804					3,804
LOUISVILLE SURGERY CENTER.....	4,281					4,281
LOURDES HOSPITAL.....	25,385	5,601				30,986
LOVELACE HOSP DOWNTOWN.....		8,600		4,975		13,575
LOVELACE INC.....	8,228					8,228
LOWELL BARROW MD.....					19,516	19,516
LOWELL STEEN.....					8,887	8,887
LOYOLA UNIVERSITY MED CTR.....	55,610	7,372			11,043	74,025
LOYOLA UNIVERSITY MEDICAL CENTER.....	3,776					3,776
LUKE J HALBUR MD.....	6,437					6,437
LUKE LAMERS.....		3,901				3,901
LUMC HOME CARE & HOSPICE.....					17,007	17,007
LUTHERAN GENERAL HOSPITAL INC.....					24,248	24,248

STATEMENT AS OF SEPTEMBER 30, 2011 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
LUTHERAN HOME.....	4,090					4,090
LUTHERAN HOSPITAL.....	26,121					26,121
LUTHERAN NURSING HOME.....	4,334					4,334
LUTZ SURGICAL PARTNERS.....	5,828					5,828
LYNWOOD NURSING HOME.....		9,940				9,940
M RAMEZ SALEM MD & ASSOCIATES.....					35,211	35,211
MACNEAL HOSPITAL.....	431,656	132,046	9,647	4,261		577,611
MAGDY EL KALLINY.....					8,285	8,285
MAGNA SURGICAL CENTER.....	7,041					7,041
MAHRUKH SUBHANI.....					3,866	3,866
MANAGEMENT AND NETWORK SERVICE.....	31,678	15,352				47,030
MANATEE MEMORIAL HOSPITAL.....	12,708					12,708
MANOR CARE OF HOMEWOOD IL LLC.....	4,786					4,786
MANOR CARE OF NORTHBROOK IL LLC.....		8,484				8,484
MANOR CARE OF OAK LAWN EAST.....	11,356			8,335		19,691
MANOR CARE OF OAK LAWN WEST.....	6,270					6,270
MANOR CARE OF PALOS HEIGHTS.....	5,675					5,675
MANOR CARE OF WILMETTE IL LLC.....		10,950			5,817	16,767
MANORCARE HEALTH SERVICES.....	25,390					25,390
MANORCARE HEALTH SERVICES.....		8,084				8,084
MANORCARE HEALTH SERVICES LLC.....	8,835	5,324				14,160
MANORCARE HEALTH SERVICES NORTH OLMSTED.....	13,066				14,374	27,441
MANORCARE HEALTH SERVICES TUCS.....	4,504					4,504
MANORCARE OF DENVER CO LLC.....		4,205				4,205
MANORCARE OF NAPERVILLE IL LLC.....	9,748	8,637				18,386
MANORCARE OF SOUTH HOLLAND LLC.....	7,273					7,273
MANORCARE OF SPRINGFIELD MO.....	4,529					4,529
MANORCARE STRATFORD HALL.....	4,934					4,934
MANSOOR JAVEED.....					3,822	3,822
MANUEL MODIANO.....	21,260					21,260
MARC PHILIPPON.....		12,845				12,845
MARGARET R NETTLETON MD.....					62,591	62,591
MARIAN MEDICAL CTR.....	12,038					12,038
MARIANJOY REHABILITATION HOSPITAL.....	4,601					4,601
MARICOPA HEALTH SYSTEM.....	23,966				14,605	38,571
MARICOPA INTEGRATED HEALTH SYSTEM.....	43,265					43,265
MARK DUBIN MD LLC.....					95,762	95,762
MARK GIACOMIN.....					1,081,721	1,081,721
MARK MIKHAEL.....	9,253					9,253
MARK S SCHELLER MD.....	8,233					8,233
MARK SIEGEL.....		3,414				3,414
MARK SLAUGHTER.....	3,702					3,702
MARK THOMAS.....	3,818					3,818
MARK WICHMAN.....	8,713					8,713
MARTIN ELLENBY.....	6,007					6,007
MARYVALE HOSPITAL.....	161,063					161,063
MATRIX HEALTH.....	4,087					4,087
MATTHEW A RENDEL MD.....	4,387					4,387
MATTHEW LANGENDERFER.....	5,323					5,323
MATTHEW R KNISLEY DO.....	7,001					7,001
MAX GLASER.....	4,490					4,490
MAX STEUER.....		11,698				11,698
MAXIM HEALTHCARE SERVICES INC.....	3,808				4,539	8,348
MAYO CLINIC ARIZONA.....	21,162	46,338				67,501
MAYO CLINIC FLORIDA.....	38,882				5,849	44,731

STATEMENT AS OF SEPTEMBER 30, 2011 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
MAYO CLINIC JACKSONVILLE.....	11,956	3,581				15,537
MAYO ROCHESTER METHODIST HOSPITAL.....	8,803					8,803
MCCULLOUGH HYDE MEMORIAL HOSPITAL.....	24,646	5,242			4,441	34,328
MD ANDERSON CANCER CENTER.....	15,689	24,352	70,424			110,465
MEA ELK GROVE LLC.....					752,228	752,228
MEADOWBROOK MANOR BOLINGBROOK.....	6,783					6,783
MEADOWVIEW REGIONAL MEDICAL CENTER.....	4,641					4,641
MECHANICSVILLE DIALYSIS.....	65,174					65,174
MEDICAL AMBULATORY CARE.....	53,231					53,231
MEDICAL CENTER AT BOWLING GREEN.....	16,045					16,045
MEDICAL CENTER OF AURORA.....	3,770					3,770
MEDICAL CENTER OF SOUTH ARKANSAS.....	6,842					6,842
MEDICAL HEIGHTS SURGERY CENTER.....	9,381					9,381
MEDICALODGE POST ACUTE CARE.....	37,213					37,213
MEDICARE MSPRC GHP.....		3,274				3,274
MEMORIAL HEALTH SYSTEM.....	75,827	11,313				87,140
MEMORIAL HERMANN HOSPITAL.....		118,918				118,918
MEMORIAL HOSPITAL OF CARBONDALE.....					4,331	4,331
MEMORIAL HOSPITAL OF SO BEND.....		9,283				9,283
MEMORIAL HOSPITAL OF TAMPA.....	18,191					18,191
MEMORIAL HOSPITAL PEMBROKE.....					5,978	5,978
MEMORIAL HOSPITAL WEST.....	5,704				23,208	28,912
MEMORIAL MEDICAL CENTER.....	79,319					79,319
MEMORIAL MEDICAL CENTER INC.....	5,683					5,683
MENORAH MEDICAL CENTER.....	74,654	50,717		8,060		133,431
MEQUON VASCULAR ASSOC SC.....	3,497					3,497
MERCY FRANCISCAN HOSPITAL.....			5,493			5,493
MERCY GILBERT MEDICAL CENTER.....	13,759	7,430	5,036			26,225
MERCY HEALTH SYSTEM.....	40,766					40,766
MERCY HEALTHCARE BAKERSFIELD.....		15,541				15,541
MERCY HOME CARE.....	3,271					3,271
MERCY HOSPITAL & MEDICAL CTR.....	79,751	6,059				85,810
MERCY HOSPITAL ANDERSON.....	4,321					4,321
MERCY HOSPITAL CLERMONT.....	21,352					21,352
MERCY HOSPITAL FAIRFIELD.....	59,326		35,156			94,481
MERCY HOSPITAL MOUNT AIRY.....	9,723				3,543	13,266
MERCY HOSPITAL OF JANESVILLE.....					15,162	15,162
MERCY HOSPITAL TURNER MEMORIAL.....	3,641					3,641
MERCY HOSPITAL WESTERN HILLS.....	14,541				6,727	21,268
MERCY MEDICAL CENTER.....	201,593	60,931		4,080	18,846	285,450
MERCY MEDICAL CENTER BEHAVIORAL HEALTH.....	35,826					35,826
MERCY MEDICAL CENTER.....	3,974					3,974
MERCY MEDICAL CENTER WEST.....	15,336					15,336
MERCY REGIONAL MEDICAL CENTER.....	15,182					15,182
MERCY ST VINCENT NW REGION.....					18,651	18,651
METHODIST HOSPITAL.....	28,897				32,909	61,806
METHODIST MEDICAL CENTER.....	26,927	29,834				56,761
METHODIST MEDICAL CENTER OF ILLINOIS.....	16,644					16,644
METHODIST SPECIALTY TRANSPLANT HOSPITAL.....	7,370					7,370
METHODIST WILLOWBROOK HOSPITAL.....	13,169					13,169
METHODIST WOMENS HOSPITAL.....		15,423				15,423
METRO ANESTHESIA CONSULTANTS.....					3,586	3,586
METRO SPECIALTY SURGERY CENTER.....			31,303			31,303
METROSOUTH MEDICAL CENTER.....	60,211				27,712	87,922
MHHS NORTHEAST HOSPITAL.....	53,475					53,475
MI CASA NURSING CENTER.....	6,673					6,673

STATEMENT AS OF SEPTEMBER 30, 2011 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
MIAMI VALLEY HOSPITAL.....	20,499					20,499
MIAMI VAMC.....	4,165					4,165
MICHAEL A BOXER.....	16,818					16,818
MICHAEL BRESTICKER.....		3,772				3,772
MICHAEL CHAVIN.....		10,272				10,272
MICHAEL DEE.....	16,589					16,589
MICHAEL DOYLE.....	4,468					4,468
MICHAEL J EISENBERG.....					5,760	5,760
MICHAEL J MACDOUGALL MD.....	5,499					5,499
MICHAEL JANITCH.....	4,097					4,097
MICHAEL KRAMER.....	3,780					3,780
MICHAEL M ZHADKEVICH MD.....	4,363					4,363
MICHAEL MISKELLA.....					4,734	4,734
MICHAEL R DEHAAN MD.....	3,265					3,265
MICHAEL REESE ANESTHESIA ASSOCIATION.....					3,400	3,400
MICHAEL REESE HOSP & MED CTR.....					25,837	25,837
MICHAEL ROHMILLER.....					4,664	4,664
MICHAEL STOVER MD.....	4,192					4,192
MICHAEL TJARKSEN.....					9,711	9,711
MICHAEL W MESHAD MD.....	4,895					4,895
MICHAEL Y CHANG MD.....					5,922	5,922
MICHELLE ANDREWS.....	16,753					16,753
MICHELLE TINGLEY.....	12,311					12,311
MID AMERICA KIDNEY STONE ASSOC.....	3,786					3,786
MID AMERICA REHAB HOSPITAL.....	26,776					26,776
MIDWEST DIALYSIS CENTER INC.....	6,819					6,819
MIDWEST RA DIOLOGY INC.....	3,163					3,163
MILES GRAIVIER.....					6,700	6,700
MILLENIUM LABORATORIES OF CA.....	8,327					8,327
MILLERS MERRY MANOR.....		4,628				4,628
MILWAUKEE VAMC.....	4,589					4,589
MINIMED DISTRIBUTION CORP.....	4,685					4,685
MINIMED DISTRIBUTION CORP.....	7,564					7,564
MISSOURI DEPARTMENT OF SOCIAL.....	6,950					6,950
MITAR VRANIC.....	3,915					3,915
MITCHELL C POSNER MD.....	6,503					6,503
MOBILE INFIRMARY MEDICAL CENTER.....	63,809	19,659				83,468
MOBILE INFIRMARY MEDICAL CNTR.....	73,012					73,012
MOBILE MED CARE.....	22,630	7,111				29,741
MOHAMED A RAHMAN MD.....	5,079					5,079
MOHAN C AIRAN MD.....	4,076					4,076
MONROE COUNTY HOSPITAL.....	39,598	16,250				55,849
MONTANA ACADEMY.....					23,588	23,588
MONTCLAIR NURSING.....	11,597					11,597
MONTEREY PENINSULA SURGERY CENTER LLC.....					4,874	4,874
MORENO JOSEPH SPINE AND SCOLIOSIS PL.....	11,693					11,693
MORRISTOWN HAMBLÉN HOSPITAL.....	8,420					8,420
MORTON PLANT HOSPITAL.....	3,560					3,560
MOTHER FRANCES HOSPITAL.....					33,427	33,427
MOUNT SINAI HOSPITAL.....	98,834					98,834
MOUNTAIN STATES HEALTH ALLIANCE.....	22,527					22,527
MOUNTAIN VIEW CARE CENTER.....	8,190					8,190
MOUNTAIN VIEW HOSPITAL.....	969,108	509,198	247,244	42,017	362,498	2,130,066
MOUNTAIN VISTA MEDICAL CENTER.....	95,918					95,918
MOUNTAIN WEST DIALYSIS SRV LLC.....	19,611					19,611
MT SINAI MEDICAL GROUP.....					3,785	3,785

8.15

STATEMENT AS OF SEPTEMBER 30, 2011 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
MUNSTER MEDICAL RESEARCH FOUNDATION.....	6,701					6,701
MURRAY CALLOWAY COUNTY HOSPITAL.....	5,795					5,795
MYRIAD GENETICS LABORATORIES.....	3,156					3,156
NAEL SHANTI.....	3,206					3,206
NAPERVILLE DIALYSIS CENTER.....	5,094					5,094
NAPERVILLE PSYCH VENTURE.....	3,730	7,751				11,481
NATHAN SCHROEDER.....	6,212					6,212
NATHAN VAN ZEELAND.....	3,554					3,554
NATIONAL SEATING & MOBILITY.....	12,615					12,615
NEBRASKA METHODIST HOSPITAL.....	5,728					5,728
NEBRASKA SPINE HOSPITAL LLC.....		50,549				50,549
NEOMEDICA HAZEL CREST.....	10,187					10,187
NEOMEDICA EVERGREEN PARK.....	5,094	12,968				18,061
NEOMEDICA HOFFMAN ESTATES.....	5,094					5,094
NEOMEDICA NORTH.....		30,995				30,995
NEOMEDICA SOUTH CHICAGO.....	22,654					22,654
NEVADA ANESTHESIA CONSULTANTS.....	10,513					10,513
NEW ALBANY FLOYD COUNTY.....					4,512	4,512
NEW HOPE HEALTH AND REHABILITATION.....	5,005					5,005
NEW JEFFERSON MANOR.....	4,355					4,355
NEW MARK CARE CENTER.....	10,487	12,252				22,740
NEW SUMMERFIELD HEALTH & REHAB.....	4,647					4,647
NHC HEALTHCARE GREENVILLE.....	4,506					4,506
NICHOLAS JULGA.....	4,224					4,224
NILESH D MEHTA MD.....	9,501	5,289				14,790
NORRIS HEALTH & REHAB CTR.....	4,580					4,580
NORTH AVENUE DIALYSIS CENTER.....	37,859	42,124				79,984
NORTH FLORIDA REGIONAL MEDICAL CTR.....	20,365					20,365
NORTH FULTON HOSPITAL.....			4,369			4,369
NORTH HILLS SURGERY CENTER.....	3,689					3,689
NORTH KANSAS CITY HOSPITAL.....	404,188	83,967				488,154
NORTH SHORE UNIVERSITY HOSPITAL.....	8,902				17,363	26,265
NORTH SUBURBAN MEDICAL CENTER.....	17,620					17,620
NORTH VISTA HOSPITAL.....	53,068	70,875	34,472		148,667	307,082
NORTHERN ILLINOIS RETINA LTD.....	3,463					3,463
NORTHKEY COMMUNITY CARE.....	4,177					4,177
NORTHLAND DIALYSIS.....	3,814					3,814
NORTHLAND LT ACUTE CARE HOSPITAL.....	264,343					264,343
NORTHSHORE UNIVERSITY HEALTHSY.....	44,460		21,169			65,629
NORTHSHORE UNIVERSITY HEALTHSYSTEM.....	16,245					16,245
NORTHSIDE ANESTHESIOLOGY CONSULTANTS LLC.....	3,705					3,705
NORTHSIDE CHEROKEE HOSPITAL INC.....	7,173					7,173
NORTHSIDE FORSYTH.....	46,823					46,823
NORTHSIDE HOSPITAL.....	76,156				37,036	113,192
NORTHWEST ARKANSAS HOME HEALTH.....	3,539					3,539
NORTHWEST COMMUNITY HOSPITAL.....	129,703	12,045				141,748
NORTHWEST MEDICAL CENTER.....	9,840	36,110			4,751	50,701
NORTHWEST TEXAS HOSPITAL.....				5,029		5,029
NORTHWESTERN MEMORIAL HOSPITAL.....	20,799				15,087	35,886
NORTON AUDUBON HOSPITAL.....	46,237	16,341				62,578
NORTON BROWNSBORO HOSPITAL.....	47,560					47,560
NORTON COMMUNITY HOSPITAL.....	7,197			7,215		14,412
NORTON HOSPITAL INC.....	32,188	4,581	59,483			96,252
NORTON HOSPITALS INC.....	15,823	8,109				23,933
NORTON SUBURBAN HOSPITAL.....	116,080	14,230			27,920	158,230
NORWEGIAN AMERICAN HOSPITAL.....	24,742					24,742

STATEMENT AS OF SEPTEMBER 30, 2011 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
NW MEDICAL CENTER BENTONVILLE.....	250,675	19,157		20,208		290,040
OAK PARK MEDICAL PRACTICES.....					148,839	148,839
OAKFIELD DRIVE EMERGENCY PHYSICIANS.....	3,887					3,887
OAKLAWN RADIOLOGY IMAGING.....					43,155	43,155
OAKMONT WEST.....	7,002					7,002
OAKTREE MEDICAL CENTRE PC.....	3,176					3,176
OCHSNER FOUNDATION HOSPITAL.....	30,940		8,102			39,042
ODJFS.....					4,836	4,836
OFER ZIKEL.....		8,807				8,807
OHIO PIKE DIALYSIS.....	14,477					14,477
OHIO RIVER DIALYSIS LLC.....	15,266					15,266
OLATHE MEDICAL CENTER INC.....	39,244					39,244
OLGA S VINOKUR MD.....	5,131					5,131
ORLANDO REGIONAL HEALTHCARE SYSTEM INC.....	13,916					13,916
ORTHODYNAMICS CO INC.....					11,340	11,340
ORTHOFIX INC.....	4,720					4,720
ORTHOPAEDIC HOSPITAL OF WISCONSIN.....	28,938					28,938
ORTHOPAEDIC INSTITUTE PA.....	5,870					5,870
ORTHOPEDIC ASSOCIATES SC.....					3,809	3,809
OSF SAINT FRANCIS MEDICAL CENTER.....	105,663		17,457		76,856	199,975
OTTAWA REGIONAL HOSPITAL.....		9,132				9,132
OUR LADY OF PEACE.....	10,038				15,049	25,087
OUR LADY OF THE RESURRECTION.....	92,639					92,639
OVERLAND PARK NURSING & REHAB.....	3,688					3,688
OVERLAND PARK REGIONAL MEDICAL.....	382,797	55,475			4,609	442,881
OVERLAND PARK SURGERY CENTER.....	15,297	5,463				20,760
OVIDIU BRESCAN MD.....					3,440	3,440
OWENSBORO MEDICAL HEALTH.....	60,748					60,748
OZARKS COMMUNITY HOSPITAL.....	3,651					3,651
PA PETERSON CENTER FOR HEALTH.....		8,618				8,618
PADMAJA DONIPARTHI.....	5,226					5,226
PADRAIC OBMA.....	3,697					3,697
PALMETTO HEALTH ALLIANCE.....	9,684					9,684
PALMETTO RICHLAND MEMORIAL HOSPITAL.....					46,998	46,998
PALO VERDE HEMATOLOGY ONCOLOGY.....	10,014					10,014
PALOS COMM HOSPITAL HOME HEALTH.....	8,586					8,586
PALOS COMMUNITY HOSPITAL.....	20,385					20,385
PARAGON CONTRACTING SERVICES.....	4,206					4,206
PARKER ADVENTIST HOSPITAL.....		7,580				7,580
PARKRIDGE MEDICAL CENTER INC.....	22,208	4,954				27,162
PARKWAY SURGERY CENTER LLC.....			8,511			8,511
PARKWEST MEDICAL CENTER.....	61,258					61,258
PARKWEST MEDICAL CENTER PENINSULA.....	6,313	4,713		40,107	94,072	195,436
PARKWEST SURGERY CENTER LP.....	12,569					12,569
PARRISH MEDICAL CENTER.....	12,837					12,837
PASSPORT HEALTH PLAN.....	41,779					41,779
PATEWOOD MEMORIAL HOSPITAL.....	11,898					11,898
PATHOLOGY PARTNER.....					105,526	105,526
PATRICK CHO MD.....					8,915	8,915
PATRICK GOMEZ.....					4,715	4,715
PATRICK KIRK.....	3,402					3,402
PAUL B HALL REGIONAL MED CTR.....					12,953	12,953
PAUL BAEK.....	13,070					13,070
PAUL J LYNCH MD.....	4,679					4,679

STATEMENT AS OF SEPTEMBER 30, 2011 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
PAUL M ARNOLD MD.....	5,932					5,932
PAUL MEIER.....		3,289				3,289
PAUL WASSERMANN.....					4,542	4,542
PAUL WERNER.....	12,629					12,629
PAULA WELLNITZ.....	3,265					3,265
PEACHFORD HOSPITAL.....		5,292				5,292
PEAK VIEW BEHAVIORAL CTR.....	14,222					14,222
PEDIATRIX MEDICAL GROUP.....	8,282					8,282
PENROSE HOSPITAL.....	14,844					14,844
PENROSE ST FRANCIS.....	4,429		10,221		28,758	43,408
PETA MINEROF DPM.....					3,309	3,309
PETER CHA.....	12,733					12,733
PETER DAWSON M D.....					19,801	19,801
PETER F VOLK MD.....	3,355					3,355
PETER STURM.....					13,317	13,317
PHEASANT RIDGE FACILITY OPERATION.....	6,807					6,807
PHGY LLC DBA GOLDEN YEARS.....	13,728					13,728
PHILIP LEWING.....	20,318					20,318
PHILIP THEODOSPOULOS.....	6,275					6,275
PHOEBE PUTNEY MEMORIAL HOSPITAL.....	4,131					4,131
PHOENIX BAPTIST HOSPITAL.....	54,262					54,262
PHT JACKSON MEMORIAL HOSPITAL.....	31,820		212,637			244,457
PHYSICIANS MEDICAL CENTER.....	3,199					3,199
PHYSICIANS REFERRAL SERVICE.....	15,276					15,276
PIEDMONT HOSPITAL.....	13,167					13,167
PIKEVILLE MEDICAL CENTER INC.....	7,061				6,445	13,506
PINEVILLE COMMUNITY HOSPITAL.....					3,619	3,619
PINNACLE RIDGE.....	6,810					6,810
PLAZA MANOR.....		3,174				3,174
PLEASANT HILL HEALTH AND REHAB.....		3,897				3,897
PLEASANT VALLEY MANOR CARE.....		5,098				5,098
PLEASANT VIEW LUTHER HOME.....	4,718					4,718
POINTER TRAIL HEALTH AND REHAB.....	23,783	19,360				43,143
PORTAGE COMMUNITY HOSPITAL.....	4,378					4,378
PORTER ADVENTIST HOSPITAL.....	29,374	17,830				47,204
PRECISE AMBULANCE COMPANY.....	5,188					5,188
PRECISION HEALTHCARE INC.....	3,154			3,915		7,069
PRECISION THERAPEUTICS IN.....		3,623				3,623
PRECISION THERAPEUTICS INC.....	3,308					3,308
PREMIER PAIN MANAGEMENT LLC.....	8,409					8,409
PREMIER PAIN SPECIALISTS LLC.....					79,696	79,696
PRESBYTERIAN HOSPITAL.....	102,835					102,835
PRESBYTERIAN ST LUKES MEDICAL.....	8,484					8,484
PRINCETON BAPTIST MED CENTER.....	13,751	31,320				45,071
PRIYA RUDOLPH.....	4,873					4,873
PRO HEALTH MEDICAL CENTER.....					5,024	5,024
PROCTOR HOSPITAL.....	46,208	24,356				70,564
PROFESSIONAL HOMECARE SERVICES.....					14,957	14,957
PROFESSIONAL RADIOLOGY INC.....	6,035					6,035
PROMISE REGIONAL MEDICAL CE.....	36,989					36,989
PROTON THERAPY CENTER HOUSTON.....	5,523					5,523
PROVENA MCAULEY MANOR.....	12,225		4,729			16,954
PROVENA MERCY MEDICAL CENTER.....	211,449	8,210	3,412	10,083	184,335	417,490
PROVENA PINEVIEW CARE CENTER.....		8,608				8,608
PROVENA ST JOSEPH HOSPITAL.....					4,344	4,344

STATEMENT AS OF SEPTEMBER 30, 2011 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
PROVENA ST JOSEPH MEDICAL CTN.....	63,748	7,211				70,959
PROVENA ST MARYS HOSPITAL.....	17,811				43,479	61,290
PROVENA ST MARYS OF KANK.....					7,528	7,528
PROVIDENCE HOSPICE.....	3,382					3,382
PROVIDENCE HOSPITAL.....	30,936					30,936
PROVIDENCE MEDICAL CENTER.....	418,073	18,638			25,725	462,436
PROVIDENCE PLACE.....		11,844				11,844
PROVIDER NOT AVAILABLE.....					3,506	3,506
QUALIFIED EMERGENCY SPECIALISTS GROUP.....	7,550					7,550
QUALITY SURGICENTER.....					4,893	4,893
QUANTUM LLC.....	5,593					5,593
QUEST DIAGNOSTICS.....	27,842	3,481				31,324
RAD ONC GROUP LLC.....	7,162					7,162
RADIANT HILLS HEALTH ASSOC LLC.....	4,199					4,199
RADIATION ONCOLOGY LTD.....					42,210	42,210
RADIOLOGICAL CONS OF WOODSTOCK.....					274,683	274,683
RADIOLOGICAL PHYSICIANS.....					73,364	73,364
RANCHO SPRINGS MEDICAL CENTER.....		13,616				13,616
RANDALL JOHNSON.....	15,899	8,776				24,675
RAVI BHAGWAT.....	3,579					3,579
RCG EAST VALLEY.....	15,857					15,857
RCG KDC OF THE OZARKS HOME.....	14,403					14,403
RCG MARYVALE.....					22,072	22,072
RCG SOUTHERN NEW JERSEY LLC.....	3,178					3,178
RCGCI PEKIN.....	25,470					25,470
RCGCI PEORIA DOWNTOWN.....	23,402					23,402
RCHP WILMINGTON LLC.....			4,979			4,979
RECOVERY WORKS DRUG AND ALCOHOL.....	6,725					6,725
RED ROCK BEHAVIORAL.....			4,453			4,453
REDMOND REGIONAL MEDICAL CENTER.....					46,378	46,378
REFAT M BARIDI MD.....		3,172				3,172
REGENCY HOSP NW ARKANSAS.....	222,689					222,689
REGIONAL MEDICAL CENTER.....	4,259					4,259
REHAB INSTITUTE OF CHICAGO.....					4,216	4,216
REID HOSPITAL.....	7,618					7,618
RENAISSANCE AT MIDWAY.....	3,484					3,484
RENAL TREATMENT CENTERS ILLINOIS.....	20,177					20,177
RESEARCH BELTON HOSPITAL.....	3,234					3,234
RESEARCH MEDICAL CENTER.....	179,293	85,291		53,471		318,055
RESEARCH PSYCHIATRIC CENTER.....	77,461					77,461
RESURRECTION HOME HEALTH.....		5,118				5,118
RESURRECTION HOME HLTH IVT.....	6,234					6,234
RESURRECTION HOMECARE PHA.....				9,400		9,400
RESURRECTION HOSPITAL.....					90,721	90,721
RESURRECTION MEDICAL CENTER.....	44,536	34,396	14,494		7,340	100,766
RESURRECTION NURSING & REHAB.....	7,899					7,899
RHODE ISLAND HOSPITAL.....	6,876					6,876
RIBLEY CHIROPRACTIC FAMILY.....	6,472					6,472
RICHARD BEATY DO.....					36,225	36,225
RICHARD E STEPHENSON.....					63,221	63,221
RICHARD HARRISON.....	7,019					7,019
RIDGE BEHAVIORAL HEALTH SYSTEM.....		5,579				5,579
RIDGEVIEW INSTITUTE.....	3,327					3,327
RIDGEVIEW MEDICAL CENTER.....	4,102					4,102
RIGHTSOURCE.....	9,223					9,223
RIVER RIDGE CARE AND REHABILITATION.....		3,422				3,422

STATEMENT AS OF SEPTEMBER 30, 2011 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
RIVERVIEW HEALTH INSTITUTE.....		58,478				58,478
RML HEALTH PROVIDERS LP.....	19,314					19,314
ROANE COUNTY MEDICAL CENTER.....	3,362					3,362
ROBERT A SHRIFTER MD.....					6,962	6,962
ROBERT BOHINSKI.....	6,227					6,227
ROBERT BRUCE JR.....	8,674					8,674
ROBERT CACCHIONE.....	4,944					4,944
ROBERT CODY.....	3,309					3,309
ROBERT E SHARE MD.....	8,895					8,895
ROBERT L KINSMAN MD.....	3,686					3,686
ROBERT LOVE MD.....	6,728					6,728
ROBERT ROLF.....	5,301					5,301
ROBERT S JACKSON MD.....		6,630				6,630
ROBIN RUN HEALTHCARE.....	3,316					3,316
ROCKFORD MEMORIAL HOSPITAL.....	12,587	9,097				21,684
ROCKTON COMMUNITY HEALTH CTR.....					155,202	155,202
ROCKY MOUNTAIN HOLDINGS LLC.....	7,503					7,503
ROCKY MOUNTAIN HOLDINGS LLC SE.....	7,549					7,549
ROGER BOURGUIGNON.....					9,022	9,022
ROGERS MEMORIAL HOSPITAL.....	7,069	5,928			3,731	16,727
ROKEYA BEGUM AKHTAR M D.....					773,648	773,648
ROLAND M TIO MD.....	15,309	3,478			16,443	35,230
ROLAND WESLEY MIYADA MD.....				6,445		6,445
ROMANO DELCORE JR MD.....	3,366					3,366
ROSE DELIMA HOSPITAL.....					914,924	914,924
ROSE MEDICAL CENTER.....		12,261				12,261
ROSE SURGICAL CENTER.....			4,239			4,239
ROSELAND COMMUNITY HOSP ASSN.....	27,513					27,513
ROSEMARY S CARROLL MD.....	9,732					9,732
ROSEWOOD HEALTH AND REHAB CENTER.....	22,793	21,546				44,339
ROSS KERNS.....	3,875					3,875
ROUND ROCK MEDICAL CENTER.....	4,558					4,558
ROXANNE L SYLORA MD.....	7,544					7,544
ROYA FAMILY MEDICAL CENTER.....					275,628	275,628
ROYAL TERRACE NURSING AND REHAB.....	9,830	6,053				15,883
RRC HOUMA.....	9,960					9,960
RUBEN LEWIN.....	3,227					3,227
RUDOLPH ALTERGOTT.....	3,215					3,215
RUSH OAK PARK HOSPITAL.....	19,571					19,571
RUSH UNIVERSITY MEDICAL CTR.....	103,610					103,610
RYAN LEAHY.....	4,040					4,040
RYAN SIMOVITCH.....	15,072					15,072
RYAN SMITH.....	5,406					5,406
S BALDWIN REGIONAL MEDICAL CTR.....	15,034					15,034
S TODD JENSEN DDS.....	3,827					3,827
SAAD HEALTHCARE SERVICES INC.....	4,399					4,399
SACRED HEART REHABILITATION HOSPITAL.....	19,735					19,735
SAINT ALPHONSUS REGIONAL MEDICAL.....	29,497	6,079				35,576
SAINT ANTHONY MEDICAL CENTER.....	5,893		6,936		6,714	19,542
SAINT JOSEPH EAST.....	8,848					8,848
SAINT JOSEPH EAST HOSPITAL.....	11,164	3,847				15,011
SAINT JOSEPH HEALTH SYSTEM.....	11,575	9,934				21,509
SAINT JOSEPH LONDON.....	14,894	8,144				23,038
SAINT MARY OF NAZARETH MEDICAL.....	7,037					7,037
SAINTS MARY & ELIZABETH MEDICAL.....	54,720	15,823			10,038	80,581
SAINTS MARY AND ELIZABETH HOSPITAL.....	21,539	4,770			15,827	42,136

STATEMENT AS OF SEPTEMBER 30, 2011 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
SALEM HEALTH & REHABILITATION.....	4,446					4,446
SAM PAPPAS.....	10,116					10,116
SAMER HASAN.....	4,752					4,752
SAMUEL M YUNEZ MD.....					51,031	51,031
SAMUEL OVERHOLT.....	5,286					5,286
SAN ANTONIO COMMUNITY HOSPITAL.....					4,953	4,953
SANFORD USD MEDICAL CENTER.....	31,950					31,950
SANTA ROSA MEM HOSPITAL.....	22,902					22,902
SARTORI MEMORIAL HOSPITAL.....	3,271					3,271
SBH MEDICAL LTD.....					9,052	9,052
SCALABRINI LIFE CENTER.....					4,266	4,266
SCHECK & S IRESS INC.....	3,458					3,458
SCOTT DERENNE.....	7,019					7,019
SCOTT LEARY.....					7,245	7,245
SCOTTSDALE MEMORIAL HOSPITAL.....	3,665					3,665
SCTTSDLE HLTH OSB.....	51,993	3,665			44,599	100,257
SCTTSDLE HLTH SHEA.....	16,096					16,096
SCTTSDLE HLTH TPK.....	91,073					91,073
SEBASTIEN DEMOINY.....		4,700				4,700
SELECT PHYSICAL THERAPY TAMPA.....	4,487					4,487
SELECT SPECIALTY HOSPITAL.....	32,321					32,321
SELECT SPECIALTY HOSPITAL -TRI CITIES.....					70,495	70,495
SET SHAHBABIAN.....	8,329					8,329
SETON MEDICAL CENTER HAYS.....	91,250	11,033				102,283
SETON MEDICAL CTR WILLIAMSON.....	4,177					4,177
SEVEN HILLS BEHAVIORAL.....				15,435		15,435
SHANDS JACKSONVILLE MEDICAL CENTER.....	4,166					4,166
SHANDS UF.....	11,538					11,538
SHANGRI LA REHAB & LIVING CENTER.....	9,855	5,955				15,810
SHARON LANE HEALTH SERVICES.....	8,759	5,652				14,411
SHAWNEE GARDENS HEALTHCARE.....	10,001	14,884				24,885
SHAWNEE MISSION MEDICAL CTR.....	61,366					61,366
SHEILA D COOPER MD.....	9,321	6,328				15,649
SHEPHERD CENTER.....	83,693			5,047		88,739
SHERMAN HOSPITAL.....	88,527	12,838				101,365
SHERMAN WEST COURT.....		9,958				9,958
SHERWIN S HO MD.....				3,559		3,559
SHOUWEN WANG MD.....	7,041					7,041
SIERRA TUCSON INC.....	15,006					15,006
SIERRA VISTA REGIONAL HEALTH.....	23,313					23,313
SIGNATURE HEALTHCARE OF.....	6,364					6,364
SIGNATURE HEALTHCARE OF MARIETTA.....				3,265		3,265
SILVER CROSS HOSPITAL.....	9,014					9,014
SINAI GRACE HOSPITAL.....	4,748					4,748
SINGING RIVER HOSPITAL.....	20,077					20,077
SIRONA INFUSION LLC.....					16,292	16,292
SKIES HEALTHCARE AND REHAB.....	4,572	5,358				9,929
SKY RIDGE MEDICAL CENTER.....	18,290					18,290
SMI IMAGING LLC.....	3,805					3,805
SMITH AND NEPHEW INC.....	4,253					4,253
SMYTH COUNTY COMMUNITY HOSPITAL.....		6,040				6,040
SMYTH COUNTY COMMUNITY HOSPITAL.....					5,994	5,994
SOLARI HOSPICE CARE LLC.....					6,343	6,343
SONORA QUE ST LABORATORIES.....	8,403					8,403
SOUTH BAY HOSPITAL.....	15,472					15,472
SOUTH FLORIDA BAPTIST HOSPITAL.....	59,652					59,652

STATEMENT AS OF SEPTEMBER 30, 2011 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
SOUTH RIDGE DIALYSIS.....	22,970					22,970
SOUTH SHORE HOSPITAL.....	6,479					6,479
SOUTH SUBURBAN KIDNEY GROUP.....		19,904				19,904
SOUTH TAMPA ASC.....	6,517					6,517
SOUTHEASTERN EMERGENCY PHYSICIANS INC.....	4,512					4,512
SOUTHERN BAPTIST HOSPITAL.....	7,587					7,587
SOUTHERN HILLS HOSPITAL.....	396,904	65,838	240,445	15,703	304,337	1,023,226
SOUTHERN REGIONAL MEDICAL CENTER.....	4,752					4,752
SOUTHVIEW MEDICAL CENTER.....	4,654					4,654
SOUTHWEST DIAGNOSTIC IMAGING.....	3,200					3,200
SOUTHWOOD CARE CENTER LP.....					4,990	4,990
SPARKS REGIONAL MEDICAL CENTER.....	92,730	7,958				100,688
SPARTANBURG REGIONAL MED CTR.....	18,231	45,972				64,203
SPECIALTY HEALTHCARE & REHAB.....	3,531					3,531
SPECIALTY SURGERY CENTER.....	3,254					3,254
SPECTRUM HEALTH HOSPITALS.....	13,660					13,660
SPECTRUM HOME HEALTH AGENCY.....	10,605					10,605
SPRING VALLEY HOSPITAL MEDICAL.....	1,049,654	302,353	177,370	65,239	1,014,835	2,609,451
SPRING VALLEY HOSPITAL MEDICAL CENTER.....	13,737					13,737
SPRINGDALE VILLAGE.....	5,091					5,091
SPRINGDALE WEST.....	3,804					3,804
SPRINGFIELD OB/GYN GROUP LTD.....					3,763	3,763
SPRINGWOODS BEHAVIORAL HEALTH.....	7,639					7,639
SSC MONTROSE BAY.....	32,866					32,866
SSH ANESTHESIA LLC.....					10,206	10,206
ST JOHN HOSPITAL.....	6,321					6,321
ST AGNES HOSPITAL.....	24,058					24,058
ST ALEXIUS MEDICAL CENTER.....	77,641				13,837	91,478
ST ANTHONY CENTRAL HOSPITAL.....					10,405	10,405
ST ANTHONY EMERGENCY SVCS PHYSICIANS.....					184,277	184,277
ST ANTHONY HOSPITAL.....	22,738					22,738
ST ANTHONY MEDICAL CENTER.....	44,218					44,218
ST ANTHONY NORTH HOSPITAL.....	20,530		6,030			26,560
ST ANTHONY SUMMIT MEDICAL CENTER.....				6,108		6,108
ST ANTHONYS HOSPITAL INC.....	11,635			3,932		11,635
ST BENEDICT NURSING & REHAB.....						3,932
ST BERNARD HOSPITAL.....		11,922				11,922
ST CATHERINE HEALTHCARE AND REHAB.....	3,691					3,691
ST CATHERINE HOSPITAL.....	6,340					6,340
ST ED MERCY MED CTR REHAB UNIT.....	6,610					6,610
ST EDWARD MERCY MEDICAL CENTER.....	275,720	31,638				307,358
ST ELIZABETH HEALTHCARE.....	191,318	12,839	4,542		29,530	238,230
ST ELIZABETH REFERENCE LAB.....	5,558					5,558
ST FRANCIS EASTSIDE.....	22,471					22,471
ST FRANCIS HOSP OF EVANSTON.....	55,141					55,141
ST FRANCIS HOSPITAL.....	16,215	21,786				38,001
ST FRANCIS HOSPITAL PHARMACY.....	6,278					6,278
ST FRANCIS MEDICAL CENTER.....	8,511					8,511
ST FRANCIS REHAB CENTER.....		15,764				15,764
ST JAMES MANOR & VILLAS.....	5,756					5,756
ST JOHN HOSPITAL.....	13,678	9,970				23,648
ST JOHN MEDICAL CENTER.....		6,019				6,019
ST JOHNS LEBANON.....	23,740	3,598				27,338
ST JOHNS MERCY VILLA.....	6,927					6,927

8.22

STATEMENT AS OF SEPTEMBER 30, 2011 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
ST JOHNS REGIONAL HEALTH CNTR.	119,428	125,993				245,421
ST JOSEPH & ST MARYS HOSPITAL	3,881					3,881
ST JOSEPH HOSPITAL	67,582	23,888	10,701			102,171
ST JOSEPH HOSPITAL OF ORANGE					39,290	39,290
ST JOSEPH MEDICAL CENTER	21,743	6,031				27,774
ST JOSEPHS COMMUNITY HOSP	10,243					10,243
ST JOSEPHS COMMUNITY HOSP OF WEST BEND	25,274					25,274
ST JOSEPHS HOSP AND MED CTR	35,409	22,890				58,300
ST JOSEPHS HOSPITAL	62,161					62,161
ST JOSEPHS HOSPITAL INC.	9,357					9,357
ST JOSEPHS HOSPITAL MEDICAL CENTER	14,594	8,091	4,234			26,919
ST JOSEPHS HOSPITAL NORTH	6,324					6,324
ST JOSEPHS HOSPITAL OF ATLANTA	86,189					86,189
ST JOSEPHS HOSPITAL OF ATLANTA INC.	9,164				39,013	48,178
ST JOSEPHS OUTPATIENT SURGERY			4,901			4,901
ST JOSEPHS WOMENS HOSPITAL	34,678		54,470			89,148
ST LUKES BEHAVIORAL HOSPITAL	6,670					6,670
ST LUKES EAST HOSPITAL	29,689					29,689
ST LUKES HOSPITAL OF KANSAS	47,212					47,212
ST LUKES MAGIC VALLEY REGIONAL	80,572	14,156				94,727
ST LUKES MEDICAL CENTER	29,228					29,228
ST LUKES NORTHLAND HOSPITAL	9,954	61,726				71,680
ST LUKES REGIONAL MEDICAL CENTER	24,229					24,229
ST LUKES SOUTH HOSPITAL	4,212	21,988				26,200
ST MARY MEDICAL CENTER	4,544		15,181			19,725
ST MARYS HOSPITAL	37,810	11,938				49,748
ST MARYS HOSPITAL MEDICAL CENTER	35,548					35,548
ST MARYS JEFFERSON MEMORIAL HOSPITAL	7,940					7,940
ST MARYS MANOR	23,794	11,920				35,713
ST MARYS MEDICAL CENTER	82,315	28,377	8,056			118,749
ST MARYS MEDICAL IMAGING				134,105	134,105	268,211
ST MARYS OZAUKEE	10,807					10,807
ST NICHOLAS HOSPITAL		3,663				3,663
ST ROSE DOMINICAN HOSPITAL	2,745,786	748,396	649,144	30,236	320,768	4,494,330
ST ROSE DOMINICAN SIENA HOSPITAL					1,278,701	1,278,701
ST VINCENT HOSPITAL	119,185			10,129		129,314
ST VINCENT HOSPITAL AND HEALTH		25,738				25,738
ST VINCENT HOSPITAL AND HEALTH CENTER	253,347					253,347
STACEY FOLK	4,876					4,876
STANFORD MEDICAL CENTER					11,187	11,187
STANLEY JOHNSEN	3,908					3,908
STATE OF FLORIDA	6,525					6,525
STEPHANIE INGRAM	3,780					3,780
STEPHEN A GEPHARDT MD	3,834					3,834
STEPHEN BOYCE		3,654				3,654
STEPHEN C JENSIK	3,303					3,303
STEPPING STONE CENTER FOR RECOVERY	7,313					7,313
STEVEN A SANDLER MD					4,470	4,470
STEVEN AGABEGI					5,076	5,076
STEVEN M MARDJETKO MD	13,069					13,069
STEVEN SANDERS	6,090					6,090
STEVEN WRAY	6,429					6,429
STILLMAN CHANG MD					3,788	3,788
STUART S KAPLAN MD	4,253					4,253
SUMMERLIN HOSPITAL MED CTR LLC					1,438,465	1,438,465
SUMMERLIN HOSPITAL MEDICAL CENTER	1,254,814	467,108	505,688		325,908	2,553,518

STATEMENT AS OF SEPTEMBER 30, 2011 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
SUMMIT ANESTHESIA CONSULTANTS.....					6,105	6,105
SUMMIT MEDICAL CENTER.....	43,759					43,759
SUMMIT SURGICAL CENTER.....	11,867					11,867
SUMMITSURG PROCEDURE CENTER.....	6,489					6,489
SUNDEEP S PATEL MD.....	6,989					6,989
SUNHEALTH BEHAVIORAL HEALTH.....				9,092		9,092
SUNNYSIDE REHAB AND NURSING.....		4,874				4,874
SUNRISE HOSPITAL AND MEDICAL.....	63,545		196,151	54,424	1,174,705	1,488,826
SUNRISE HOSPITAL AND MEDICAL CENTER.....	914,511	286,296	97,286			1,298,092
SUNRISE HOSPITAL AND MEDICAL CENTER.....					20,435	20,435
SUPERIOR A IR GROUND AMB SERVICES.....	3,670					3,670
SUREVISION EYE CENTERS LLC.....					78,121	78,121
SURGERY CENTER OF SANTA MONICA, LP.....	3,627					3,627
SUSAN STAUDT.....	3,249					3,249
SUTTER COAST HOSPITAL.....					20,068	20,068
SUTTER DELTA MEDICAL CENTER.....	6,266					6,266
SWEDISH CO VENANT HOSPITAL.....	31,738					31,738
SWEDISH COVENANT HOSPITAL.....	108,974	11,671		33,285	369,740	523,669
SWEDISH EMERGENCY ASSOC PC.....					102,376	102,376
SWEDISH MEDICAL CENTER.....	18,235					18,235
SYCAMORE HOSPITAL.....		5,820				5,820
T H C LAS VEGAS.....					169,809	169,809
TADOS INTE RNAL MEDICINE.....	5,631					5,631
TAJ MEMORIAL HEALTH CENTER.....	4,590					4,590
TALLAHASSEE MEMORIAL.....	17,219					17,219
TAMPA BAY RADIOLOGY ASSOCIATES.....	4,918					4,918
TAMPA GENERAL HOSPITAL.....	133,627	4,338			705,188	843,153
TANBARK HEALTH CARE CENTER.....		3,185				3,185
TANNER MEDICAL CENTER.....	11,312					11,312
TAYLOR REGIONAL HOSPITAL.....	46,811					46,811
TENDERCARE SAULT STE MARIE.....	8,865					8,865
TERRENCE F ODER MD.....	4,016					4,016
TEXAS CHILDRENS HOSPITAL.....	18,295					18,295
TEXAS HEALTH PRESBYTERIAN HOSPITAL.....	5,220					5,220
TEXAS MEDICAID AND HEALTHCARE PA.....	8,075					8,075
TEXAS SPINE AND JOINT HOSPITAL.....					3,348	3,348
THC CHICAGO.....	15,708	21,394				37,102
THE BROOK HOSPITAL DUPONT.....	22,779	12,978	5,613			41,370
THE BROOK HOSPITAL KMI.....	32,234					32,234
THE CLAREMONT REHAB.....	3,760					3,760
THE KIDNEY AND HYPERTENSION CENTER.....	3,616	5,872				9,488
THE MANOR AT ELFINDALE.....	5,154	3,812				8,966
THE MEMORIAL HOSPITAL.....		3,400				3,400
THE MONROE CLINIC INC.....	7,035					7,035
THE NEBRASKA MEDICAL CENTER.....	4,436					4,436
THE PAIN C ENTER OF ARIZONA, PC.....	4,211					4,211
THE RECTOR AND VISITORS.....		7,631				7,631
THE REGENTS OF THE UNIV OF CA.....					148,881	148,881
THE REHABILITATION CENTER OF R.....	6,906	7,429				14,334
THE SWEET LIFE AT ROSEHILL.....	21,972					21,972
THI OF KANSAS.....		9,298				9,298
THOMAS A MCNALLY MD.....	4,707					4,707
THOMAS DOERS.....	20,401					20,401
THOMAS HOSPITAL.....	22,437					22,437
THOMAS LEE.....	3,163					3,163
THOMAS NICCOLAI.....	3,162					3,162

STATEMENT AS OF SEPTEMBER 30, 2011 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
THOMAS WASHBURN JR.....	3,629					3,629
TIAN XIA DO.....					635,362	635,362
TILLERS NURSING & REHAB CENTER.....	27,142	12,625				39,767
TIMBERLAKE CARE CENTER.....	9,396					9,396
TIMBERLAKE DIALYSIS.....	4,394					4,394
TIMOTHY K NEUFELD MD.....	3,216					3,216
TINA R DESAI MD.....	7,319					7,319
TJ SAMSON COMMUNITY HOSPITAL.....	5,918					5,918
TODD ABEL.....		4,350				4,350
TODD FOUNTAIN.....			6,881			6,881
TODD HILDRETH OD.....					26,153	26,153
TODD KREISLER.....	14,676					14,676
TOLEDO HOSPITAL.....	8,288					8,288
TOM YAO.....	8,276					8,276
TORREY PINES CARE CENTER.....	217,994	50,933	42,022	10,346	34,302	355,596
TOTAL MEDI CAL MGMT.....	6,107					6,107
TOTAL RENAL CARE INC.....	27,804				13,633	41,437
TRACI ASHCRAFT.....	14,249				8,182	22,431
TRANS HEALTH MANAGEMENT.....	33,845					33,845
TRANSITIONAL HOSP CORP OF NV.....	206,066	123,399	109,440		47,382	486,288
TRC INDIANA LLC.....	17,838					17,838
TREASURER STATE OF NEW JERSEY.....	3,782					3,782
TRINITY NURSING AND REHAB CENTER.....	4,647					4,647
TRINITY TEEN SOLUTIONS INC.....	4,253					4,253
TRUMAN MED CNTR LAKEWOOD REHAB.....	9,677					9,677
TRUMAN MED CTR HOSP HILL.....	31,210	8,853				40,063
TRUMAN MEDICAL CENTER LAKEWOOD.....	6,111					6,111
TUCSON MEDICAL CENTER.....	156,905	6,150				163,055
TURFWAY PD TRAINING.....	3,463					3,463
TURN ABOUT RANCH.....	12,443					12,443
TWIN LAKES REGIONAL MEDICAL CENTER.....	4,173					4,173
TWINBROOK NURSING HOME.....	6,012					6,012
U OF L KIDNEY DISEASE PROGRAM.....	5,295					5,295
UCSF STANFORD MEDICAL CENTER.....	22,485					22,485
UIC ANESTH ESIOLOGY.....	4,876					4,876
UIC MEDICI NE.....	67,519	11,696				79,215
UIC RADIOLOGY.....	3,450					3,450
UK HEALTHCARE HOSPITAL.....	130,697	22,175			3,756	156,629
ULTRA CARE HOME MEDICAL PHARMACY.....	4,275					4,275
UMC AT BRACKENRIDGE.....			7,319			7,319
UNITED MEDICAL.....	3,182					3,182
UNITED SHOCKWAVE SVCS LTD.....	3,895				12,894	16,789
UNITY HOSPITAL.....					10,019	10,019
UNIV OF MIAMI HOSPITAL AND CLINICS.....	3,980					3,980
UNIV OF TENNESSEE MEDICAL CENTER.....	178,044	16,465		35,487	3,544	233,539
UNIVERSITY COMMUNITY HOSPITAL.....	22,110	24,160				46,270
UNIVERSITY COMMUNITY HOSPITAL CARROLWOOD.....		46,502				46,502
UNIVERSITY HOSPITAL.....	288,157		7,309		77,564	373,030
UNIVERSITY HOSPITAL MEDICAL CENTER.....	7,821					7,821
UNIVERSITY MEDICAL CENTER.....	1,282,968	406,276	316,431	471,901	1,347,110	3,824,686
UNIVERSITY OF CHICAGO MED CTR.....	354,521	110,636	10,022			475,179
UNIVERSITY OF CHICAGO MEDICAL CENTER.....	12,733					12,733
UNIVERSITY OF ILLINOIS MED CTR.....	149,955	39,408	15,334		17,176	221,873
UNIVERSITY OF KANSAS HOSPITAL.....	722,099	4,844			32,631	759,575
UNIVERSITY OF LOUISVILLE HOSPITAL.....	211,503	3,749	10,959			226,210
UNIVERSITY PHYSICIANS HOSPITAL.....	15,908					15,908

STATEMENT AS OF SEPTEMBER 30, 2011 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 POINTE SURGICAL HOSPITAL.....	8,151					8,151
UNM HEALTH SCIENCES CENTER.....	47,044					47,044
UROLOGICAL SERVICES LTD.....					31,787	31,787
UROLOGY CENTER LLC.....	4,914					4,914
USA MEDICAL CENTER.....		5,758				5,758
USRC ADVANCED HOME THERAPIES.....	17,958					17,958
UW HOSPITAL.....	15,881					15,881
VALLEY ANE STH CONSULTANTS.....	5,078					5,078
VALLEY HOSPITAL.....	14,506					14,506
VALLEY HOSPITAL MEDICAL CENTER.....	1,219,645	1,440,460	152,564	497,198	1,316,231	4,626,097
VALLEY SURGICAL CENTER LLC.....		4,344				4,344
VAN BUREN HEALTH & REHAB.....	6,988					6,988
VANDERBILT CHILDRENS HOSPITAL.....					377,569	377,569
VANGUARD HEALTH SYSTEM.....	96,048				5,432	101,480
VCU HEALTH SYSTEM.....	28,123					28,123
VEGAS VALLEY REHABILITATION.....	22,594		3,199		16,900	42,692
VEN ABIERA ADUANA MD.....					73,711	73,711
VENU NAIR MD.....	4,438					4,438
VHS WESTLAKE HOSPITAL INC.....	70,990					70,990
VILLAGES OF JACKSON CREEK.....	21,217	14,386				35,604
VINCENT HADDAD.....	5,182					5,182
VINCENT T PENG MD.....					163,487	163,487
VISITING NURSE ASSOCIATION.....	7,122					7,122
VISTA HEALTH.....	7,513					7,513
VISTA HILLS MEDICAL CENTER.....					19,254	19,254
VISTA MEDICAL CENTER EAST.....	17,656					17,656
VOLUNTEER STATE HEALTH PLAN.....	12,948					12,948
WADE W KANG MD.....	3,760					3,760
WALGREENS ADVANCE CARE INC.....					3,423	3,423
WALGREENS INFUSION AND RESPIRATION.....	5,149					5,149
WALGREENS INFUSION PHARMACY.....	17,963	3,425				21,388
WALGREENS INFUSION SERVICES.....	22,380					22,380
WALGREENS RESPIRATORY SERVICES.....	10,067					10,067
WALNUT GROVE MANAGEMENT LLC.....	3,321	17,738				21,059
WARM SPRINGS REHAB HOSPITAL.....	18,686					18,686
WASHINGTON REG MED CENTER.....	212,671	45,668				258,339
WAUCONDA HEALTHCARE REHAB CTR.....	3,197					3,197
WAUKESHA MEMORIAL HOSPITAL.....	36,761				3,245	40,006
WELLSTAR COBB HOSPITAL INC.....	20,942					20,942
WELLSTONE REGIONAL HOSPITAL.....	5,467				3,498	8,965
WEST ALLIS MEMORIAL HOSPITAL INC.....	124,944			6,601		131,545
WEST BROADWAY DIALYSIS.....	9,806					9,806
WEST CHESTER MEDICAL.....	5,789				4,788	10,577
WEST KENDALL SURGICAL CENTER.....				8,014		8,014
WEST SUBURBAN MEDICAL CENTER.....	413,695	36,227	10,728			460,650
WEST VALLEY HOSPITAL MEDICAL CENTER.....	9,312					9,312
WEST VALLEY HOSPITAL MEDICAL CENTER.....	12,465					12,465
WEST VALLEY MEDICAL CENTER.....	32,330	3,216				35,546
WEST VALLEY MEDICAL CENTER INC.....	25,300					25,300
WESTCHESTER CARE CENTER.....		4,145				4,145
WESTCHESTER HEALTH AND REHABILITATION.....	4,129					4,129
WESTERN BAPTIST HOSPITAL.....					4,873	4,873
WESTERN HILLS DIALYSIS.....		19,794				19,794
WESTERN HILLS HEALTH CARE.....		8,510				8,510
WESTERN MISSOURI MED CENTER.....	19,476	8,447				27,923
WESTGLEN ENDOSCOPY CENTER.....	3,558					3,558

STATEMENT AS OF SEPTEMBER 30, 2011 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)	60,050,992	420,685,414	3,397,280	53,651,712	63,448,272	65,749,840
2. Medicare Supplement .....					.0	.0
3. Dental Only	41,232	1,185,876	839	100,812	42,071	46,764
4. Vision Only		259,037			.0	.0
5. Federal Employees Health Benefits Plan	9,021,147	70,710,781	1,090,592	7,339,767	10,111,739	10,040,071
6. Title XVIII - Medicare	76,920,482	804,822,379	2,028,614	109,038,067	78,949,096	83,124,111
7. Title XIX - Medicaid .....					.0	.0
8. Other health		166,257			.0	.0
9. Health subtotal (Lines 1 to 8).....	146,033,853	1,297,829,744	6,517,325	170,130,358	152,551,178	158,960,786
10. Health care receivables (a) .....					.0	.0
11. Other non-health .....					.0	.0
12. Medical incentive pools and bonus amounts		585,439		1,487,517	.0	1,156,141
13. Totals (Lines 9-10+11+12)	146,033,853	1,298,415,183	6,517,325	171,617,875	152,551,178	160,116,927

6

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

NOTES TO 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	2011	2010
Net Income			
1. Humana Health Plan, Inc. Kentucky basis	KY	\$ 618,429	\$ 30,421,797
2. State Prescribed Practices that increase/(decrease) NAIC SAP	KY	-	-
3. State Permitted Practices that increase/(decrease) NAIC SAP	KY	-	-
4. NAIC SAP	KY	\$ 618,429	\$ 30,421,797
Surplus			
5. Humana Health Plan, Inc. Kentucky basis	KY	\$ 265,576,237	\$ 280,881,844
6. State Prescribed Practices that increase/(decrease) NAIC SAP	KY	-	-
7. State Permitted Practices that increase/(decrease) NAIC SAP	KY	-	-
8. NAIC SAP	KY	\$ 265,576,237	\$ 280,881,844

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. 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.

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.

NOTES TO FINANCIAL STATEMENTS

- (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) The Company participates in a securities lending program to maximize investment income. The Company loans certain investment securities for short periods of time in exchange for collateral initially equal to at least 102 percent of the fair value of the investment securities on loan. The fair value of the loaned investment securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned investment securities fluctuates. The collateral, which may be in the form of cash or U.S. Government securities, is deposited by the borrower with an independent lending agent.
- (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

Not Applicable.

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.

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. Mortgage Loans, Including Mezzanine Real Estate Loans

- (1) The maximum and minimum lending rates for the mortgage loan in 2011 were 1.9 percent and 1.56 percent.
- (2) During 2010, 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	\$ -	\$ -
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

Gross unrealized losses and fair value aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position were as follows at September 30, 2011:

	2011					
	Less than 12 months		12 months or more		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
U.S. Government loan-backed securities	\$ -	\$ -	\$ 10,769,916	\$ (249,508)	\$ 10,769,916	\$ (249,568)
Other loan-backed securities	369,118	(1,709)	634,978	(3,354)	1,004,096	(5,063)
Total loan backed securities	<u>\$ 369,118</u>	<u>\$ (1,709)</u>	<u>\$ 11,404,894</u>	<u>\$ (252,922)</u>	<u>\$ 11,779,012</u>	<u>\$ (254,631)</u>

The unrealized losses at September 30, 2011 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.

Collateral from Securities Lending Transactions: The Company loans certain investment securities for short periods of time in exchange for collateral initially equal to at least 102 percent of the fair value of the investment securities on loan. The fair value of the loaned investment securities is monitored on a daily basis, with additional collateral obtained or refunded as the fair value of the loaned investment securities fluctuates. The collateral, which may be in the form of cash or U.S. Government securities, is deposited by the borrower with an independent lending agent.

- (2) The Company has not pledged any of its assets as collateral.
- (3) a. The aggregate amount of contractually obligated open collateral positions (aggregate amount of securities at current fair value or cash received for which the borrower may request the return on demand) at September 30, 2011 was \$188,469.

The aggregate amount of contractually obligated collateral positions (cash collateral received) by term length is:

Under 30-days	\$188,469
30-60 days	_____
60-90 days	_____
Greater than 90 days	_____
Total securities received	<u>\$188,469</u>

- b. The aggregate fair value of all securities acquired from the sale, trade or use of the accepted collateral is not applicable.

NOTES TO FINANCIAL STATEMENTS

- c. The Company receives cash collateral in its securities lending transactions. The cash received is maintained in a money market fund.
- d. All securities lending transactions are reported using the one-line reporting method since cash collateral received is received through an unaffiliated agent.
- (5) a. The aggregate amount of the reinvested cash collateral by maturity date of the invested asset is as follows:

	Amortized Cost	Fair Value
Under 30-days	\$188,469	\$188,469
30-60 days	—	—
60-90 days	—	—
90-120 days	—	—
120-180 days	—	—
< 1 year	—	—
1-2 years	—	—
2-3 years	—	—
> 3 years	—	—
Total collateral reinvested	\$188,469	\$188,469

- b. To the extent the maturity dates of the liability (collateral to be returned) does not match the invested assets, the Company uses cash from operations or other invested assets to manage those mismatches.

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, 2010.

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, 2010 and 2009 were approximately \$277.3 million and \$236.2 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. Dividends of \$30,000,000 were paid to Humana, Inc. on April 20, 2011. The Department of Insurance was notified prior to the payment of this dividend. No dividends were paid in the third quarter of 2011. At December 31, 2010, the Company reported \$3.7 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.

11. Debt

- A. Capital Notes

The Company has no capital notes outstanding.

NOTES TO FINANCIAL STATEMENTS

B. All other Debt

The Company has no debentures outstanding.

The Company does not have any reverse repurchase agreements.

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

A. Defined Benefit Plan

Not Applicable.

B. Defined Contribution Plan

Not Applicable.

C. Multiemployer Plans

Not Applicable.

D. Consolidated/Holding Company Plans

No material change since year-end December 31, 2010.

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 which, together with other dividends or distributions made within the preceding twelve months, exceeds the lesser of (a) 10 percent of the company's policyholder surplus as of December 31 of the prior year, or (b) the net income, for the twelve month period ending December 31 of the prior year.

Within the limitations above, there are no restrictions placed on the portion of Company profits that may be paid as ordinary dividends to stockholders.

Dividends of \$30,000,000 were paid to Humana, Inc. on April 20, 2011. The Department of Insurance was notified prior to the payment of this dividend. No dividends were paid in the third quarter of 2011.

6) There were no restrictions placed on the Company's surplus, including for whom the surplus is being held.

7) Not Applicable.

8) Not Applicable.

9) Not Applicable.

10) The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$1,578,763.

11) Not Applicable.

12) Not Applicable.

13) Not Applicable.

14. Contingencies

A. Contingent Commitments

Not Applicable.

B. Assessments

Not Applicable.

C. Gain Contingencies

Not Applicable.

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

Not Applicable.

E. All Other Contingencies

During the ordinary course of business, the Company is subject to pending and threatened legal actions. Management of the Plan 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 September 30, 2011.

NOTES TO FINANCIAL STATEMENTS

15. Leases

No material change since year-end December 31, 2010.

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

- 1) The Company has no investment in Financial Instruments with Off Balance Sheet Risk.
- 2) The Company has no investment in Financial Instruments with Concentration 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 2011:

	(1)	(2)	(3)
	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	\$ 31,606,619	\$ -	\$ 31,606,619
b. Total net other income or expenses (including interest paid to or received from plans)	\$ 1,583,860	\$ -	\$ 1,583,860
c. Net gain or (loss) from operations	\$ 33,190,479	\$ -	\$ 33,190,479
d. Total claim payment volume	\$ 1,024,078,557	\$ -	\$ 1,024,078,557

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 September 30, 2011, the Company has recorded a receivable from CMS of \$0.7 million related to the cost share and reinsurance components of administered Medicare products. The Company does not have any additional receivables greater than 10% of the Company's accounts receivable from uninsured Accident & Health Plans or \$10,000.
- c. The Company does not have any additional receivables from payors whose account balance is greater than 10% of the Company's accounts receivable from uninsured Accident & Health Plans or \$10,000.
- 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.

NOTES TO FINANCIAL STATEMENTS

20. Fair Value Measurements

A. (1) The fair value of financial assets at September 30, 2011 were as follows:

	2011			
	Fair Value	Quoted Prices for Identical Assets in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Assets				
Tax-exempt municipal bonds	792,960	-	792,960	-
Commercial mortgage backed	3,187,019	-	3,187,019	-
Corporate debt securities	12,080,480	-	12,080,480	-
Sec lending reinvested collateral	188,469	-	188,469	-
Total invested assets	<u>\$ 16,249,128</u>	<u>\$ -</u>	<u>\$ 16,249,128</u>	<u>\$ -</u>

(2) 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, 2010 and September 30, 2011.

(3) Fair value of actively traded debt securities are based on quoted market prices. Fair value of other debt securities are based on quoted market prices of identical or similar securities or based on observable inputs like interest rates generally using a market valuation approach, or, less frequently, an income valuation approach and are generally classified as Level 2. The Company generally obtains one quoted price for each security from a third party pricing service. These prices are generally derived from recently reported trades for identical or similar securities, including adjustments through the reporting date based upon observable market information. When quoted prices are not available, the third party pricing service may use quoted market prices of comparable securities or discounted cash flow analyses, incorporating inputs that are currently observable in the markets for similar securities. Inputs that are often used in the valuation methodologies include benchmark yields, reported trades, credit spreads, broker quotes, default rates and prepayment speeds. The Company is responsible for the determination of fair value and as such, the Company performs analysis on the prices received from the third party pricing service to determine whether the prices are reasonable estimates of fair value. The Company's analysis includes a review of monthly price fluctuations as well as a quarterly comparison of the prices received from the pricing service to prices reported by the Company's third party investment advisor. Based on the Company's internal price verification procedures and review of fair value methodology documentation provided by the third party pricing service, there were no material adjustments to the prices obtained from the third party pricing service during the quarter ended September 30, 2011.

21. Other Items

A. Extraordinary Items

Not Applicable.

B. Troubled Debt Restructuring

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.

F. State Transferable Tax Credits

Not Applicable.

G. Subprime Mortgage Related Risk Exposure

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.

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

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

NOTES TO FINANCIAL STATEMENTS

- (2) Indirect exposure to sub-prime mortgage risk through investments in the following securities:
- Residential mortgage backed securities – No exposure noted.
 - Collateralized debt obligations – No exposure noted.
 - Structured Securities (including principal protected notes) – No exposure noted.
 - Debt Securities of companies with significant sub-prime exposure – No exposure noted.
 - Equity securities of companies with significant sub-prime exposure – No exposure noted.
 - Other Assets – No exposure noted.
- (3) 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.
- (4) 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 November 10, 2011 for the statutory statement issued on November 10, 2011.

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

- (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)

NOTES TO FINANCIAL STATEMENTS

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 September 30, 2011 that are subject to retrospective rating features was \$12.6 million, or 0.72 percent. No other net premiums written by the Company are subject to retrospective rating features.

25. Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2010 were \$160.6 million. As of September 30, 2011, \$147.5 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 \$16.6million 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 \$6.5 million favorable prior-year development since December 31, 2010. 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

A.-F. Not Applicable.

27. Structured Settlements

Not Applicable.

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
9/30/2011	\$ 6,622,552	\$ 6,622,552	\$ -	\$ -	\$ -
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	\$ -	\$ -
12/31/2009	\$ 5,322,832	\$ 5,322,832	\$ 5,322,832	\$ -	\$ -
9/30/2009	\$ 6,375,850	\$ 6,375,850	\$ 6,375,850	\$ -	\$ -
6/30/2009	\$ 6,514,874	\$ 6,514,874	\$ 6,514,874	\$ -	\$ -
3/31/2009	\$ 6,602,391	\$ 6,602,391	\$ 6,602,391	\$ -	\$ -

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

Not Applicable.

30. Premium Deficiency Reserves

1. Liability carried for premium deficiency reserves \$14,700,000
2. Date of the most recent evaluation of this liability September 30, 2011
3. Was anticipated investment income utilized in the calculation? Yes () No (X)

NOTES TO FINANCIAL STATEMENTS

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 [X]
- 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 [X]
- 2.2 If yes, date of change:
3. Have there been any substantial changes in the organizational chart since the prior quarter end? Yes [] No [X]
If yes, complete the Schedule Y - Part 1 - organizational chart.
- 4.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [] No [X]
- 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	2	3
Name of Entity	NAIC Company Code	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 [X] 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 [X] No [] NA []
- 6.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [X] 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 [X]
- 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 [X]
- 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 [X]
- 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 Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	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: \$ 8,461,767

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	\$27,886,723	\$29,994,644
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).....	\$27,886,723	\$29,994,644
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. 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 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes No

16.1 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 New York Plaza, 15th Floor, New York NY, 10004-2413 Attn: Charles Tuzzolino.....

16.2 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)

16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter?

Yes No

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

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

16.5 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.....

17.1 Have all the filing requirements of the *Purposes and Procedures Manual* of the NAIC Securities Valuation Office been followed?

Yes No

17.2 If no, list exceptions:

.....

GENERAL INTERROGATORIES

PART 2 - HEALTH

1 Operating Percentages

1.1 A&H loss percent 87.7 %

1.2 A&H cost containment percent 3.8 %

1.3 A&H expense percent excluding cost containment expenses 13.9 %

2.1 Do you act as a custodian for health savings accounts? Yes [] No [X]

2.2 If yes, please provide the amount of custodial funds held as of the reporting date..... \$

2.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

2.4 If yes, please provide the balance of the funds administered as of the reporting date..... \$

SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

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

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

Current Year to Date - Allocated by States and Territories

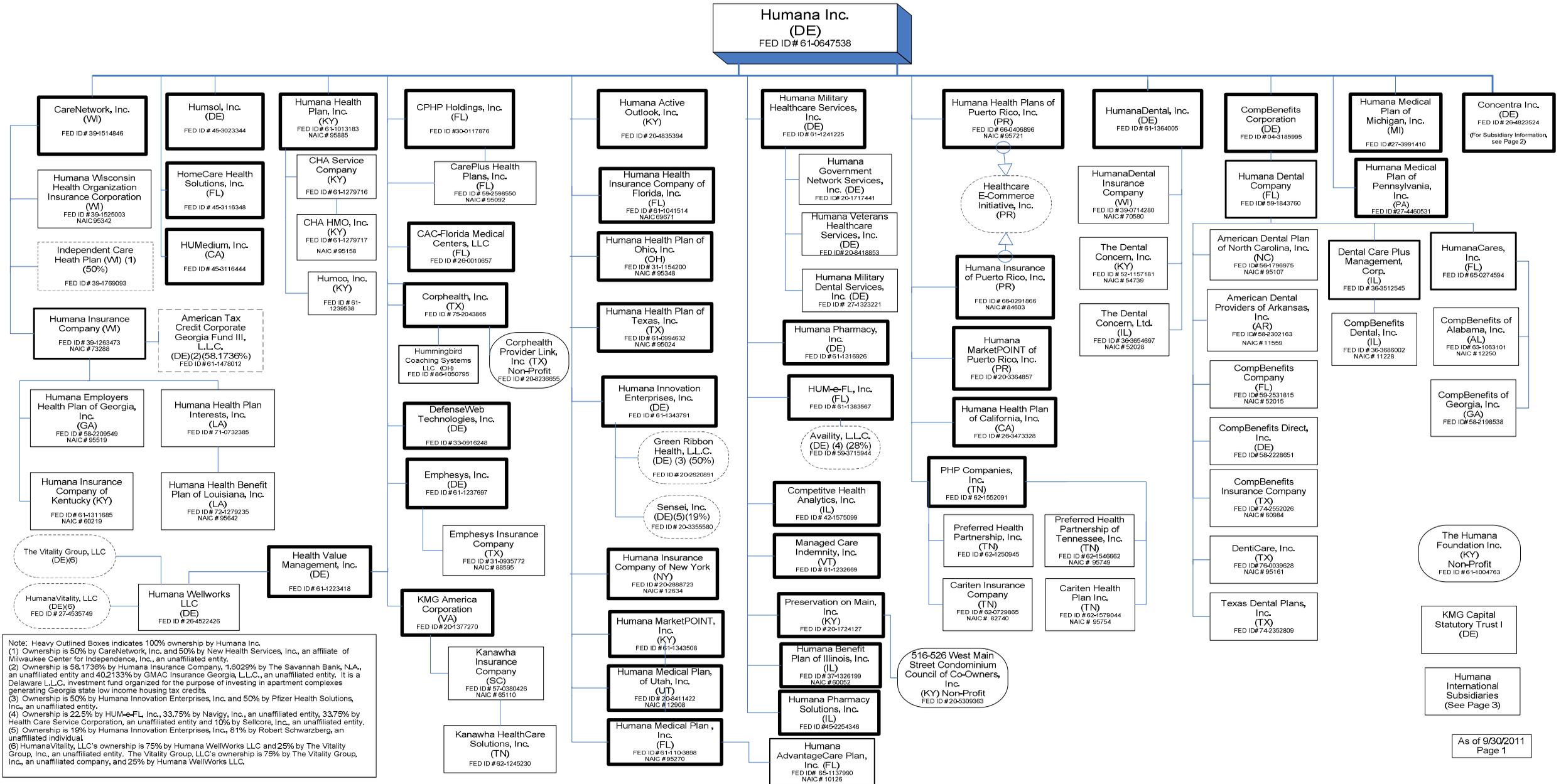
States, Etc.	1 Active Status	Direct Business Only							9 Deposit-Type Contracts	
		2 Accident & Health Premiums	3 Medicare Title XVIII	4 Medicaid Title XIX	5 Federal Employees Health Benefits Program Premiums	6 Life & Annuity Premiums & Other Considerations	7 Property/Casualty Premiums	8 Total Columns 2 Through 7		
1. Alabama	AL	L	32,336	31,055,921					31,088,257	
2. Alaska	AK	N							0	
3. Arizona	AZ	L	32,588,313	111,562,930					144,151,243	
4. Arkansas	AR	L	203,788	44,803,276					45,007,064	
5. California	CA	N							0	
6. Colorado	CO	L	23,520,880	24,787,384					48,308,264	
7. Connecticut	CT	N							0	
8. Delaware	DE	N							0	
9. Dist. Columbia	DC	N							0	
10. Florida	FL	N							0	
11. Georgia	GA	N							0	
12. Hawaii	HI	N							0	
13. Idaho	ID	L	160,738	12,378,276					12,539,014	
14. Illinois	IL	L	172,037,428	246,964,607		69,115,365			488,117,400	
15. Indiana	IN	L	4,715,805	10,208,297					14,924,102	
16. Iowa	IA	N							0	
17. Kansas	KS	L	2,671,818	88,754,091		1,072,439			92,498,348	
18. Kentucky	KY	L	290,626,707	20,291,820		3,484,176			314,402,703	
19. Louisiana	LA	N							0	
20. Maine	ME	N							0	
21. Maryland	MD	N							0	
22. Massachusetts	MA	N							0	
23. Michigan	MI	N							0	
24. Minnesota	MN	N							0	
25. Mississippi	MS	N							0	
26. Missouri	MO	L	5,228,226	125,366,916		23,365,965			153,961,107	
27. Montana	MT	N							0	
28. Nebraska	NE	L	40,172	9,330,468					9,370,640	
29. Nevada	NV	L	1,240,267	297,849,554					299,089,821	
30. New Hampshire	NH	N							0	
31. New Jersey	NJ	N							0	
32. New Mexico	NM	L	24,508	9,323,629					9,348,137	
33. New York	NY	N							0	
34. North Carolina	NC	N							0	
35. North Dakota	ND	N							0	
36. Ohio	OH	N							0	
37. Oklahoma	OK	N							0	
38. Oregon	OR	N							0	
39. Pennsylvania	PA	N							0	
40. Rhode Island	RI	N							0	
41. South Carolina	SC	L	7,854	16,299,722					16,307,576	
42. South Dakota	SD	N							0	
43. Tennessee	TN	L	52,052,828						52,052,828	
44. Texas	TX	N							0	
45. Utah	UT	N							0	
46. Vermont	VT	N							0	
47. Virginia	VA	L		22,465,467					22,465,467	
48. Washington	WA	L							0	
49. West Virginia	WV	L							0	
50. Wisconsin	WI	N							0	
51. Wyoming	WY	N							0	
52. American Samoa	AS	N							0	
53. Guam	GU	N							0	
54. Puerto Rico	PR	N							0	
55. U.S. Virgin Islands	VI	N							0	
56. Northern Mariana Islands	MP	N							0	
57. Canada	CN	N							0	
58. Aggregate other alien	OT	XXX	0	0	0	0	0	0	0	0
59. Subtotal	XXX		585,151,668	1,071,442,358	0	97,037,945	0	0	1,753,631,971	0
60. Reporting entity contributions for Employee Benefit Plans	XXX								0	
61. Total (Direct Business)	(a) 18		585,151,668	1,071,442,358	0	97,037,945	0	0	1,753,631,971	0
DETAILS OF WRITE-INS										
5801. 0	XXX								0	
5802. 0	XXX								0	
5803. 0	XXX								0	
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX		0	0	0	0	0	0	0	0
5899. Totals (Lines 5801 through 5803 plus 5898) (Line 58 above)	XXX		0	0	0	0	0	0	0	0

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

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

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

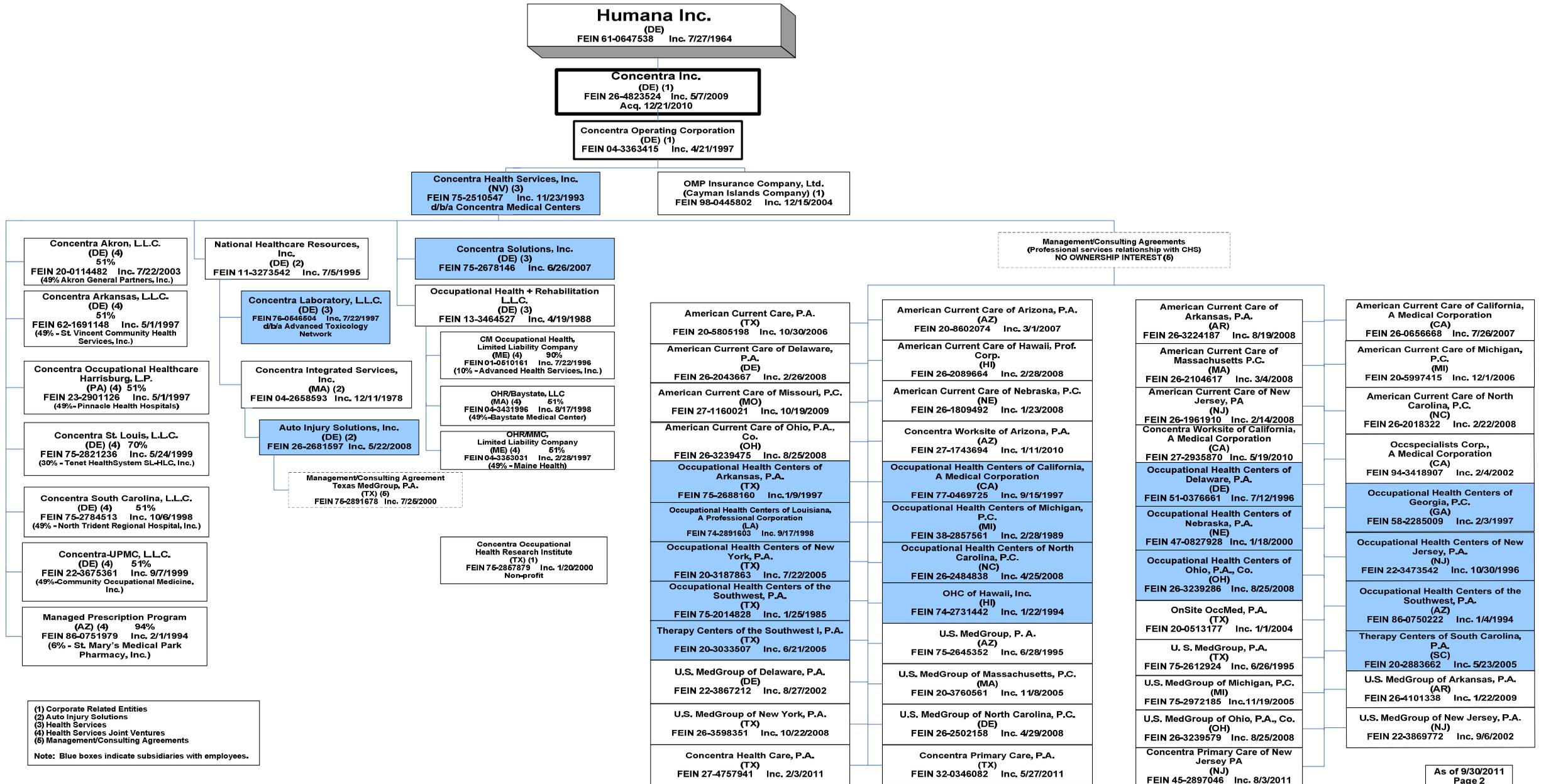
PART 1 - ORGANIZATIONAL CHART



15

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

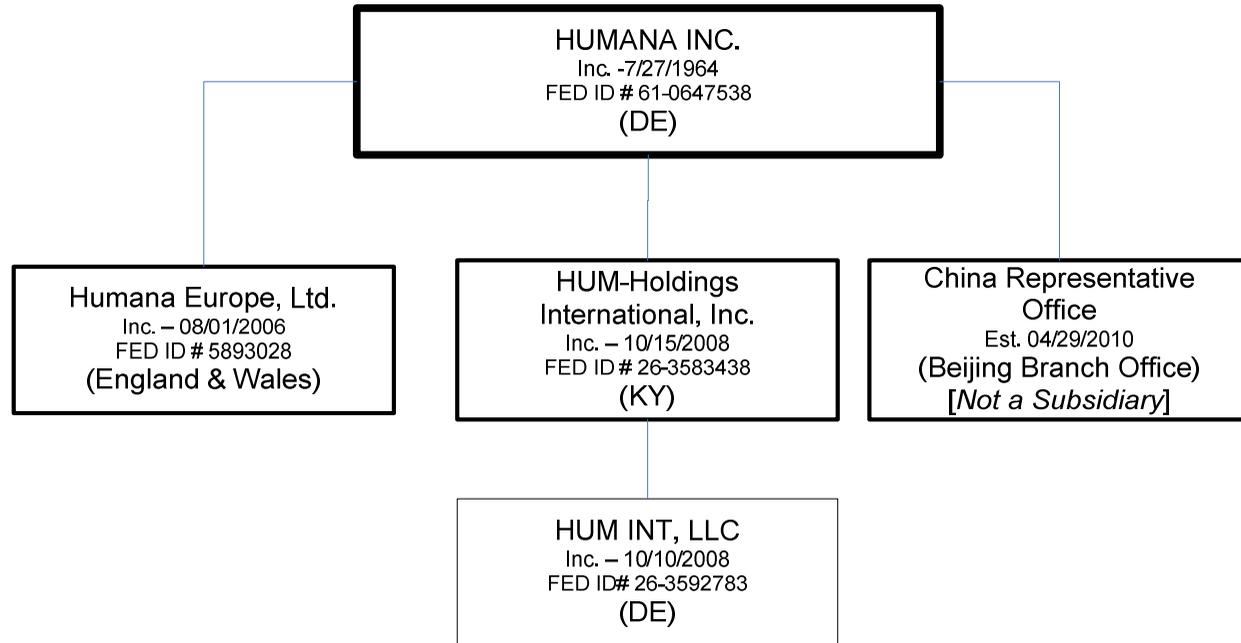
PART 1 - ORGANIZATIONAL CHART



15.1

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

HUMANA INTERNATIONAL SUBSIDIARIES



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 1 3 6 5 0 0 0 0 3

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. Other Receivables.....	155,666	155,666	0	0
2505. Deposits.....	56,848	56,848	0	0
2597. Summary of remaining write-ins for Line 25 from Page 02	212,514	212,514	0	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	17,264	121,387
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	17,264	104,123
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)	0	17,264
10. Deduct total nonadmitted amounts	0	0
11. Statement value at end of current period (Line 9 minus Line 10)	0	17,264

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	372,302,716	183,704,469
2. Cost of bonds and stocks acquired	68,347,184	279,214,806
3. Accrual of discount	54,263	59,700
4. Unrealized valuation increase (decrease)	1,578,763	1,201,021
5. Total gain (loss) on disposals	199,876	(148,758)
6. Deduct consideration for bonds and stocks disposed of	57,982,706	88,777,562
7. Deduct amortization of premium	2,941,287	2,950,960
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)	381,558,809	372,302,716
11. Deduct total nonadmitted amounts	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	381,558,809	372,302,716

STATEMENT AS OF SEPTEMBER 30, 2011 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).....	290,695,547	606,178,821	457,181,996	1,333,793	349,261,177	290,695,547	441,026,165	310,884,096
2. Class 2 (a).....	52,448,424	5,700,080	585,397	(2,211,122)	48,100,669	52,448,425	55,351,985	44,000,248
3. Class 3 (a).....	15,255,374		6,291	(234,238)	12,478,135	15,255,374	15,014,845	13,040,866
4. Class 4 (a).....	2,655,932			3,022,319	1,113,590	2,655,931	5,678,250	1,075,402
5. Class 5 (a).....	3,292,389			(3,292,389)	0	3,292,389	0	0
6. Class 6 (a).....	0				0	0	0	0
7. Total Bonds	364,347,665	611,878,901	457,773,684	(1,381,637)	410,953,571	364,347,665	517,071,245	369,000,613
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	364,347,665	611,878,901	457,773,684	(1,381,637)	410,953,571	364,347,665	517,071,245	369,000,613

(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 \$165,507,081 ; NAIC 2 \$;
NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

S102

SCHEDULE DA - PART 1

Short-Term Investments

	1 Book/Adjusted Carrying Value	2 Par Value	3 Actual Cost	4 Interest Collected Year To Date	5 Paid for Accrued Interest Year To Date
9199999	17,510,713	XXX	17,510,713	3,166	

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1 Year To Date	2 Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year.....	9,584,640	12,070,034
2. Cost of short-term investments acquired	732,122,937	1,282,576,653
3. Accrual of discount		0
4. Unrealized valuation increase (decrease).....		0
5. Total gain (loss) on disposals		0
6. Deduct consideration received on disposals	724,196,864	1,285,062,047
7. Deduct amortization of premium.....		0
8. Total foreign exchange change in book/adjusted carrying value.....		0
9. Deduct current year's other than temporary impairment recognized.....		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9).....	17,510,713	9,584,640
11. Deduct total nonadmitted amounts.....		0
12. Statement value at end of current period (Line 10 minus Line 11)	17,510,713	9,584,640

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.....	14,999,980	126,998,169
2. Cost of cash equivalents acquired	2,511,962,647	4,748,156,357
3. Accrual of discount	32,600	116,669
4. Unrealized valuation increase (decrease)		0
5. Total gain (loss) on disposals.....	(656)	(4,669)
6. Deduct consideration received on disposals	2,378,998,625	4,860,266,546
7. Deduct amortization of premium	(422)	0
8. Total foreign exchange change in book/adjusted carrying value		0
9. Deduct current year's other than temporary impairment recognized		0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	147,996,368	14,999,980
11. Deduct total nonadmitted amounts		0
12. Statement value at end of current period (Line 10 minus Line 11)	147,996,368	14,999,980

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 SEPTEMBER 30, 2011 OF THE Humana Health Plan, Inc.

SCHEDULE D - PART 3

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

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends	10 NAIC Designation or Market Indicator (a)
Bonds - U.S. States, Territories and Possessions									
575827-6R-6	MASSACHUSETTS ST MUNI		08/12/2011	CITIGROUP GLOBAL MARKETS INC		124,437	100,000	1,619	1FE
575827-7G-9	MASSACHUSETTS ST MUNI		08/12/2011	CITIGROUP GLOBAL MARKETS INC		248,874	200,000	3,239	1FE
1799999 - Bonds - U.S. States, Territories and Possessions						373,311	300,000	4,858	XXX
Bonds - U.S. Special Revenue									
31419B-CT-0	FNMA 30 YR		08/31/2011	CREDIT SUISSE FIRST BOSTON CORP		2,014,514	2,002,312	2,336	1
41422E-DD-2	HARRIS CNTY MUNI		09/23/2011	BARCLAYS CAPITAL		3,857,924	3,265,000		1FE
3199999 - Bonds - U.S. Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Government and Their Political Subdivisions						5,872,438	5,267,312	2,336	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)									
29265N-AS-7	ENERGEN CORP CORPORATE		08/02/2011	MERRILL LYNCH		1,999,760	2,000,000		2FE
29379V-AU-7	ENTERPRISE PRODUCTS OPERATING CORPORATE		08/10/2011	CITIGROUP GLOBAL MARKETS INC		1,202,470	1,205,000		2FE
428236-BQ-5	HEWLET-PACKARD COMPANY CORPORATE		09/13/2011	MERRILL LYNCH		703,703	705,000		1FE
494550-BJ-4	KINDER MORGAN ENERGY PARTNERS LP		08/03/2011	J.P. MORGAN		2,497,850	2,500,000		2FE
883556-AZ-5	THERMO FISHER SCIENTIFIC INC CORPORATE		09/29/2011	CREDIT SUISSE FIRST BOSTON CORP		1,554,225	1,500,000	7,200	1FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						7,958,007	7,910,000	7,200	XXX
8399997 - Subtotals- Bonds - Part 3						14,203,756	13,477,312	14,394	XXX
8399999 - Subtotals - Bonds						14,203,756	13,477,312	14,394	XXX
9999999 Totals						14,203,756	XXX	14,394	XXX

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

STATEMENT AS OF SEPTEMBER 30, 2011 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	Maturity Date	NAIC Designation or Market Indicator (a)
Bonds - U.S. Governments																					
36202E-VP-1	GOVERNMENT NATIONAL MORTGAGE GNMA		09/20/2011	MBS PAYDOWN		506,400	506,400	509,961	506,914		(514)		(514)		506,400			0	20,383	08/01/2038	1
0599999 - Bonds - U.S. Governments																					
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		09/01/2011	MBS PAYDOWN		598	598	619	605	(6)		(6)		598			0	24	12/01/2032	1	
31286P-TZ-6	FED NTL INTG ASSO FNMA		09/01/2011	MBS PAYDOWN		29,899	29,899	30,819	30,032	(132)		(132)		29,899			0	1,003	01/01/2017	1	
3128M1-CR-8	FHLMC PC GOLD		09/01/2011	MBS PAYDOWN		214,904	214,904	227,999	218,363	(3,459)		(3,459)		214,904			0	7,193	04/01/2021	1	
3128M1-LB-3	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		181,013	181,013	192,044	183,819	(2,805)		(2,805)		181,013			0	6,003	12/01/2020	1	
3128M1-NZ-8	FGOLD 15YR GGIANT FHLMC		09/01/2011	MBS PAYDOWN		214,175	214,175	227,226	217,499	(3,325)		(3,325)		214,175			0	7,204	12/01/2020	1	
3128M1-PJ-2	FGOLD 15YR GGIANT FHLMC		09/01/2011	MBS PAYDOWN		99,861	99,861	105,946	101,338	(1,478)		(1,478)		99,861			0	3,349	05/01/2021	1	
3128M1-R7-6	FGOLD 15YR GGIANT FHLMC		09/01/2011	MBS PAYDOWN		158,265	158,265	167,909	160,595	(2,330)		(2,330)		158,265			0	5,294	05/01/2021	1	
3128M1-SY-6	FGOLD 30 YR FHLMC		09/01/2011	MBS PAYDOWN		78,390	78,390	83,167	79,614	(1,224)		(1,224)		78,390			0	2,627	12/01/2021	1	
3128M6-P2-8	FGOLD 15YR GGIANT FNMA		09/01/2011	MBS PAYDOWN		94,505	94,505	95,550	94,679	(174)		(174)		94,505			0	3,811	06/01/2038	1	
3128MB-N7-8	FGOLD 30 YR FHLMC		09/01/2011	MBS PAYDOWN		55,211	55,211	58,576	56,127	(915)		(915)		55,211			0	1,895	12/01/2021	1	
312942-NM-3	FGOLD 15YR FNMA		09/01/2011	MBS PAYDOWN		128,297	128,297	131,525	128,297	(188)		(188)		128,297			0	3,398	09/01/2040	1	
312971-BM-5	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		56,089	56,089	59,507	56,816	(726)		(726)		56,089			0	1,721	04/01/2020	1	
312971-CQ-5	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		82,743	82,743	87,785	83,817	(1,074)		(1,074)		82,743			0	3,005	04/01/2020	1	
312971-FQ-2	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		476,793	476,793	505,848	484,068	(7,275)		(7,275)		476,793			0	15,580	04/01/2020	1	
312971-MS-0	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		76,420	76,420	81,077	77,402	(982)		(982)		76,420			0	2,504	05/01/2020	1	
312972-DX-7	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		75,539	75,539	80,142	76,631	(1,093)		(1,093)		75,539			0	2,611	04/01/2020	1	
312972-EK-4	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		94,066	94,066	99,798	95,878	(1,812)		(1,812)		94,066			0	3,218	04/01/2020	1	
312972-GT-3	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		223,783	223,783	237,419	228,231	(4,449)		(4,449)		223,783			0	7,284	04/01/2020	1	
312972-GZ-9	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		143,884	143,884	152,652	147,810	(3,926)		(3,926)		143,884			0	5,226	04/01/2020	1	
31336W-CP-2	FGOLD 15YR FHLMC		09/01/2011	MBS PAYDOWN		63,760	63,760	67,645	64,683	(923)		(923)		63,760			0	2,131	10/01/2020	1	
31371K-NX-5	FED NTL INTG ASSO FNMA		09/01/2011	MBS PAYDOWN		32,774	32,774	33,919	32,920	(146)		(146)		32,774			0	1,214	05/01/2017	1	
313926-UZ-6	FED NTL INTG ASSO FNMA 02-94: HO		09/01/2011	MBS PAYDOWN		196,988	196,988	208,069	196,988	(3,240)		(3,240)		196,988			0	5,203	01/01/2018	1	
31396A-MX-9	FEDERAL HOME LOAN MTGE CO FHLMC		09/01/2011	MBS PAYDOWN		56,836	56,836	58,350	57,031	(195)		(195)		56,836			0	2,093	09/01/2035	1	
31396R-R7-4	FHLMC REMIC SERIES 3178-FH3659D: BA		08/31/2011	MBS PAYDOWN		72,407	72,407	72,079	71,576	831		831		72,407			0	2,390	10/01/2027	1	
31398V-TM-8	CMO FNMA 30YR		09/01/2011	MBS PAYDOWN		590,718	590,718	632,784	595,901	(5,183)		(5,183)		590,718			0	19,733	02/01/2039	1	
31406Y-4E-7	FED NTL INTG ASSO FNMA		09/01/2011	MBS PAYDOWN		41,466	41,466	43,475	41,466	(177)		(177)		41,466			0	869	05/01/2035	1	
31410F-Z2-4	FED NTL INTG ASSO FNMA		09/01/2011	MBS PAYDOWN		125,647	125,647	123,841	125,298	350		350		125,647			0	4,227	07/01/2020	1	

EO5

STATEMENT AS OF SEPTEMBER 30, 2011 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	Maturity Date	NAIC Designation or Market Indicator (a)
31415W-PB-3	FED NTL MTG ASSO FNMA 30YR		09/01/2011	MBS PAYDOWN		420,748	420,748	448,770	424,376		(3,629)		(3,629)		420,748			0	15,111	11/01/2038	1
31416B-4X-3	FED NTL MTG ASSO 15YR		09/01/2011	MBS PAYDOWN		1,209,641	1,209,641	1,297,151	1,233,720		(24,079)		(24,079)		1,209,641			0	43,692	01/01/2022	1
31416W-LC-4	FED NTL MTG ASSO 30YR		09/01/2011	MBS PAYDOWN		1,512,906	1,512,906	1,576,022	1,516,272		(3,366)		(3,366)		1,512,906			0	47,386	07/01/2040	1
31418W-0P-8	FED NTL MTG ASSO FNMA		09/01/2011	MBS PAYDOWN		61,864	61,864	64,928	62,166		(302)		(302)		61,864			0	1,669	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						6,870,191	6,870,191	7,252,641	6,577,267	0	(77,433)	0	(77,433)	0	6,870,191	0	0	0	228,666	XXX	XXX
Bonds - Industrial and Miscellaneous (Unaffiliated)																					
023767-AA-4	AMERICAN AIRLINES INC CORPORATE		08/02/2011	CALLED SECURITY at 100.000		606	606	606					0		606			0	16	07/31/2021	2FE
05946X-BV-4	BANK OF AMERICA FDG CO 2003-1		09/20/2011	CALLED SECURITY at 100.000		928	928	948	945		(17)		(17)		928			0	45	05/01/2033	12*
060505-DP-6	BANK OF AMERICA CORPORATE		09/28/2011	MERRILL LYNCH		1,314,138	1,400,000	1,390,158	1,392,545		624		624		1,393,169		(79,031)	(79,031)	67,531	12/01/2017	1FE
06052G-AC-2	BANK OF AMERICA CORPORATE		09/15/2011	CALLED SECURITY at 100.000		49,102	49,102	49,311	49,268		(166)		(166)		49,102			0	547	12/15/2013	1FE
30257F-AA-1	FPL ENERGY NATIONAL WIND CORPORATE		09/26/2011	CALLED SECURITY at 100.000		6,291	6,291	6,291	5,971	320			320		6,291			0	385	03/25/2019	3FE
34529F-AC-1	FORD MOTOR CREDIT ABS FTST		09/15/2011	MBS PAYDOWN		251,342	251,342	256,987	254,249		(2,907)		(2,907)		251,342			0	4,560	11/15/2013	1FE
368280-HV-1	GE CAP CMBS 2004-C3		09/12/2011	CALLED SECURITY at 100.000		443,749	443,749	445,957	445,774		(2,025)		(2,025)		443,749			0	14,021	07/01/2039	12*
52108H-RB-2	LB-UBS CMBS 2003-C3		09/16/2011	CALLED SECURITY at 100.000		36,489	36,489	36,669	36,629		(140)		(140)		36,489			0	934	05/11/2027	12*
77340R-AH-0	ROCKIES EXPRESS PIPELINE CORPORATE		09/22/2011	SEA PORT GROUP SECURITIES		462,572	470,000	469,709	469,739		52		52		469,791		(7,218)	(7,218)	17,379	04/15/2015	2FE
831641-DF-9	SMALL BUSINESS ADMINISTRATION ABS FTST		08/01/2011	MATURITY		9,702	9,702	10,389	9,758		(56)		(56)		9,702			0	460	08/01/2011	1FE
984121-BN-2	XEROX CORPORATION CORPORATE		08/15/2011	MATURITY		115,000	115,000	121,469	115,748		(748)		(748)		115,000			0	7,906	08/15/2011	2FE
3899999 - Bonds - Industrial and Miscellaneous (Unaffiliated)						2,689,918	2,783,208	2,788,492	2,780,626	320	(5,384)	0	(5,065)	0	2,776,168	0	(86,249)	(86,249)	113,785	XXX	XXX
8399997 - Subtotals - Bonds - Part 4						10,066,510	10,159,799	10,551,095	9,864,807	320	(83,331)	0	(83,011)	0	10,152,759	0	(86,249)	(86,249)	362,835	XXX	XXX
8399999 - Subtotals - Bonds						10,066,510	10,159,799	10,551,095	9,864,807	320	(83,331)	0	(83,011)	0	10,152,759	0	(86,249)	(86,249)	362,835	XXX	XXX
9999999 Totals						10,066,510	XXX	10,551,095	9,864,807	320	(83,331)	0	(83,011)	0	10,152,759	0	(86,249)	(86,249)	362,835	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

NONE

